

EIA-15256116



18th MAY

SERIAL NUMBER		LAB/ACCESSION NU	IMBER	COUNTY	les.		
IA-15256116	DATE SIGNED 2019-11-11	4603805439	JMBER	Green	de la constanción de	1014	
10 ¹		NAME & ADDRESS	NAME & ADDRESS OF VETERINARIAN		NAME & ADDRESS OF STABLE/MARKET		
		5. · · · · · · · · · · · · · · · · · · ·	Brodhead Veterinary Medical Center		Eowyn Brewer		
00 Ruebens Cave Dr. Ibany, WI 53502	Q.	Jason Mertens DVM W1175 Highway 11 8	9.91	600 Ruebens Albany, WI 53			
hone: 608-225-9335		Brodhead, WI 53520	x 01	Phone: 608-2			
PIN/LID: /		Phone: 608-897-8632	2	PIN/LID: /			
IATIONAL ACCREDITATIC	N NUMBER	TEST TYPE		REASON FO	R TESTING		
ed Accred # 001563		ELISA	ELISA		Annual		
ERTIFICATION OF FEDERAL	LY ACCREDITED VETERINARIAN	I certify the specimen submitted	with this form was drawn by me from the	e horse described be	ow on the day in	dicated below.	
GNATURE OF FEDERAL			S	DATE BLOOI 2019-11-08	DRAWN	S	
1 145	h h l h l h l	rtens DVM			2013-11-00		
2.1.00	2019-11-	11 09:43:50 -06:00	0.	0.		0.	
ERTIFICATION OF OWNER	DR OWNER'S AGENT I certify that I	have examined this form and, to	the best of my knowledge and belief, th	nis form is true, correc	t and complete		
SIGNATURE OF OWNER OR OWNER'S AGENT			SIGNATURE NAME		SIGNATURE DATE 2019-11-11		
	4		Eowyn Brewer		2019-11-11		
-	Pr	Her.	1 Chr		the.	4	
NAME OF HORSE Dmari	ID1		ID2		ID3		
COLOR Bay	AGE OR D 06/01/2019		BREED Dutch Harness	. 200	GENDER Male	-000	
	and the second s		- Mallot Int			- abalyett	
ARRATIVE DESCRIPTION	di d		OTHER MARKS AND BRA	NDS: None		Globalyeth	
			OTHER MARKS AND BRA	NDS: None		GlobalWatt	
IEAD: Star	J:			NDS: None		GlobalWath	
EAD: Star EFT FORELIMB: None	d:	A CONTRACTOR OF	NECK AND BODY: None	NDS: None		Globallyett	
EAD: Star EFT FORELIMB: None EFT HINDLIMB: Sock	de la companya de la comp		NECK AND BODY: None RIGHT FORELIMB: Sock	NDS: None		Globalivett	
HEAD: Star LEFT FORELIMB: None LEFT HINDLIMB: Sock RABIES VACCINATION	J: VACCINATION DATE	PRODUCT	NECK AND BODY: None RIGHT FORELIMB: Sock	NDS: None		ADMINISTERED BY	
IEAD: Star EFT FORELIMB: None EFT HINDLIMB: Sock RABIES VACCINATION YPE FOR LABORATORY USE O	VACCINATION DATE	PRODUCT	NECK AND BODY: None RIGHT FORELIMB: Sock RIGHT HINDLIMB: None SERIAL NUMBER	EXPIRATION	DATE		
IEAD: Star EFT FORELIMB: None EFT HINDLIMB: Sock tABIES VACCINATION YPE OR LABORATORY USE O TECHNICIAN	VACCINATION DATE	1000	NECK AND BODY: None RIGHT FORELIMB: Sock RIGHT HINDLIMB: None		DATE	ADMINISTERED BY TEST RESULTS Negative	
IEAD: Star EFT FORELIMB: None EFT HINDLIMB: Sock RABIES VACCINATION YPE OR LABORATORY USE O ECHNICIAN Dunn R. Burch	VACCINATION DATE	PRODUCT TUBE NUMBER	NECK AND BODY: None RIGHT FORELIMB: Sock RIGHT HINDLIMB: None SERIAL NUMBER DATE RECEIVED	EXPIRATION DATE REPO	DATE	TEST RESULTS	
HEAD: Star LEFT FORELIMB: None LEFT HINDLIMB: Sock RABIES VACCINATION TYPE TOR LABORATORY USE O TECHNICIAN Dunn R. Burch	VACCINATION DATE	PRODUCT TUBE NUMBER	NECK AND BODY: None RIGHT FORELIMB: Sock RIGHT HINDLIMB: None SERIAL NUMBER DATE RECEIVED	EXPIRATION DATE REPO	DATE	TEST RESULTS	
ABORATORY	VACCINATION DATE	PRODUCT TUBE NUMBER	NECK AND BODY: None RIGHT FORELIMB: Sock RIGHT HINDLIMB: None SERIAL NUMBER DATE RECEIVED	DATE REPOI 2019-11-12	DATE	TEST RESULTS	

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