








WellGrove Equine
(561) 398-9782 - Support@WellGroveEquine.com
<http://www.WellGroveEquine.com>

Owner: Debbie Selling (69)
Patient: Spirit V Dynasty Selling (203)
Breed: Westphalian
Age: 1 year 5 months

Lab Test: 9/5/2019 - Coggins AGID

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-15047159	
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-15047159	DATE SIGNED 2019-09-05	LAB/ACCESSION NUMBER 19W-E95-07	COUNTY Florida		
NAME & ADDRESS OF OWNER DEBBIE SELLING 11096 60th Street N West Palm Beach, FL 33411 Phone: 954-579-6537 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN WellGrove Equine Erin Newkirk DVM 1153 Stallion Drive Loxahatchee, FL 33470 Phone: 561-398-9782		NAME & ADDRESS OF STABLE/MARKET DEBBIE SELLING 11096 60th Street N West Palm Beach, FL 33411 Phone: 954-579-6537 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 10293		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  Erin Newkirk DVM 2019-09-05 12:59:10 -05:00				DATE BLOOD DRAWN 2019-09-05	
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 DEBBIE SELLING	SIGNATURE DATE 2019-09-05	
NAME OF HORSE SPIRIT V DYNASTY	ID1 Microchip: 981020027838627	ID2	ID3		
COLOR Black Tobiano	AGE OR DOB 2018-04-06	BREED Westphalian Horse	GENDER Male		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: PINTO MARKINGS AS SHOWN / L HIP		
HEAD: BLAZE, WHORL, 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 Brett Carter	TUBE NUMBER 102458953-0	DATE RECEIVED 2019-09-05	DATE REPORTED 2019-09-07	TEST RESULTS Negative	
TEST REMARKS					
LABORATORY On Track Laboratories 7563 State Road 7 Building 24 Lake Worth, FL 33449			SIGNATURE OF TECHNICIAN  Brett Carter 2019-09-07 10:23:35 -05:00		