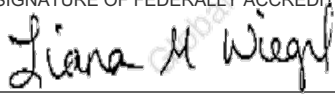

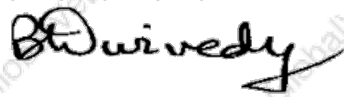


GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-15222115	
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-15222115	DATE SIGNED 2019-11-04	LAB/ACCESSION NUMBER 1905387015	COUNTY Walworth		
NAME & ADDRESS OF OWNER Emilie Brennan 1416 West Diversey Parkway Chicago, IL 60614 Phone: 847-477-3220 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Elkhorn Veterinary Clinic Ltd. Liana M. Wiegel 205 East O'Connor Drive Elkhorn, WI 53121 Phone: 262-723-2644		NAME & ADDRESS OF STABLE/MARKET Black Point Rd Stable W4015 Black Point Rd Lake Geneva, WI 53147 Phone: N/A PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 066100		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  Liana M. Wiegel 2019-11-04 16:14:37 -06:00				DATE BLOOD DRAWN 2019-10-28	
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 Emilie Brennan		SIGNATURE DATE 2019-11-04
NAME OF HORSE Karma	ID1	ID2	ID3		
COLOR Bay	AGE OR DOB YOB 2015	BREED Warmblood	GENDER Mare		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star, upper lip			NECK AND BODY: None		
LEFT FORELIMB: coronet			RIGHT FORELIMB: distal 1/3rd cannon		
LEFT HINDLIMB: mid cannon			RIGHT HINDLIMB: mid cannon		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Bijal Dwivedy		TUBE NUMBER 101838217-1	DATE RECEIVED 2019-11-04	DATE REPORTED 2019-11-05	TEST RESULTS Negative
TEST REMARKS					
LABORATORY IDEXX Elmhurst 655 Grand Ave Suite 370 Elmhurst, IL 60126			SIGNATURE OF TECHNICIAN  Bijal Dwivedy 2019-11-05 14:29:48 -06:00		