

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14373631	
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-14373631	DATE SIGNED 2019-03-17	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Rachel Stevick 4148 Batten Rd Brooksville, FL 34602 Phone: 813-335-1950 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Advanced Equine Dentistry Morgan Bosch 21633 A D May Rd Dade City, FL 33523 Phone: 727-484-4473		NAME & ADDRESS OF STABLE/MARKET Rachel Stevick 4148 Batten Rd Brooksville, FL 34602 Phone: 813-335-1950 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 081125		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 2019-03-14	
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 Rachel Stevick		SIGNATURE DATE 2019-03-17
NAME OF HORSE Kaylix	ID1	ID2	ID3		
COLOR Bay	AGE OR DOB 2015-06-09	BREED Dutch Warmblood	GENDER Female		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Central whorl			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 101630920-1	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		