






GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14498934	
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-14498934	DATE SIGNED 2019-04-09	LAB/ACCESSION NUMBER 19W-E49-08	COUNTY		
NAME & ADDRESS OF OWNER DEBORAH SELLING 11096 60TH STREET N WEST PALM BEACH, FL 33411 Phone: 954-579-6537 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Byron Reid & Associates VMD,PA Erin Newkirk DVM 1630 F Road Loxahatchee, FL 33470 Phone: 561-790-2226		NAME & ADDRESS OF STABLE/MARKET DEBORAH 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 2019-04-09 11:02:27 -05:00				DATE BLOOD DRAWN 2019-04-06	
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 DEBORAH SELLING	SIGNATURE DATE 2019-04-09	
NAME OF HORSE 1A SUPERB MOVE	ID1 Microchip: 985170002219036	ID2 BARN NAME: PANDA	ID3		
COLOR Black Tobiano	AGE OR DOB 2010-04-07	BREED FRIESIAN CROSS	GENDER MARE		
					
NARRATIVE DESCRIPTION:		OTHER MARKS AND BRANDS: None			
HEAD: WHORL, FEW WHITE HAIRS		NECK AND BODY: None			
LEFT FORELIMB: STOCKING		RIGHT FORELIMB: STOCKING			
LEFT HINDLIMB: STOCKING		RIGHT HINDLIMB: STOCKING			
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Brett Carter		TUBE NUMBER 101592952-1	DATE RECEIVED 2019-04-09	DATE REPORTED 2019-04-11	TEST RESULTS Negative
TEST REMARKS					
LABORATORY On Track Laboratories 7563 State Road 7 Building 24 Lake Worth, FL 33449			SIGNATURE OF TECHNICIAN  Brett Carter 2019-04-11 10:02:06 -05:00		

NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com
Please address any questions related to this document with your state or issuing state veterinarian's office.