

EIA-14469772



GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST EIA-14469772 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.

| 7 | SERIAL NUMBER EIA-14469772 | DATE SIGNED 2019-04-03 | LAB/ACCESSION NUMBER 4603148781 | COUNTY |
|-------------|-------------------------------|---------------------------|---|---------------------------------|
| Globe Globe | | ER | NAME & ADDRESS OF VETERINARIAN EQuiVET Medicine Derek C. McFadden DVM 1794 N Liberty Keuter Rd Lebanon, OH 45036 Phone: 513-800-3466 | NAME & ADDRESS OF STABLE/MARKET |
| 047978 | | NUMBER | 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

Derek C, McFadden DVM 2019-04-03 15:08:51 -05:00 DATE BLOOD DRAWN 2019-04-02

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 SIGNATURE DATE Meg McTiver 2019-04-03

| NAME OF HORSE GUMBO N DRIFTWOOD PF | ID1 Barn Name: Gumbo | ID2 | ID3 |
|---------------------------------------|-------------------------|---------------|-------------------------|
| COLOR | AGE OR DOB | BREED | GENDER |
| Chestnut | 2015-04-14 | Quarter Horse | Neutered/Castrated Male |







| | NARRATIVE DESCRIPTION: | OTHER MARKS AND BRANDS: None |
|---|---------------------------------|------------------------------|
| | HEAD: Stripe, disconnected snip | NECK AND BODY: None |
| | LEFT FORELIMB: None | RIGHT FORELIMB: None |
| 1 | LEFT HINDLIMB: Coronet | RIGHT HINDLIMB: None |

| LEFT HINDLIMB: Coronet | "The | 12/2 | RIGHT HINDLIMB: None | " VIL | "The |
|-------------------------------|------------------|----------------------------|-----------------------------|-----------------------------|-----------------------|
| RABIES VACCINATION | | | | | |
| TYPE | VACCINATION DATE | PRODUCT | SERIAL NUMBER | EXPIRATION DATE | ADMINISTERED BY |
| FOR LABORATORY USE ONLY | | | | | |
| TECHNICIAN Sarah Voulgaris | | TUBE NUMBER 102152167-0 | DATE RECEIVED 2019-04-04 | DATE REPORTED 2019-04-05 | TEST RESULTS Negative |

TEST REMARKS

LABORATORY

IDEXX Memphis 6100 E Shelby Dr Memphis, TN 38141 SIGNATURE OF TECHNICIAN

Sarah Voulgaris 2019-04-05 11:24:10 -05:00