

FORM SERIAL NUMBER
EIA-20779826



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2023-09-06		3. TEST REQUESTED BY VET	
4. REASON FOR TESTING Within state use / annual					
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	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Cherokee		VETERINARIAN NATIONAL ACCREDITATION NUMBER 006031			
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 2023-09-08 09:53:30 CDT					
HORSE					
9. TUBE NUMBER 106335058-0		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Shadow	
12. COLOR / COAT OR HAIR COLOR(S) Bay		13. BREED OR SPECIES grade		14. AGE OR DOB 2018-01-06	
15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None			
					
NARRATIVE DESCRIPTION: None			OTHER MARKS AND BRANDS: No marking		
17. HEAD: Star			18. NECK AND BODY: No marking		
19. LEFT FORELIMB: No marking			20. RIGHT FORELIMB: Spots on coronet		
21. LEFT HINDLIMB: No marking			22. RIGHT HINDLIMB: Sock		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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		