

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14469601	
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-14469601	DATE SIGNED 2019-04-03	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Steve Ralph 25256 Kettle River Blvd. Forest Lake, MN 55025 Phone: (651) 303-0129 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Sunrise Equine Veterinary Services Jillian deets 39318 Poor Farm Road North Branch, MN 55056 Phone: 651-583-2162		NAME & ADDRESS OF STABLE/MARKET Steve Ralph 25256 Kettle River Blvd. Forest Lake, MN 55025 Phone: (651) 303-0129 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 078718		TEST TYPE		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  Jillian deets 2019-04-03 14:53:32 -05:00				DATE BLOOD DRAWN 2019-03-29	
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 Steve Ralph		SIGNATURE DATE 2019-04-03
NAME OF HORSE Maverick	ID1	ID2	ID3		
COLOR Brown/White	AGE OR DOB 2009-01-01	BREED Missouri Fox Trotter	GENDER Gelding		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: star, snip, upper lip, lower lip			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: None			RIGHT HINDLIMB: None		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 102152112-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		