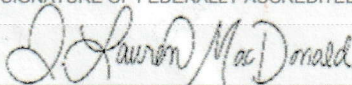

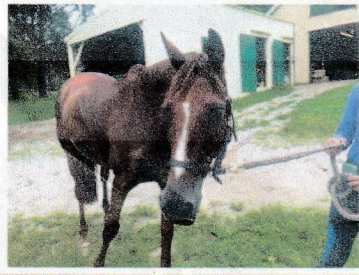

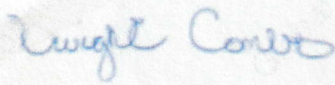


GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14965349	
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-14965349	DATE SIGNED 2019-08-08	LAB/ACCESSION NUMBER NYCH01540984	COUNTY		
NAME & ADDRESS OF OWNER Jenny Scholtz 13809 Knights Run Drive Midlothian, VA 23113 Phone: (804) 316-0310 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Woodside Equine Clinic, Inc. Jessica Lauren MacDonald 13011 Blanton Rd P.O. Box 989 Ashland, VA 23005 Phone: 804-798-3281		NAME & ADDRESS OF STABLE/MARKET Tuckahoe Plantation Stables 12601 River Road Richmond, VA 23238 Phone: (804) 339-0320 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 071104		TEST TYPE AGID	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  Jessica Lauren MacDonald 2019-08-08 11:51:05 -05:00				DATE BLOOD DRAWN 2019-08-08	
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 Jenny Scholtz	SIGNATURE DATE 2019-08-08	
NAME OF HORSE Cheri Jument	ID1 Barn Name: CJ	ID2	ID3		
COLOR Chestnut	AGE OR DOB 2005-01-01	BREED Selle Francais	GENDER Mare		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Stripe			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: None			RIGHT HINDLIMB: Medial Coronet		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Dwight Combs		TUBE NUMBER 102412700-0	DATE RECEIVED 2019-08-09	DATE REPORTED 2019-08-11	TEST RESULTS Negative
TEST REMARKS					
LABORATORY Antech Diagnostics, Inc. - New York 1111 Marcus Avenue Lake Success, NY 11042			SIGNATURE OF TECHNICIAN  Dwight Combs 2019-08-11 08:47:22 -05:00		