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All Inboxes Pandemonium Co...





		E	EIA-15406364		≫ GV	
GVL - EQUINE INFE	CTIOUS ANEMIA LABORATORY 1	EST				
Global/VetLINK's el	EIA test form contains all data fields as fo		Forms Without Adequate Description abors Will Not Be Processed.	ns Of The Horse and Complete Address	ses Including Zip Codes, and Telephone	
SERIAL NUMBER EIA-15406364	DATE SIGNED 2020-01-08	LAB/ACCESSION N 20E01033		COUNTY	۷.	
NAME & ADDRESS OF OWNER Jenny Caras 52 Bates Road Cartesville, GA 30120 Phone: (404) 217-7342 PINALID: 1		NAME & ADDRESS OF VETERINARIAN Auburn University Jennifer Taintor 1500 Wire Rd Auburn, AL 36630 Phone: 334-844-4490		EQUINE RESIDENCE AT BLOOD DRAW Lindsey Lanier 2035 County Road 290 Opelika, AL, AL 36801 Phone: 334-444-3201 PINALID: /		
NATIONAL ACCREDITATION NUMBER 003569		TEST SUBMITTED AGID			REASON FOR TESTING Interstate movement	
CERTIFICATION OF F described below.	EDERALLY ACCREDITED VETERINARI	AN I certify I am a category II fo	ederally accredited veterinarian, auth	orized, in the state where the sample v	was obtained, by me, from the animal	
HORSE	/	ARIAN O r Taintor 1-08 10:23:09 -06:00	•	DATE BLOOD DRAWN 2020-01-07		
NAME OF HORSE Oliver						
COLOR Dark Bay	AGE OR D	OB	BREED	GENDER		
	2011-01-01		British sport horse	NeuteredCa	strated Male	
NARRATIVE DESCRI				Neutered/Ca	strated Male	
			British sport horse	Neutered/Ca	strated Male	
HEAD: none	RIPTION		British sport horse OTHER MARKS AND BR.	Neutered/Ca	strated Male	
HEAD: none LEFT FORELIMB: n	RIPTION		OTHER MARKS AND BRANECK AND BODY: None	Neutered/Ca	strated Male	
HEAD: none LEFT FORELIMB: n LEFT HINDLIMB: n RABIES VACCINAT	RIPTION		OTHER MARKS AND BR. NECK AND BOOY: None RIGHT FORELIMB: none	None None		
HEAD: none LEFT FORELIMB: n LEFT HINDLIMB: n RABIES VACCINAT	RIPTION ONE TON VACCINATION DATE		OTHER MARKS AND BR NECK AND BOOY: None RIGHT FORELIMB: none	Neutered/Ca	ADMINISTERED BY	
HEAD: none LEFT FORELIMB: n LEFT HINDLIMB: n RABIES VACCINAT TYPE	RIPTION ONE TON VACCINATION DATE		OTHER MARKS AND BR. NECK AND BOOY: None RIGHT FORELIMB: none	None None		
RABIES VACCINAT TYPE FOR LABORATOR TECHNICIAN Kacy Davis	RIPTION One TON VACCINATION DATE / USE ONLY	PRODUCT TUBE NUMBER	OTHER MARKS AND BR. NECK AND BOOY: None RIGHT FORELIMB: none RIGHT HINDLIMB: none SERIAL NUMBER DATE RECEIVED	ANDS: None EXPIRATION DATE DATE REPORTED	ADMINISTERED BY TEST RESULTS	
HEAD: none LEFT FORELIME: n LEFT HINDLIME: n RABIES VACCINAT TYPE FOR LABORATORY TECHNICIAN Kacy Davis	RIPTION One TON VACCINATION DATE / USE ONLY	PRODUCT TUBE NUMBER	OTHER MARKS AND BR. NECK AND BOOY: None RIGHT FORELIMB: none RIGHT HINDLIMB: none SERIAL NUMBER DATE RECEIVED	ANDS: None EXPIRATION DATE DATE REPORTED	ADMINISTERED BY TEST RESULTS Negative TEST RAN	
HEAD: none LEFT FORELIMB: n RABIES VACCINAT TYPE FOR LABORATORY TECHNICIAN Kacy Davis LABORATORY REM	RIPTION One TON VACCINATION DATE / USE ONLY	PRODUCT TUBE NUMBER	OTHER MARKS AND BRUNECK AND BODY: None RIGHT FORELIMB: none RIGHT HINDLIMB: none SERIAL NUMBER DATE RECEIVED 2020-01-08	EXPIRATION DATE DATE REPORTED 2020-01-09 PPROVED EIA TECHNICIAN Kacy Day	ADMINISTERED BY TEST RESULTS Negative TEST RAN AGID REFERRED FOR CONFIRMATION	
HEAD: none LEFT FORELIMB: n LEFT HINDLIMS: n RABIES VACCINAT TYPE FOR LABORATORY TECHNICIAN Kacy Davis LABORATORY REM LABORATORY Thompson-Bishop- Laboratory 890 Simms Road Auburn, AL 36830	RIPTION ONE ONE VACCINATION DATE VACCINATION DATE VACCINATION DATE VACCINATION DATE	PRODUCT TUBE-NUMBER 102459424-0	DATE RECEIVED 2020-01-08	EXPIRATION DATE DATE REPORTED 2020-01-09 PPROVED EIA TECHNICIAN Kacy Day 2020-01-	ADMINISTERED BY TEST RESULTS Negative TEST RAN AGID REFERRED FOR CONFIRMATION 09 12:58:51-06:00	







