




| GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST | | | | EIA-14308678 | |
|--|---------------------------|---|---|---|--------------------------|
| 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 EIA-14308678 | DATE SIGNED 2019-03-02 | LAB/ACCESSION NUMBER NYCH01194123 | COUNTY | | |
| NAME & ADDRESS OF OWNER Kristen Burgers 17006 Gaines Rd. Broad Run, VA 20137 Phone: (703) 201-3699 Fax: (703) 821-8949 PIN/LID: / | | NAME & ADDRESS OF VETERINARIAN Haymarket Veterinary Service Linda Neimeier DVM 5513 Catharpin Road Gainesville, VA 20155 Phone: 703-754-3309 | | NAME & ADDRESS OF STABLE/MARKET Kristen Burgers 17006 Gaines Rd. Broad Run, VA 20137 Phone: (703) 201-3699 Fax: (703) 821-8949 PIN/LID: / | |
| NATIONAL ACCREDITATION NUMBER 005972 | | TEST TYPE AGID | REASON FOR TESTING 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 <i>Dr Linda Neimeier</i> Linda Neimeier DVM 2019-03-02 15:51:18 -06:00 | | | | DATE BLOOD DRAWN 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 Kristen Burgers | SIGNATURE DATE 2019-03-02 | |
| NAME OF HORSE Lucy | ID1 | ID2 | ID3 | | |
| COLOR Bay | AGE OR DOB 2017-01-01 | BREED Westphalian | GENDER Mare | | |
|  | |  | |  | |
| NARRATIVE DESCRIPTION: | | | OTHER MARKS AND BRANDS: None | | |
| HEAD: Star, Snip | | | NECK AND BODY: None | | |
| LEFT FORELIMB: Medial coronet | | | RIGHT FORELIMB: None | | |
| LEFT HINDLIMB: None | | | RIGHT HINDLIMB: Sock | | |
| RABIES VACCINATION | | | | | |
| TYPE | VACCINATION DATE | PRODUCT | SERIAL NUMBER | EXPIRATION DATE | ADMINISTERED BY |
| FOR LABORATORY USE ONLY | | | | | |
| TECHNICIAN Janice DeFalco | | TUBE NUMBER 102076846-0 | DATE RECEIVED 2019-03-01 | DATE REPORTED 2019-03-03 | TEST RESULTS Negative |
| TEST REMARKS | | | | | |
| LABORATORY Antech Diagnostics, Inc. - New York 1111 Marcus Avenue Lake Success, NY 11042 | | | SIGNATURE OF TECHNICIAN <i>Janice DeFalco</i> Janice DeFalco 2019-03-04 09:42:05 -06:00 | | |