

**GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST**

|                                       |                                   |                                  |  |
|---------------------------------------|-----------------------------------|----------------------------------|--|
| 1. LAB/ACCESSION NUMBER<br>K250850012 | 2. DATE BLOOD DRAWN<br>2025-03-24 | 3. TEST REQUESTED BY VET<br>AGID | 4. REASON FOR TESTING<br>Within state use / annual |
|---------------------------------------|-----------------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET<br>Joseph Yoder<br>7460 Storytown Rd<br>Hartsville, TN 37074<br>Phone: 615-498-3768<br>PIN/LID: / | 7. NAME & ADDRESS OF OWNER<br>Joseph Yoder<br>7460 Storytown Rd<br>Hartsville, TN 37074<br>Phone: 615-498-3768<br>PIN/LID: / | 8. NAME & ADDRESS OF VETERINARIAN<br>Trousdale County Veterinary Services<br>Colton Oakes<br>700 McMurray Blvd E<br>Hartsville, TN 37074<br>Phone: 615-374-0330 |
|--|--|---|

|   |  |
|---|--|
| 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE<br>Trousdale | VETERINARIAN NATIONAL ACCREDITATION NUMBER<br>100466 |
|---|--|

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  
*Colton Oakes* Colton Oakes  
2025-03-25 08:11:39 CDT

**HORSE**

|   |                                     |                                  |  |
|---|-------------------------------------|----------------------------------|--|
| 9. TUBE NUMBER<br>108277965-0                               | 10. TAG/TATTOO/BRAND NUMBER<br>None | 11. REGISTERED NAME<br>Bojangles | 12. COLOR / COAT OR HAIR COLOR(S)<br>Black/White     |
| 13. BREED OR SPECIES<br>Pony - breed not specified/ unknown | 14. AGE OR DOB<br>2022-01-01        | 15. GENDER<br>Gelding            | 16. MICROCHIP, BREED, OR REGISTRATION NUMBER<br>None |




|                               |                                    |
|-------------------------------|------------------------------------|
| NARRATIVE DESCRIPTION: None   | OTHER MARKS AND BRANDS: No marking |
| 17. HEAD: Star                | 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<br>Kord Animal Disease Diagnostic Laboratory<br>PO Box 40627 Melrose Station<br>Nashville, TN 37204<br>Phone: 615-837-5125 | 24. DATE SAMPLE RECEIVED<br>2025-03-26 | 25. DATE RESULTS REPORTED<br>2025-03-27 | 26. OFFICIAL RESULT<br>Negative | 27. TEST TYPE USED<br>AGID |
| 28. LABORATORY REMARKS  |  |   |                                 |                            |

|  |  |
|--|--|
| 29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN<br> Ty Hunter<br>2025-03-27 17:24:16 CDT | 30. INTERIM RESULT REFERRED FOR CONFIRMATION<br>No |
|--|--|

