

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.

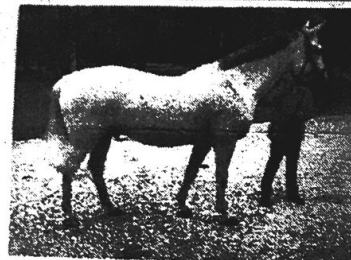
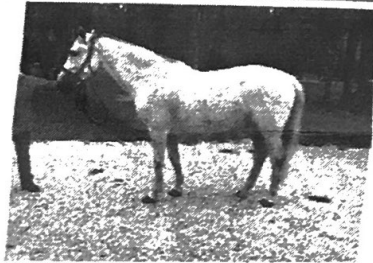
SERIAL NUMBER EIA-15142024	DATE SIGNED 2019-10-04	LAB/ACCESSION NUMBER Z19-9745	COUNTY
NAME & ADDRESS OF OWNER MARGARET BOWERS CONE 2357 STONEGATE DR WELLINGTON, FL 33414 Phone: 901-828-3428 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Van Roekel and Associates, Inc Darrell Harvey DVM 18930 Old Bayshore Rd N Fort Myers, FL 33917 Phone: 239-694-7177	
NAME & ADDRESS OF STABLE/MARKET TRIPLE V-SOUTH 2960 NEWMAN DR NAPLES, FL 34109 Phone: 239-877-2795 PIN/LID: /		REASON FOR TESTING Annual	
NATIONAL ACCREDITATION NUMBER 019963		TEST TYPE ELISA	

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>Darrell L Harvey DVM</i> Darrell Harvey DVM 2019-10-04 12:29:07 -05:00	DATE BLOOD DRAWN 2019-10-03
---	--------------------------------

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 MARGARET BOWERS CONE	SIGNATURE DATE 2019-10-04
NAME OF HORSE VIP QUALITY ROYAL	ID1 BARN NAME: ROY	ID2	ID3
COLOR Grey	AGE OR DOB 01/01/2002	BREED Warmblood	GENDER Gelding



NARRATIVE DESCRIPTION:

HEAD: None

LEFT FORELIMB: None

LEFT HINDLIMB: None

OTHER MARKS AND BRANDS: None

NECK AND BODY: None

RIGHT FORELIMB: None

RIGHT HINDLIMB: PARTIAL MEDIAL PASTERNS

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
------	------------------	---------	---------------	-----------------	-----------------

FOR LABORATORY USE ONLY

TECHNICIAN Julie Braswell	TUBE NUMBER 101226235-1	DATE RECEIVED 2019-10-07	DATE REPORTED 2019-10-08	TEST RESULTS Negative
------------------------------	----------------------------	-----------------------------	-----------------------------	--------------------------

TEST REMARKS

LABORATORY

Professional Vet Lab
91 N. US. Hwy 27
Ft. La, FL 34482

SIGNATURE OF TECHNICIAN

Julie Braswell
2019-10-09 15:05:51 -05:00

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