


FORM SERIAL NUMBER
EIA-22034812

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER	2. DATE BLOOD DRAWN 2024-05-24	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: 817756022	
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 2024-05-30 08:08:29 CDT			

HORSE

9. TUBE NUMBER 107253815-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Charger	12. COLOR / COAT OR HAIR COLOR(S) Lineback Dun
13. BREED OR SPECIES Crossbred Horse (Grade)	14. AGE OR DOB 2018-01-24	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: No marking / Bar Y left hip
17. HEAD: Star strip	18. NECK AND BODY: Y_ left hip
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: No marking	22. RIGHT HINDLIMB: No marking

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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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	