





GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2021-12-30		3. TEST REQUESTED BY VET	4. REASON FOR TESTING Interstate movement
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Billy Williams 8950 Arvin Hill Rd Aubrey, TX 76227 Phone: 5038877171 PIN/LID: /		7. NAME & ADDRESS OF OWNER Peter & Courtney Morgan 11901 NW 83rd Terrace Reddick, FL 32686 Phone: 352-795-2999 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Weems & Stephens Equine Hosp Carolyn H. Chisholm 5960 Hospital Rd Aubrey, TX 76227-6426 Phone: 940-365-9632	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Denton		VETERINARIAN NATIONAL ACCREDITATION NUMBER 085817			
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  Carolyn H. Chisholm 2021-12-30 17:19:36 -06:00					
HORSE					
9. TUBE NUMBER 104258998-0		10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Topsy	12. COLOR / COAT OR HAIR COLOR(S) Gray	
13. BREED OR SPECIES Quarter Horse		14. AGE OR DOB 2020-12-30	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: No marking		
17. HEAD: Star			18. NECK AND BODY: None		
19. LEFT FORELIMB: None			20. RIGHT FORELIMB: None		
21. LEFT HINDLIMB: Sock			22. RIGHT HINDLIMB: None		
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		