

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14261565	
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-14261565	DATE SIGNED 2019-02-18	LAB/ACCESSION NUMBER 1903290771	COUNTY Chippewa		
NAME & ADDRESS OF OWNER Kathleen Diambra-Jerome/Amber Farm Inc. 18798 70th Ave Chippewa Falls, WI 54729 Phone: 715-723-7050 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Country Doctors Veterinary Service James R. Schmidt DVM 2502 S Broadway Menomonie, WI 54751 Phone: 715-235-8555		NAME & ADDRESS OF STABLE/MARKET Kathleen Diambra-Jerome/Amber Farm Inc. 18798 70th Ave Chippewa Falls, WI 54729 Phone: 715-723-7050 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 037664		TEST TYPE ELISA		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  James R. Schmidt DVM 2019-02-18 08:54:36 -06:00				DATE BLOOD DRAWN 2019-02-15	
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 Kathleen Diambra-Jerome/Amber Farm Inc.		SIGNATURE DATE 2019-02-18
NAME OF HORSE Angel Buzz	ID1 Microchip: 981020025727297	ID2 Barn name: Abby	ID3		
COLOR Bay	AGE OR DOB 2011-01-01	BREED Thoroughbred	GENDER Female		
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star, strip, snip			NECK AND BODY: None		
LEFT FORELIMB: Outside coronet, inside sock			RIGHT FORELIMB: None		
LEFT HINDLIMB: None			RIGHT HINDLIMB: Outside coronet, inside sock		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Bijal Dwivedy		TUBE NUMBER 101560691-1	DATE RECEIVED 2019-02-18	DATE REPORTED 2019-02-19	TEST RESULTS Negative
TEST REMARKS					
LABORATORY IDEXX Elmhurst 655 Grand Ave Suite 370 Elmhurst, IL 60126			SIGNATURE OF TECHNICIAN  Bijal Dwivedy 2019-02-19 14:21:40 -06:00		