

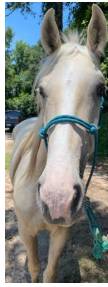



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2024-08-29		3. TEST REQUESTED BY VET	
				4. REASON FOR TESTING Routine	
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Ashlyn & Ben Lotz 3042 Summerhill Road Thomasville, GA 31757 Phone: 940-372-4829 PIN/LID: /		7. NAME & ADDRESS OF OWNER Ashlyn & Ben Lotz 3042 Summerhill Road Thomasville, GA 31757 Phone: 940-372-4829 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Thomasville Animal Hospital V. Todd Cooley DVM 1103 Smith Avenue Thomasville, GA 31792 Phone: 229-226-4561	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Thomas				VETERINARIAN NATIONAL ACCREDITATION NUMBER 023093	
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  V. Todd Cooley DVM 2024-08-29 13:25:29 EDT					
HORSE					
9. TUBE NUMBER 106044441-2		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME McCurdys Trigger	
				12. COLOR / COAT OR HAIR COLOR(S) Palomino	
13. BREED OR SPECIES Tennessee Walking Horse		14. AGE OR DOB 2020-02-23		15. GENDER Gelding	
				16. REGISTRATION NUMBER 22000287	
					
NARRATIVE DESCRIPTION: None			OTHER MARKS AND BRANDS: No marking		
17. HEAD: MW@EL, MWAE, Blaze, Lower Lip			18. NECK AND BODY: No marking		
19. LEFT FORELIMB: No marking			20. RIGHT FORELIMB: No marking		
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		

