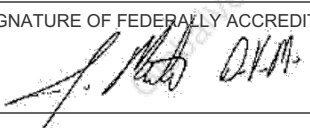

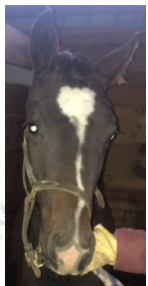




GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-15256103	
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-15256103	DATE SIGNED 2019-11-11	LAB/ACCESSION NUMBER 4603805438	COUNTY Green		
NAME & ADDRESS OF OWNER Eowyn Brewer 600 Ruebens Cave Dr. Albany, WI 53502 Phone: 608-225-9335 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Brodhead Veterinary Medical Center Jason Mertens DVM W1175 Highway 11 & 81 Brodhead, WI 53520 Phone: 608-897-8632		NAME & ADDRESS OF STABLE/MARKET Eowyn Brewer 600 Ruebens Cave Dr. Albany, WI 53502 Phone: 608-225-9335 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER Fed Accred # 001563		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  Jason Mertens DVM 2019-11-11 09:42:06 -06:00				DATE BLOOD DRAWN 2019-11-08	
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 Eowyn Brewer		SIGNATURE DATE 2019-11-11
NAME OF HORSE One and Only	ID1	ID2	ID3		
COLOR Bay	AGE OR DOB 06/01/2019	BREED Dutch Harness	GENDER Female		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star Stripe Snip			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: Pastern			RIGHT HINDLIMB: Sock		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Dunn R. Burch		TUBE NUMBER 102573372-0	DATE RECEIVED 2019-11-12	DATE REPORTED 2019-11-12	TEST RESULTS Negative
TEST REMARKS					
LABORATORY IDEXX Memphis 6100 E Shelby Dr Memphis, TN 38141			SIGNATURE OF TECHNICIAN  Dunn R. Burch 2019-11-12 10:59:37 -06:00		