

FORM SERIAL NUMBER
EIA-20400307



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER	2. DATE BLOOD DRAWN 2023-06-05	3. TEST REQUESTED BY VET	4. REASON FOR TESTING Within state use / annual
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5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Equestrian Resolutions 19529 US 79 N Jacksonville, TX 75766 Phone: 732-500-7825 PIN/LID: /	7. NAME & ADDRESS OF OWNER Equestrian Resolutions 19529 US 79 N Jacksonville, TX 75766 Phone: 732-500-7825 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN 5H Equine Veterinary Services JAMES S. Handlin DVM 11008 County Road 2127 N Henderson, TX 75652 Phone: 8177576022
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6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Cherokee	VETERINARIAN NATIONAL ACCREDITATION NUMBER 006031
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CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify I am a category II federally accredited veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN
 JAMES S. Handlin DVM
2023-06-07 12:52:49 CDT

HORSE

9. TUBE NUMBER 106024760-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Velvet	12. COLOR / COAT OR HAIR COLOR(S) Sorrel
13. BREED OR SPECIES Tennessee Walking Horse	14. AGE OR DOB 2012-01-05	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None OTHER MARKS AND BRANDS: No marking

17. HEAD: Star strip snip	18. NECK AND BODY: No marking
19. LEFT FORELIMB: None	20. RIGHT FORELIMB: None
21. LEFT HINDLIMB: None	22. RIGHT HINDLIMB: None

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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FOR LABORATORY USE ONLY

23. LABORATORY	24. DATE SAMPLE RECEIVED	25. DATE RESULTS REPORTED	26. OFFICIAL RESULT	27. TEST TYPE USED
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN	30. INTERIM RESULT REFERRED FOR CONFIRMATION
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