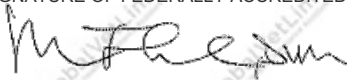





GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2024-05-01		3. TEST REQUESTED BY VET	
				4. REASON FOR TESTING Interstate movement	
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Linda Thompson 1447 King's Corner East Lexington, OH 44904 Phone: (419) 631-8207 PIN/LID: /		7. NAME & ADDRESS OF OWNER Linda Thompson 1447 King's Corner East Lexington, OH 44904 Phone: (419) 631-8207 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Fredericktown Veterinary Clinic Monica Thielsen DVM 156 Columbus Rd. Fredericktown, OH 43019 Phone: 740-694-5926	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Richland				VETERINARIAN NATIONAL ACCREDITATION NUMBER 072861	
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  Monica Thielsen DVM 2024-05-01 18:22:22 EDT					
HORSE					
9. TUBE NUMBER 103712722-3		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Splash	
12. COLOR / COAT OR HAIR COLOR(S) Buckskin		13. BREED OR SPECIES Tennessee Walking Horse Cross		14. AGE OR DOB 2019-05-24	
15. GENDER gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None			
					
NARRATIVE DESCRIPTION: None			OTHER MARKS AND BRANDS: No marking		
17. HEAD: Snip			18. NECK AND BODY: No marking		
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
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		