


GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2022-10-19		3. TEST REQUESTED BY VET	
4. REASON FOR TESTING Within state use / annual		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Kaci O'Rourke 4100 Reining Rd Aubrey, TX 76227 Phone: 802-282-9632 PIN/LID: /		7. NAME & ADDRESS OF OWNER Kaci O'Rourke 4100 Reining Rd Aubrey, TX 76227 Phone: 802-282-9632 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Denton		8. NAME & ADDRESS OF VETERINARIAN Weems & Stephens Equine Hosp Cole Sciba DVM 5960 Hospital Rd Aubrey, TX 76227-6426 Phone: (940) 365-9632		VETERINARIAN NATIONAL ACCREDITATION NUMBER 051916	
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  Cole Sciba DVM 2022-10-19 15:08:25 -05:00					
HORSE					
9. TUBE NUMBER 105233741-0		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Mambo Dreamin	
12. COLOR / COAT OR HAIR COLOR(S) Sorrel		13. BREED OR SPECIES Quarter Horse		14. AGE OR DOB 2020-01-01	
15. GENDER Mare		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: Star, partial strip and snip	
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		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		

