




GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-15047637	
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-15047637	DATE SIGNED 2019-09-05	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Robbi Scott 11472 NS 3520 RD earlsboro, OK 74840 Phone: 405-788-5620 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Morphis Veterinary Services Laura Morphis DVM 12538 SH-99 Seminole, OK 74868 Phone: 405-382-7777		NAME & ADDRESS OF STABLE/MARKET Robbi Scott 11472 NS 3520 RD earlsboro, OK 74840 Phone: 405-788-5620 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 053999		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  Laura Morphis DVM 2019-09-05 14:24:39 -05:00				DATE BLOOD DRAWN 2019-09-04	
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 Robbi Scott		SIGNATURE DATE 2019-09-05
NAME OF HORSE Odyssey	ID1	ID2	ID3		
COLOR Bay	AGE OR DOB 2019-03-05	BREED Dutch Warmblood	GENDER Male		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: blaze			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 102459271-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		