

**GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST**

1. LAB/ACCESSION NUMBER MECH06834322	2. DATE BLOOD DRAWN 2025-09-17	3. TEST REQUESTED BY VET AGID	4. REASON FOR TESTING Within state use / annual
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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 Dale Smith 625 E Highway 70 Eubank, KY 42567 Phone: 6062196372 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN TEH East LLC Richard Wilhelm DVM 2769 Hwy 231 N Shelbyville, TN 37160 Phone: 931-224-1529
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6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Marshall	VETERINARIAN NATIONAL ACCREDITATION NUMBER 051038
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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  
 Richard Wilhelm DVM  
2025-09-18 14:54:24 CDT

**HORSE**

9. TUBE NUMBER 108946379-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Simple Simon	12. COLOR / COAT OR HAIR COLOR(S) Black
13. BREED OR SPECIES Tennessee Walking Horse	14. AGE OR DOB 2022-09-17	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: No marking
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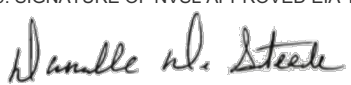
17. HEAD: Star stripe snip	18. NECK AND BODY: No marking
19. LEFT FORELIMB: Coronet	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: No marking	22. RIGHT HINDLIMB: Sock

**RABIES VACCINATION**

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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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 2025-09-19	25. DATE RESULTS REPORTED 2025-09-20	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Danielle D. Steele 2025-09-20 10:58:46 CDT	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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