

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14149906	
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-14149906	DATE SIGNED 2019-01-14	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Hannah Haynes 726 Snead Road Fayetteville, GA 30215 Phone: 407-948-5957 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Safe & Sound Equine Service D. Scot G.Hanson DVM PO Box 398 Newnan, GA 30264 Phone: 770-252-8414		NAME & ADDRESS OF STABLE/MARKET Hannah Haynes 726 Snead Road Fayetteville, GA 30215 Phone: 407-948-5957 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 028595		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 2019-01-11	
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 Hannah Haynes		SIGNATURE DATE 2019-01-14
NAME OF HORSE Silver City	ID1 Barn name: Duncan	ID2	ID3		
COLOR Grey	AGE OR DOB 2007-01-01	BREED Welsh Pony	GENDER Neutered/Castrated Male		
					
NARRATIVE DESCRIPTION:		OTHER MARKS AND BRANDS: Scar Rt TL and forearm. Prophet mark Right neck / Microchip# 933000220008477			
HEAD: Blaze		NECK AND BODY: None			
LEFT FORELIMB: None		RIGHT FORELIMB: None			
LEFT HINDLIMB: Sock		RIGHT HINDLIMB: None			
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 101995518-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		