

EIA-15288575



SERIAL NUMBER EIA-15288575	DATE SIGNED 2019-11-21		ACCESSION NUM H02164451	BER	COUNTY		To La
NAME & ADDRESS OF OWNER			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: /		
Michele Parrett 858 Sullivan Rd Boydton, VA 23917 Phone: 434-738-3850 PIN/LID: /							
NATIONAL ACCREDITATION NUMBER 009191			TEST TYPE AGID		REASON FOR TESTING Interstate movement		
CERTIFICATION OF FEDE	ERALLY ACCREDITED VETERI	NARIAN I certify the spe	cimen submitted with	this form was drawn by me from	the horse described bel	ow on the day i	ndicated below.
SIGNATURE OF SERVALLY ACCREDITED VETERINARIAN Randall G. Scarrow DVM 2019-11-21 11:52:37 -06:00				DATE BLOOD DRAWN 2019-11-21		O _{lQ} I _{IS}	
ERTIFICATION OF OWN	IER OR OWNER'S AGENT I cer	tify that I have examined	I this form and, to the	best of my knowledge and belief,	this form is true, correc	and complete	
SIGNATURE OF OWNER OR OWNER'S AGENT				SIGNATURE NAME Michele Parrett		SIGNATURE DATE 2019-11-21	
-	1234	*	1	A government		-3-	
IAME OF HORSE Chronos	ID.			1D2		ID3	
COLOR	NGC NG	E OR DOB		I DOCTO	63	GENDER	100
Pinto		19-04-01		BREED Oldenburg	C. Popo		astrated Male
	20		111	Oldenburg		Neutered/C	
IARRATIVE DESCRIP	20		111	Oldenburg OTHER MARKS AND BR		Neutered/C	oft hip
NARRATIVE DESCRIP	TION:			OTHER MARKS AND BR	e over rump and tail h	Neutered/C	oft hip
NARRATIVE DESCRIPTHEAD: White snip	TION:			OTHER MARKS AND BR NECK AND BODY: White RIGHT FORELIMB: White	e over rump and tail h	Neutered/C	oft hip
NARRATIVE DESCRIPTION HEAD: White snip LEFT FORELIMB: White LEFT HINDLIMB: White	TION:			OTHER MARKS AND BR	e over rump and tail h	Neutered/C	oft hip
NARRATIVE DESCRIP HEAD: White snip LEFT FORELIMB: White RABIES VACCINATION TYPE	TION: te to above carpus a to gaskin , VACCINATION DATE	19-04-01	DUCT	OTHER MARKS AND BR NECK AND BODY: White RIGHT FORELIMB: White	e over rump and tail h	Neutered/C	oft hip
IARRATIVE DESCRIP IEAD: White snip EFT FORELIMB: White EFT HINDLIMB: White WABIES VACCINATION YPE OR LABORATORY US ECHNICIAN	TION: te to above carpus a to gaskin , VACCINATION DATE	E PROI	DUCT E NUMBER 91311-0	OTHER MARKS AND BR NECK AND BODY: White RIGHT FORELIMB: White	e over rump and tail r e to above carpus e to gaskin	Neutered/C	oft hip The withers
IARRATIVE DESCRIPTIEAD: White snip EFT FORELIMB: White EFT HINDLIMB: White WABIES VACCINATION TYPE OR LABORATORY US ECHNICIAN Tonnie Jones	TION: te to above carpus a to gaskin , VACCINATION DATE	E PROI	NUMBER	OTHER MARKS AND BR NECK AND BODY: White RIGHT FORELIMB: White SERIAL NUMBER DATE RECEIVED	e over rump and tail it to above carpus to gaskin EXPIRATION DATE REPOR	Neutered/C	ADMINISTERED BY TEST RESULTS
NARRATIVE DESCRIPTED. HEAD: White snip LEFT FORELIMB: White LEFT HINDLIMB: White RABIES VACCINATION	TION: te to above carpus a to gaskin , VACCINATION DATE	E PROI	NUMBER	OTHER MARKS AND BR NECK AND BODY: White RIGHT FORELIMB: White SERIAL NUMBER DATE RECEIVED	e over rump and tail f e to above carpus e to gaskin EXPIRATION DATE REPOR 2019-11-23	Neutered/C	ADMINISTERED BY TEST RESULTS

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