


| GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST | | | | EIA-14261554 | |
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| 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-14261554 | DATE SIGNED 2019-02-18 | LAB/ACCESSION NUMBER | COUNTY Chippewa | | |
| NAME & ADDRESS OF OWNER Kathleen Diambra-Jerome/Amber Farm Inc. 18798 70th Ave Chippewa Falls, WI 54729 Phone: 715-723-7050 PIN/LID: / | | NAME & ADDRESS OF VETERINARIAN Country Doctors Veterinary Service James R. Schmidt DVM 2502 S Broadway Menomonie, WI 54751 Phone: 715-235-8555 | | NAME & ADDRESS OF STABLE/MARKET Kathleen Diambra-Jerome/Amber Farm Inc. 18798 70th Ave Chippewa Falls, WI 54729 Phone: 715-723-7050 PIN/LID: / | |
| NATIONAL ACCREDITATION NUMBER 037664 | | TEST TYPE | | 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 | | | | DATE BLOOD DRAWN 2019-02-15 | |
| 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 Kathleen Diambra-Jerome/Amber Farm Inc. | | SIGNATURE DATE 2019-02-18 |
| NAME OF HORSE Fearless Bay | ID1 Microchip: 981020023499716 | ID2 Barn name: Karen | ID3 | | |
| COLOR Bay | AGE OR DOB 2006-01-01 | BREED Thoroughbred | GENDER Female | | |
|  | |  | |  | |
| NARRATIVE DESCRIPTION: | | | OTHER MARKS AND BRANDS: None | | |
| HEAD: Blaze, upper lip | | | NECK AND BODY: None | | |
| LEFT FORELIMB: None | | | RIGHT FORELIMB: None | | |
| LEFT HINDLIMB: Pastern | | | RIGHT HINDLIMB: Sock | | |
| RABIES VACCINATION | | | | | |
| TYPE | VACCINATION DATE | PRODUCT | SERIAL NUMBER | EXPIRATION DATE | ADMINISTERED BY |
| FOR LABORATORY USE ONLY | | | | | |
| TECHNICIAN | | TUBE NUMBER 101560684-1 | DATE RECEIVED | DATE REPORTED | TEST RESULTS |
| TEST REMARKS | | | | | |
| LABORATORY | | | SIGNATURE OF TECHNICIAN | | |