

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

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| 1. LAB/ACCESSION NUMBER | 2. DATE BLOOD DRAWN 2023-10-17 | 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
2023-10-17 12:43:11 CDT

HORSE

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| 9. TUBE NUMBER 106451804-0 | 10. TAG/TATTOO/BRAND NUMBER None | 11. REGISTERED NAME Junior | 12. COLOR / COAT OR HAIR COLOR(S) Black |
| 13. BREED OR SPECIES Quarter Horse | 14. AGE OR DOB 2021-01-11 | 15. GENDER Gelding | 16. MICROCHIP, BREED, OR REGISTRATION NUMBER None |



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| NARRATIVE DESCRIPTION: None | OTHER MARKS AND BRANDS: No marking / J arrow E left shoulder |
| 17. HEAD: Star | 18. NECK AND BODY: J arrow E left shoulder |
| 19. LEFT FORELIMB: No marking | 20. RIGHT FORELIMB: No marking |
| 21. LEFT HINDLIMB: Partial coronet on inside. | 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

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| 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 | |