


GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14743042	
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-14743042	DATE SIGNED 2019-05-31	LAB/ACCESSION NUMBER	COUNTY Georgia		
NAME & ADDRESS OF OWNER Liz Hirsch 404 Owens Store Road Canton, GA 30115 Phone: 770-876-0288 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Thompson & Associates Equine Medicine, LLC Jennifer M. Melcher DVM 241 Allendale Drive Canton, GA 30115 Phone: 770-862-9166		NAME & ADDRESS OF STABLE/MARKET New Beginnings Stable 404 Owens Store Road Canton, GA 30115 Phone: 770-876-0288 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 026662		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 <i>Jennifer Melcher, DVM</i> Jennifer M. Melcher DVM 2019-05-31 13:00:38 -05:00				DATE BLOOD DRAWN 2019-05-29	
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 Liz Hirsch		SIGNATURE DATE 2019-05-31
NAME OF HORSE Lady Bug	ID1	ID2	ID3		
COLOR Buckskin/White	AGE OR DOB 2013-01-01	BREED Pony - breed not specified/unknown	GENDER Female		
					
NARRATIVE DESCRIPTION:		OTHER MARKS AND BRANDS: None			
HEAD: Blaze		NECK AND BODY: None			
LEFT FORELIMB: Stocking		RIGHT FORELIMB: Stocking			
LEFT HINDLIMB: Stocking		RIGHT HINDLIMB: Stocking			
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 102286589-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		