

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-14744503	DATE SIGNED 2019-05-31	LAB/ACCESSION NUMBER NVDL-19-1740	COUNTY
NAME & ADDRESS OF OWNER Cris Bona 8379 Fieldstone Lane Dallastown, PA 17313 Phone: 7174878947 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Nandi Veterinary Associates Peter C. Sheerin 3244 West Sieling Rd. New Freedom, PA 17349 Phone: (717) 235-3798	
NAME & ADDRESS OF STABLE/MARKET Cris Bona 8379 Fieldstone Lane Dallastown, PA 17313 Phone: 7174878947 PIN/LID: /		NATIONAL ACCREDITATION NUMBER 042651	TEST TYPE ELISA
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.

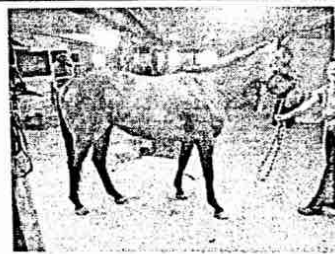
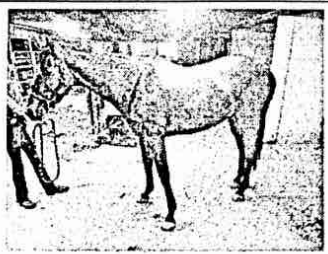
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Peter C. Sheerin 2019-05-31 16:11:08 -05:00	DATE BLOOD DRAWN 2019-05-31
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CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete

SIGNATURE OF OWNER OR OWNER'S AGENT	SIGNATURE NAME Cris Bona	SIGNATURE DATE 2019-05-31
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NAME OF HORSE Strive to be Happy	ID1	ID2	ID3
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COLOR Bay	AGE OR DOB 2016-01-01	BREED Thoroughbred Horse	GENDER Female
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NARRATIVE DESCRIPTION:	OTHER MARKS AND BRANDS: T05407
HEAD: None	NECK AND BODY: None
LEFT FORELIMB: None	RIGHT FORELIMB: None
LEFT HINDLIMB: None	RIGHT HINDLIMB: None

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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TECHNICIAN Barb Sheerin	TUBE NUMBER 102287300-0	DATE RECEIVED 2019-05-31	DATE REPORTED 2019-05-31	TEST RESULTS Negative
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TEST REMARKS

LABORATORY Nandi Veterinary Diagnostic Laboratory 3244 West Sieling Rd. New Freedom, PA 17349	SIGNATURE OF TECHNICIAN  Barb Sheerin 2019-05-31 21:58:49 -05:00
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