

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER MECH06755256	2. DATE BLOOD DRAWN 2025-07-31	3. TEST REQUESTED BY VET AGID	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Leatherwood Farm 2799 Finley Beech Rd Lewisburg, TN 37091 Phone: 931-224-2968 PIN/LID: /	7. NAME & ADDRESS OF OWNER Dustin Smith 310 Halifax Road Scottsville, KY 42164 Phone: (270) 779-8139 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Wilhelm Equine Services Lauren Troutt 2769 Hwy 231 N Shelbyville, TN 37160 Phone: 931-224-1529	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Marshall			VETERINARIAN NATIONAL ACCREDITATION NUMBER 102998

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

Lauren Troutt, DVM Lauren Troutt
2025-08-01 15:04:09 CDT

HORSE

9. TUBE NUMBER 108779457-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Country	12. COLOR / COAT OR HAIR COLOR(S) Black
13. BREED OR SPECIES Tennessee Walking Horse	14. AGE OR DOB 2023-08-01	15. GENDER Stallion	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None

OTHER MARKS AND BRANDS: No marking

17. HEAD: Blaze

18. NECK AND BODY: No marking

19. LEFT FORELIMB: No marking

20. RIGHT FORELIMB: No marking

21. LEFT HINDLIMB: Sock

22. RIGHT HINDLIMB: Sock

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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FOR LABORATORY USE ONLY

23. LABORATORY Antech Test Express (Memphis/Southaven) 2433 Globe Cove Southaven, MS 38671 Phone: 1-800-872-1001	24. DATE SAMPLE RECEIVED 2025-08-02	25. DATE RESULTS REPORTED 2025-08-04	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN

Danielle D. Steele Danielle D. Steele
2025-08-04 07:50:10 CDT

30. INTERIM RESULT REFERRED FOR CONFIRMATION
No

