

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-15060086	
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-15060086	DATE SIGNED 2019-09-10	LAB/ACCESSION NUMBER PL19-8311	COUNTY Wayne		
NAME & ADDRESS OF OWNER Lynn Vaughn 244 Pine St. Creston, OH 44217 Phone: 330-465-5317 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Orville Veterinary Clinic Inc. Michele Awad-Morris 1665 N Main St Orville, OH 44667 Phone: 330-682-2971		NAME & ADDRESS OF STABLE/MARKET Lynn Vaughn 244 Pine St. Creston, OH 44217 Phone: 330-465-5317 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 085528		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 <i>Michele Awad-Morris</i> Michele Awad-Morris 2019-09-10 09:57:05 -05:00				DATE BLOOD DRAWN 2019-09-10	
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 Lynn Vaughn		SIGNATURE DATE 2019-09-10
NAME OF HORSE How Am I	ID1	ID2	ID3		
COLOR Sorrel	AGE OR DOB 2014-02-11	BREED Quarter Horse	GENDER Neutered/Castrated Male		
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star and stripe			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: None			RIGHT HINDLIMB: White stocking		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Julia F. Greer		TUBE NUMBER 102466152-0	DATE RECEIVED 2019-09-10	DATE REPORTED 2019-09-11	TEST RESULTS Negative
TEST REMARKS					
LABORATORY PetLABS Diagnostic Laboratories, Inc. 36400 Center Ridge Rd. North Ridgeville, OH 44039			SIGNATURE OF TECHNICIAN <i>Julia F. Greer</i> Julia F. Greer 2019-09-11 11:42:26 -05:00		

NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com
Please address any questions related to this document with your state or issuing state veterinarian's office.