





GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-15091904	
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-15091904	DATE SIGNED 2019-09-19	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Sheri Peterson 303 Prestwick Ct Dayton, NV 89403 Phone: 7753508005 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Diamond B Equine Sadie Miller DVM 18124 Wedge Parkway Suite 2034 Reno, NV 89511 Phone: 775-409-3703		NAME & ADDRESS OF STABLE/MARKET Greg Lehman 1 Bill Eitel Rd Dayton, NV 89403 Phone: 775-720-0099 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 006149		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  Sadie Miller DVM 2019-09-19 13:42:42 -05:00				DATE BLOOD DRAWN 2019-09-19	
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 Sheri Peterson		SIGNATURE DATE 2019-09-19
NAME OF HORSE Silver Bullet	ID1	ID2	ID3		
COLOR Dapple Gray	AGE OR DOB 2015-03-21	BREED Friesian	GENDER Neutered/Castrated Male		
					
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 102483652-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		