

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					EIA-15016382
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-15016382	DATE SIGNED 2019-08-26	LAB/ACCESSION NUMBER 8201883056	COUNTY		
NAME & ADDRESS OF OWNER Dorothee Kieckhefer P.O. Box 7087 Cave Creek, AZ 85327 Phone: (520) 212-3202 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Pioneer Equine Hospital Inc Jody Hallstrom DVM 11536 Cleveland Ave Oakdale, CA 95361 Phone: 209-847-5951		NAME & ADDRESS OF STABLE/MARKET WoodBridge Farm 4537 Albers Road Oakdale, CA 95361 Phone: (209) 613-6020 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 046793		TEST TYPE AGID		REASON FOR TESTING Moving	
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 Jody Hallstrom DVM 2019-08-26 13:17:32 -05:00				DATE BLOOD DRAWN 2019-08-26	
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 Dorothee Kieckhefer		SIGNATURE DATE 2019-08-26
NAME OF HORSE Hotazel 2019 Filly		ID1	ID2		ID3
COLOR Bay		AGE OR DOB 2019-02-23	BREED Thoroughbred		GENDER Filly
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: star			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: sock			RIGHT HINDLIMB: pastern		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Ranika Singh		TUBE NUMBER 102441909-0	DATE RECEIVED 2019-08-27	DATE REPORTED 2019-08-28	TEST RESULTS Negative
TEST REMARKS					
LABORATORY IDEXX Northern CA (West Sacramento) 2825 KOVR Dr West Sacramento, CA 95605			SIGNATURE OF TECHNICIAN Ranika Singh 2019-08-28 10:39:16 -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.