

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2024-04-18		3. TEST REQUESTED BY VET	
4. REASON FOR TESTING Within state use / annual		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Leatherwood Farms 2794 Finley Beech Road Lewisburg, TN 37091 Phone: 931-224-2968 PIN/LID: /		7. NAME & ADDRESS OF OWNER Donna Kay Head 2850 Hwy 64 West Lewisburg, TN 37091 Phone: 000-000-0000 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Marshall		8. NAME & ADDRESS OF VETERINARIAN Equine Services, LLC Stephen L. Mullins DVM 3515 Highway 231 North SHELBYVILLE, TN 37160 Phone: 931-437-2463		VETERINARIAN NATIONAL ACCREDITATION NUMBER 002448	
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  Stephen L. Mullins DVM 2024-04-18 12:47:36 CDT					
HORSE					
9. TUBE NUMBER 107107302-0		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Bay Gen	
12. COLOR / COAT OR HAIR COLOR(S) Bay		13. BREED OR SPECIES Tennessee Walking Horse		14. AGE OR DOB 2021-01-01	
15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: Star snip	
18. NECK AND BODY: No marking		19. LEFT FORELIMB: No marking		20. RIGHT FORELIMB: No marking	
21. LEFT HINDLIMB: No marking		22. RIGHT HINDLIMB: fetlock		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		