

## EIA-14813513



Participant of the Control of the Co					3	GAL	
GlobalVetLINK's et la h	E INFECTIOUS ANEMIA	ABORATORY TEST			EIA-14813513		
The society	est form contains all data field	ds as found on federal form VS 10-11, Forms	s Without Adequate Descriptions Of Th Will Not Be Processed.	e Horse and Complete	Addresses Including 2	Up Codes, and Telephone	
SERIAL NUMBER EIA-14813513	DATE SIGNED 2019-06-20		LAB/ACCESSION NUMBER		COUNTY		
NAME & ADDRESS OF OWNER Charlene Springer 46240 Belmont Centerville Road Belmont, OH 43718 Phone: 740-484-4550 PIN/LID: /		Large Animal Veterini Harold M. Kemp DVN 310 1st St PO Box 404 Bethesda, OH 43719	PO Box 404		NAME & ADDRESS OF STABLE/MARKET Charlene Springer 46240 Belmont Centerville Road Belmont, OH 43718 Phone: 740-484-4550 PIN/LID: /		
NATIONAL ACCREDITATION NUMBER 026440		TEST TYPE ELISA	TEST TYPE		REASON FOR TESTING Annual		
CERTIFICATION OF FEDERA	ALLY ACCREDITED VETER	RINARIAN I certify the specimen submitted v	with this form was drawn by me from t	he horse described help	ow on the day indical	ted below.	
Dr. Harold M	LLY ACCREDITED VETI	ERINARIAN rold M. Kemp DVM 19-06-20 07:46:01 -05:00	DATE BLOOD 2019-06-19				
CERTIFICATION OF OWNER	OR OWNER'S AGENT I ce	rtify that I have examined this form and, to I	the best of my knowledge and belief,	this form is true, correc	t and complete		
SIGNATURE OF OWNER	OR OWNER'S AGENT	. 4	SIGNATURE NAME Charlene Springer		SIGNATURE DATE 2019-06-20		
VAME OF HORSE Smokey Joe	ID Ba	m Name: Smokey Joe	ID2		ID3	10	
COLOR	AG	E OR DOB 10-06-19	BREED Half arab	Char	GENDER Neutered/Castr	ated Male	
	all the	0000	Globalyalinik			Glaba News	
RRATIVE DESCRIPTION:			OTHER MARKS AND BR	OTHER MARKS AND BRANDS: Flea biten head and neck			
AD: Star,stripe,snip			NECK AND BODY: None	NECK AND BODY: None			
T FORELIMB: None			RIGHT FORELIMB: None				
THINDLIMS: None			RIGHT HINDLIMB: None	RIGHT HINDLIMB: None			
PE ACCIMATION	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION	ON DATE	ADMINISTERED BY	
R LABORATORY USE ON	LY					The state of the s	
		TUBE NUMBER 102324885-0	DATE RECEIVED 2019-06-21	DATE REP 2019-06-21		TEST RESULTS Negative	

LABORATORY

Michael Ryan

TEST REMARKS

Clevetand Marshfield Labs 15473 Neo Pkway Clevetand, OH 44128

SIGNATURE OF TECHNICIAN

Michael Ryan 2019-06-21 13:52:05 -05:00