

FORM SERIAL NUMBER  
EIA-21621252



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2024-03-20		3. TEST REQUESTED BY VET	4. REASON FOR TESTING annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Joe and Brenda Goett 634 Spruce Creek Rd. Jamestown, TN 38556 Phone: 931-879-4996 PIN/LID: /		7. NAME & ADDRESS OF OWNER Joe and Brenda Goett 634 Spruce Creek Rd. Jamestown, TN 38556 Phone: 931-879-4996 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Dogwood Animal Hospital Cindy Johnson DVM 1024 US-127 South Jamestown, TN 38556 Phone: (931) 879-1111	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Fentress		VETERINARIAN NATIONAL ACCREDITATION NUMBER 053497			
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  Cindy Johnson DVM 2024-03-20 15:23:42 CDT					
HORSE					
9. TUBE NUMBER 104252264-1		10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Callie	12. COLOR / COAT OR HAIR COLOR(S) Black, white, gray	
13. BREED OR SPECIES Missouri Fox Trotting Horse		14. AGE OR DOB 2018-12-28	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
					
NARRATIVE DESCRIPTION: G over arrow left hip			OTHER MARKS AND BRANDS: No marking / freeze brand		
17. HEAD: Star, snip			18. NECK AND BODY: White as pictured		
19. LEFT FORELIMB: Sock			20. RIGHT FORELIMB: Sock		
21. LEFT HINDLIMB: Sock			22. RIGHT HINDLIMB: Stocking		
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		