

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST EIA-14048006

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-14048006	DATE SIGNED 2018-12-04	LAB/ACCESSION NUMBER RR18-10183	COUNTY BUTLER
NAME & ADDRESS OF OWNER		NAME & ADDRESS OF VETERINARIAN	NAME & ADDRESS OF STABLE/MARKET

NATIONAL ACCREDITATION NUMBER 071441	TEST TYPE ELISA	REASON FOR TESTING Annual
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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 	Sophie Heikkila 2018-12-04 11:04:02 -06:00	DATE BLOOD DRAWN 2018-12-04
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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 Jenny Fox	SIGNATURE DATE 2018-12-04
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NAME OF HORSE Simon Says Dance	ID1	ID2	ID3
COLOR Brown	AGE OR DOB 2009-02-06	BREED Quarter Horse	GENDER Neutered/Castrated Male



NARRATIVE DESCRIPTION:	OTHER MARKS AND BRANDS: White scars on withers
HEAD: Star, snip	NECK AND BODY: None
LEFT FORELIMB: White scars on palmar cannon	RIGHT FORELIMB: None
LEFT HINDLIMB: None	RIGHT HINDLIMB: None

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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FOR LABORATORY USE ONLY

TECHNICIAN Sharon A. Richardson	TUBE NUMBER 101950481-0	DATE RECEIVED 2018-12-10	DATE REPORTED 2018-12-10	TEST RESULTS Negative
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TEST REMARKS

LABORATORY Rood and Riddle Equine Hospital Lab P O Box 12070 Lexington, KY 40580	SIGNATURE OF TECHNICIAN 	Sharon A. Richardson 2018-12-10 13:41:53 -06:00
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