

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14401821	
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-14401821	DATE SIGNED 2019-03-22	LAB/ACCESSION NUMBER	COUNTY Union		
NAME & ADDRESS OF OWNER Kristen Hair 2322 Sedley Rd Charlotte, NC 28211 Phone: 7046415292 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Stony Hill Equine Mobile Veterinary Services Leslie Kinnin 6325 Pleasant Grove Rd Waxhaw, NC 28173 Phone: 4046607840		NAME & ADDRESS OF STABLE/MARKET Across Town Farm 2634 Crane Rd Waxhaw, NC 28173 Phone: 704-254-0752 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 075120		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				DATE BLOOD DRAWN 2019-03-21	
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 Kristen Hair		SIGNATURE DATE 2019-03-22
NAME OF HORSE Lapinwood Steel The Stars	ID1 Ray: Equine	ID2	ID3		
COLOR Bay	AGE OR DOB 2014-03-22	BREED Welsh Pony	GENDER Female		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: Sock			RIGHT HINDLIMB: Sock		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 102121361-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		