

EIA-14522744



JOHNY

ERIAL NUMBER EIA-14522744 2 NAME & ADDRESS OF OWNER May Patterson 1633 Hayes St Indianola, IA 50125 Phone: (970) 986-9208 PIN/LID: /	DATE SIGNED 2019-04-12	Numbers Wi	Vithout Adequate Descriptions Of The H II Not Be Processed. IBER	Horse and Complete	Addresses Inclu	uding Zip Codes, and Telephone	
EIA-14522744 2 NAME & ADDRESS OF OWNER May Patterson 1633 Hayes St ddianola, IA 50125 Phone: (970) 986-9208 PIN/LID: /	2019-04-12	LAB/ACCESSION NUM	(C)	COUNTY	J. K.	Ĩ.	
Amy Patterson 1633 Hayes St Indianola, IA 50125 Phone: (970) 986-9208 PIN/LID: /	R Globs	NAME & ADDRESS OF		COUNTY		10	
IATIONAL ACCREDITATION N	NAME & ADDRESS OF OWNER Amy Patterson 8633 Hayes St Indianola, IA 50125 Phone: (970) 986-9208 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN lowa Equine, LLC Stephanie White 53896 IA-210 Huxley, IA 50124 Phone: (844) 238-1840		NAME & ADDRESS OF STABLE/MARKET Amy Patterson 8633 Hayes St Indianola, IA 50125 Phone: (970) 986-9208 PIN/LID: /		
NATIONAL ACCREDITATION NUMBER		TEST TYPE		REASON FOR TESTING Annual			
ERTIFICATION OF FEDERALLY	ACCREDITED VETERINARIAN I cer	tify the specimen submitted wit	h this form was drawn by me from the l	Inorse described bel	ow on the day inc	dicated below.	
	Stephanie W 2019-04-12	DATE BLOOD DRAWN 2019-04-12 best of my knowledge and belief, this form is true, correct and complete					
	-	examined this form and, to the		form is true, correc			
SIGNATURE OF OWNER OR O	WNER'S AGENT		SIGNATURE NAME Amy Patterson		SIGNATURE 2019-04-12	DATE	
	the	t	the second		t		
IAME OF HORSE Too Tall (Tally)	ID1		ID2		ID3		
COLOR Bay	AGE OR DOB 2008-01-01	<u>}</u>	BREED Friesian/Missouri Fox Trotter	~10 ⁰⁰¹	GENDER Female	Ch ^{OSO}	
			GlobalyetInk				
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None				
HEAD: none			NECK AND BODY: None				
EFT FORELIMB: None			RIGHT FORELIMB: None				
EFT HINDLIMB: None	-the	t	RIGHT HINDLIMB: None		t	7	
RABIES VACCINATION	<i>a</i>	1015	1.57		70.74		
	ACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION	DATE	ADMINISTERED BY	
COR LABORATORY USE ONLY	Clo	TUBE NUMBER 102177040-0	DATE RECEIVED	DATE REPOR	RTED	TEST RESULTS	
EST REMARKS					.t.		
ABORATORY	ALL'IL	Wellin	SIGNATURE OF TECHNICIA	r e Jellou	Eileen Kle 2019-04-1	emme DeVore 17 11:07:16 05:00	

Please address any questions related to this document with your state or issuing state veterinarian's office.