



GlobalVetLINK - EQUINE I	INFECTIOUS ANEMIA	EIA-147430)42				
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							
SERIAL NUMBER	SERIAL NUMBER DATE SIGNED			Numbers Will Not Be Processed.		- 12/1	
EIA-14743042	2019-05-31		LAB/ACCESSION NUMBER		COUNTY Georgia		
NAME & ADDRESS OF O	WNER		NAME & ADDRESS OF VETERINARIAN		NAME & ADDRESS OF STABLE/MARKET		
Liz Hirsch			Thompson & Associates Equine Medicine, LLC Jennifer M. Melcher DVM		New Beginnings Stable 404 Owens Store Road		
404 Owens Store Road Canton, GA 30115			241 Allendale Drive		Canton, GA 30115		
Phone: 770-876-0288 PIN/LID: /			Canton, GA 30115 Phone: 770-862-9166		Phone: 770-876-0288 PIN/LID: /		
NATIONAL ACCREDITATION NUMBER			TEST TYPE		REASON FOR TESTING		
026662				167	Annual	100	
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				14/2	DATE BLOOD DRAWN 2019-05-29		
Tenniton M		ennifer M. Me			Clop		
Jennifo Melcha, DM 2019-05-31 13:00:38 -05:00							
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best SIGNATURE OF OWNER OR OWNER'S AGENT				1	t of my knowledge and belief, this form is true, correct and complete SIGNATURE NAME SIGNATURE DATE		
SIGNATURE OF OWNER OR OWNER'S AGENT				Liz Hirsch	2019-05-31		
+	- Yes		1	The same	1	1/2.	
NAME OF HORSE				ID2	ID3		
Lady Bug	DV: 3			2200		75*	
COLOR Buckskin/White		AGE OR DOB 2013-01-01		BREED Pony - breed not specified/unk	cnown GENDER Female	Calops.	
		a lobal					
NARRATIVE DESCRIPTION:				OTHER MARKS AND BRAND	OTHER MARKS AND BRANDS: None		
HEAD: Blaze				NECK AND BODY: None	NECK AND BODY: None		
LEFT FORELIMB: Stocking				RIGHT FORELIMB: Stocking	RIGHT FORELIMB: Stocking		
LEFT HINDLIMB: Stocking				RIGHT HINDLIMB: Stocking	RIGHT HINDLIMB: Stocking		
RABIES VACCINATION							
TYPE	VACCINATION DA	ATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY	
FOR LABORATORY USE TECHNICIAN	ONLY	~//0	TUDE NUMBER	TAXTE DECENTED	D'ATE DEDORTED	TEOT DESIVE	
TECHNICIAN		Q.	TUBE NUMBER 102286589-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS	
TEST REMARKS							
	7.0			3.70/7009	-alt-	Yes.	
LABORATORY			, silvi	SIGNATURE OF TECHNICIAN	N		
		Hopa	70	Global No	Clopanys	Clopalle	

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