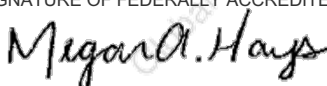





GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14681924	
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-14681924	DATE SIGNED 2019-05-15	LAB/ACCESSION NUMBER 1803051704	COUNTY		
NAME & ADDRESS OF OWNER Lisa Allocco 15 Horseshoe Bend Mendham, NJ 00000 Phone: 000-000-0000 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN BW Furlong & Associates Megan A. Hays, VMD P.O. Box 16 Oldwick, NJ 08858 Phone: 908-439-2821		NAME & ADDRESS OF STABLE/MARKET Lisa Allocco 15 Horseshoe Bend Mendham, NJ 00000 Phone: 000-000-0000 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 070169		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  Megan A. Hays, VMD 2019-05-15 15:22:07 -05:00				DATE BLOOD DRAWN 2019-05-14	
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 Lisa Allocco	SIGNATURE DATE 2019-05-15	
NAME OF HORSE Rose	ID1 Microchip: 933000120173701	ID2	ID3		
COLOR Bay	AGE OR DOB 01/01/2010	BREED Thoroughbred Horse	GENDER Female		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star containing whorl			NECK AND BODY: None		
LEFT FORELIMB: NIL			RIGHT FORELIMB: NIL		
LEFT HINDLIMB: NIL			RIGHT HINDLIMB: White pastern, ermines		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Jessica Fox		TUBE NUMBER 100735966-3	DATE RECEIVED 2019-05-16	DATE REPORTED 2019-05-17	TEST RESULTS Negative
TEST REMARKS					
LABORATORY IDEXX N. Grafton 3 Centennial Dr Suite 1 No. Grafton, MA 1536			SIGNATURE OF TECHNICIAN  Jessica Fox 2019-05-17 11:59:14 -05:00		