




GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14120279	
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-14120279	DATE SIGNED 2019-01-04	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Norwegian Hill Farm W350 N8013 Norwegian Rd. Oconomowoc, WI 53066 Phone: 262-442-0648 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Johnson Equine Veterinary Service LTD John E. Johnson DVM 517 Madison Ave. Sullivan, WI 53178 Phone: 414-344-8849		NAME & ADDRESS OF STABLE/MARKET Norwegian Hill Farm W350 N8013 Norwegian Rd. Oconomowoc, WI 53066 Phone: 262-442-0648 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 014335		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 2019-01-03	
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 Norwegian Hill Farm		SIGNATURE DATE 2019-01-04
NAME OF HORSE Nova	ID1 Registered Name: Novella NHF	ID2	ID3		
COLOR Bay	AGE OR DOB 2018-04-13	BREED Dutch Warmblood	GENDER Female		
					
NARRATIVE DESCRIPTION:		OTHER MARKS AND BRANDS: None			
HEAD: Star		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 101982684-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		