




| GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST   |                           |   |                                   | EIA-14308695  |                              |
|--|---------------------------|---|-----------------------------------|---|------------------------------|
| GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed. |                           |   |                                   |   |                              |
| SERIAL NUMBER<br>EIA-14308695  | DATE SIGNED<br>2019-03-02 | LAB/ACCESSION NUMBER  | COUNTY                            |   |                              |
| NAME & ADDRESS OF OWNER<br>Kristen Burgers<br>17006 Gaines Rd.<br>Broad Run, VA 20137<br>Phone: (703) 201-3699<br>Fax: (703) 821-8949<br>PIN/LID: /  |                           | NAME & ADDRESS OF VETERINARIAN<br>Haymarket Veterinary Service<br>Linda Neimeier DVM<br>5513 Catharpin Road<br>Gainesville, VA 20155<br>Phone: 703-754-3309 |                                   | NAME & ADDRESS OF STABLE/MARKET<br>Kristen Burgers<br>17006 Gaines Rd.<br>Broad Run, VA 20137<br>Phone: (703) 201-3699<br>Fax: (703) 821-8949<br>PIN/LID: / |                              |
| NATIONAL ACCREDITATION NUMBER<br>005972  |                           | TEST TYPE   |                                   | REASON FOR TESTING<br>Annual  |                              |
| CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated below.  |                           |   |                                   |   |                              |
| SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN   |                           |   |                                   | DATE BLOOD DRAWN<br>2019-03-02  |                              |
| CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete  |                           |   |                                   |   |                              |
| SIGNATURE OF OWNER OR OWNER'S AGENT  |                           |   | SIGNATURE NAME<br>Kristen Burgers |   | SIGNATURE DATE<br>2019-03-02 |
| NAME OF HORSE<br>Liberty Girl  | ID1<br>Barn Name: Lilly   | ID2   |                                   | ID3   |                              |
| COLOR<br>Dark Bay  | AGE OR DOB<br>2008-01-01  | BREED<br>Hanoverian   |                                   | GENDER<br>Mare  |                              |
|    |                           |    |                                   |    |                              |
| NARRATIVE DESCRIPTION:   |                           |   | OTHER MARKS AND BRANDS: None      |   |                              |
| HEAD: star,snip  |                           |   | NECK AND BODY: None               |   |                              |
| LEFT FORELIMB: None  |                           |   | RIGHT FORELIMB: None              |   |                              |
| LEFT HINDLIMB: pastern   |                           |   | RIGHT HINDLIMB: scar on pastern   |   |                              |
| RABIES VACCINATION   |                           |   |                                   |   |                              |
| TYPE   | VACCINATION DATE          | PRODUCT   | SERIAL NUMBER                     | EXPIRATION DATE   | ADMINISTERED BY              |
| FOR LABORATORY USE ONLY  |                           |   |                                   |   |                              |
| TECHNICIAN   |                           | TUBE NUMBER<br>102076860-0  | DATE RECEIVED                     | DATE REPORTED   | TEST RESULTS                 |
| TEST REMARKS   |                           |   |                                   |   |                              |
| LABORATORY   |                           |   | SIGNATURE OF TECHNICIAN           |   |                              |