

FORM SERIAL NUMBER
EIA-20655022



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER 23E-05237	2. DATE BLOOD DRAWN 2023-08-07	3. TEST REQUESTED BY VET AGID	4. REASON FOR TESTING Within state use / annual
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5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Donya McCollum 1300 County Rd 53 Tuskegee, AL 36083 Phone: 3347409823 PIN/LID: /	7. NAME & ADDRESS OF OWNER Donya McCollum 762 Lee Road 260 Opelika, AL 36804 Phone: 3347409823 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Double M Veterinarian Kaylee Montone PO Box 457 Valley, AL 36854 Phone: 3347078849
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6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Macon	VETERINARIAN NATIONAL ACCREDITATION NUMBER 097536
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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
Kaylee Montone Kaylee Montone
2023-08-08 08:59:15 CDT

HORSE

9. TUBE NUMBER 106233164-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Molly	12. COLOR / COAT OR HAIR COLOR(S) Buckskin
13. BREED OR SPECIES Quarter Horse	14. AGE OR DOB 2008-08-08	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None OTHER MARKS AND BRANDS: No marking

17. HEAD: Double whorl in middle of head	18. NECK AND BODY: None
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 Thompson-Bishop-Sparks Alabama State Diagnostic Laboratory 890 Simms Road Auburn, AL 36830 Phone: 334-844-4987	24. DATE SAMPLE RECEIVED 2023-08-10	25. DATE RESULTS REPORTED 2023-08-11	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Akilah Shealey</i> Akilah Shealey 2023-08-11 13:51:33 CDT	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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