




GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14080925	
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-14080925	DATE SIGNED 2018-12-18	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Lara Wiley 2050 Bandy Ave Eldersburg, MD 21784 Phone: 410-693-2434 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Equine Practice, PC Michael J. Odian DVM 4250 Stumptown Rd Taneytown, MD 21787 Phone: 410-756-5007		NAME & ADDRESS OF STABLE/MARKET Lara Wiley 2050 Bandy Ave Eldersburg, MD 21784 Phone: 410-693-2434 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 032552		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 2018-12-13	
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 Lara Wiley		SIGNATURE DATE 2018-12-18
NAME OF HORSE Daxton	ID1	ID2	ID3		
COLOR Chestnut	AGE OR DOB 05/28/16	BREED Oldenburg Cross	GENDER Male		
					
NARRATIVE DESCRIPTION: see photos		OTHER MARKS AND BRANDS: None			
HEAD: None		NECK AND BODY: None			
LEFT FORELIMB: None		RIGHT FORELIMB: None			
LEFT HINDLIMB: None		RIGHT HINDLIMB: None			
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 101407762-1	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		