

**GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST**

1. LAB/ACCESSION NUMBER MECH07326883	2. DATE BLOOD DRAWN 2026-04-15	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 Coni Young 206 Ebbwater Dr Aiken, SC 29803 Phone: 9317356572 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN TEH East LLC Richard Wilhelm DVM 2769 Hwy 231 N Shelbyville, TN 37160 Phone: 931-735-6572	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Marshall		VETERINARIAN NATIONAL ACCREDITATION NUMBER 051038	

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  
 2026-04-20 15:35:49 CDT

**HORSE**

9. TUBE NUMBER 109703742-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Buttercup	12. COLOR / COAT OR HAIR COLOR(S) Palomino
13. BREED OR SPECIES Missouri Fox Trotter	14. AGE OR DOB 2018-04-16	15. GENDER Gelding	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: Stocking	22. RIGHT HINDLIMB: Stocking

**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 2026-04-21	25. DATE RESULTS REPORTED 2026-04-22	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Danielle D. Steele 2026-04-22 14:39:39 CDT	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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