

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER A24-54974	2. DATE BLOOD DRAWN 2024-05-24	3. TEST REQUESTED BY VET AGID	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Giceli Martin 4812 Bryant Quarter Rd Gillsville, GA 30543 Phone: 678-524-5204 PIN/LID: /	7. NAME & ADDRESS OF OWNER Giceli Martin 4812 Bryant Quarter Rd Gillsville, GA 30543 Phone: 678-524-5204 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Equine Medical Center of Georgia Emily Vermillion P.O. Box 99 Braselton, GA 30517 Phone: 770-534-8121	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Hall		VETERINARIAN NATIONAL ACCREDITATION NUMBER 088962	

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
Emily Vermillion Emily Vermillion
2024-05-28 13:16:14 EDT

HORSE

9. TUBE NUMBER 107256073-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Amber	12. COLOR / COAT OR HAIR COLOR(S) Champagne
13. BREED OR SPECIES Kentucky Mountain Horse	14. AGE OR DOB 2013-01-01	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: No marking
17. HEAD: Star snip	18. NECK AND BODY: No marking
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: Sock	22. RIGHT HINDLIMB: Sock

RABIES VACCINATION

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

23. LABORATORY Athens Veterinary Diagnostic Laboratory - UGA 501 DW Brooks Drive University of Georgia Athens, GA 30602 Phone: 706-542-5568	24. DATE SAMPLE RECEIVED 2024-05-29	25. DATE RESULTS REPORTED 2024-05-30	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Daniela Galeano</i> Daniela Galeano 2024-05-30 16:37:59 EDT	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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