





GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-15288519	
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-15288519	DATE SIGNED 2019-11-21	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Michele Parrett 858 Sullivan Rd Boydton, VA 23917 Phone: 434-738-3850 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Southside Equine Services Randall G. Scarrow DVM 4733 Red House Road Phenix, VA 23959 Phone: 434-248-5880		NAME & ADDRESS OF STABLE/MARKET Michele Parrett 858 Sullivan Rd Boydton, VA 23917 Phone: 434-738-3850 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 009191		TEST TYPE		REASON FOR TESTING Interstate movement	
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  Randall G. Scarrow DVM 2019-11-21 11:43:29 -06:00				DATE BLOOD DRAWN 2019-11-21	
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 Michele Parrett		SIGNATURE DATE 2019-11-21
NAME OF HORSE Caspian	ID1 Microchip: 933000120133634	ID2	ID3		
COLOR Champagne	AGE OR DOB 2017-04-02	BREED Oldenburg	GENDER Male		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Few white hairs on forehead, snip			NECK AND BODY: None		
LEFT FORELIMB: White to pastern, spots on coronary band, striated hoof			RIGHT FORELIMB: White to pastern, spots on coronary band striated hoof		
LEFT HINDLIMB: White to fetlock, spots on coronary band striated hoof			RIGHT HINDLIMB: White to cannon spots on coronary band, striated hoof		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 101283224-1	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		