

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2023-09-27		3. TEST REQUESTED BY VET	
4. REASON FOR TESTING Annual		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Mandy Motes 900 Floyd Road Circle M Stables Eagleville, TN 37060 Phone: 615-617-2656 PIN/LID: /		7. NAME & ADDRESS OF OWNER Mandy Motes 900 Floyd Road Circle M Stables Eagleville, TN 37060 Phone: 615-617-2656 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Rutherford		8. NAME & ADDRESS OF VETERINARIAN Equine Services, LLC Belinda Mendenhall DVM 3515 Highway 231 North SHELBYVILLE, TN 37160 Phone: 931-437-2463		VETERINARIAN NATIONAL ACCREDITATION NUMBER 028530	
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  Belinda Mendenhall DVM 2023-09-27 08:55:25 CDT					
HORSE					
9. TUBE NUMBER 106401294-0		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Pushing in Gold	
12. COLOR / COAT OR HAIR COLOR(S) Buckskin		13. BREED OR SPECIES Tennessee Walking Horse		14. AGE OR DOB 2016-09-27	
15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: No marking	
18. NECK AND BODY: No marking		19. LEFT FORELIMB: No marking		20. RIGHT FORELIMB: No marking	
21. LEFT HINDLIMB: Sock		22. RIGHT HINDLIMB: Sock		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		