

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-15111532	
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-15111532	DATE SIGNED 2019-09-25	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Susan Novotny-Hokenson 883 Old Tory Trail Aiken, SC 29801 Phone: 703-282-7058 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Performance Equine Vets Sabrina Jacobs DVM 3827 Charleston Hwy Aiken, SC 29801 Phone: 803-641-0644		NAME & ADDRESS OF STABLE/MARKET Susan Novotny-Hokenson 883 Old Tory Trail Aiken, SC 29801 Phone: 703-282-7058 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER Fed Accred # 002614		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  Sabrina Jacobs DVM 2019-09-25 14:39:16 -05:00				DATE BLOOD DRAWN 2019-09-25	
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 Susan Novotny-Hokenson		SIGNATURE DATE 2019-09-25
NAME OF HORSE Coronet's Willow PAF	ID1	ID2	ID3		
COLOR Bay	AGE OR DOB 2018-09-25	BREED Westphalian (Westfalen)	GENDER Female		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: Ermine Spot on Left Hind		
HEAD: MWAEL, Blaze			NECK AND BODY: None		
LEFT FORELIMB: Heel			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 102494650-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		