




<b>GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b>				<b>EIA-113059</b>	
<b>SERIAL NO.</b> ST-113059		<b>ACCESSION NO.</b> 123456		<b>DATE COMMITTED</b> 4/20/06	
<b>COUNTY</b>					
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
<b>NAME &amp; ADDRESS OF OWNER</b> Owner, Sample 256 My Lane Sample Town, ST 56785 515-296-0861 Premises ID: 1234567		<b>NAME &amp; ADDRESS OF VETERINARIAN</b> GlobalVetlink,LC 3 Sample, DVM 2625 N. Loop Dr. R4012R Sample City, ST 50010 515-296-0861		<b>NAME &amp; ADDRESS OR STABLE/MARKET</b> Sample Stables Rt. 3 Sample City, ST 50010 515-296-0860 Premises ID: 8910111	
<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> 3333		<b>TEST TYPE</b> AGID (Agar gel immunodiffusion)		<b>REASON FOR TESTING</b> 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 above.					
<b>SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN</b>			<b>SIGNATURE NAME</b> Sample, DVM		<b>DATE BLOOD DRAWN</b> 4/18/06
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.					
<b>SIGNATURE OF OWNER OR OWNER'S AGENT</b>			<b>SIGNATURE NAME</b> Owner, Sample		<b>SIGNATURE DATE</b> 4/20/06
<b>NAME OF HORSE</b> Sample Horse		<b>Barn Name</b> Sample		<b>Electronic ID</b> 840123456789100	
<b>Breed Registration</b> QH123456		<b>NAME OF HORSE</b> Sample Horse		<b>Barn Name</b> Sample	
<b>COLOR</b> Sorrel/White		<b>AGE OR DOB</b> January 1, 1999		<b>BREED</b> Quarter Horse	
<b>GENDER</b> Stallion		<b>AGE OR DOB</b> January 1, 1999		<b>BREED</b> Quarter Horse	
					
<b>NARRATIVE DESCRIPTION</b> (See animal photograph(s) above)					
<b>HEAD</b> Connecting Star, Strip, Snip			<b>OTHER MARKS AND BRANDS</b> Overo Color Pattern, VR on left hip		
<b>LEFT FORELIMB</b> White Sock			<b>RIGHT FORELIMB</b> None		
<b>LEFT HINDLIMB</b> White Stocking			<b>RIGHT HINDLIMB</b> White Sock		
<b>FOR LABORATORY USE ONLY</b>					
<b>LABORATORY</b> System Testing Only PO Box 4536 Sample, ST 34343 515-296-3779		<b>TUBE NO.</b> 000100-0	<b>DATE RECEIVED</b> 4/19/06	<b>DATE REPORTED</b> 4/20/06	<b>TEST RESULTS</b> Negative
<b>TECHNICIAN</b> Technician, Sample			<b>SIGNATURE OF TECHNICIAN</b> <i>Sample Tech</i>		
Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).					