

FORM SERIAL NUMBER
EIA-18949860



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER	2. DATE BLOOD DRAWN 2022-07-25	3. TEST REQUESTED BY VET	4. REASON FOR TESTING Interstate movement
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: /	8. NAME & ADDRESS OF VETERINARIAN Weems & Stephens Equine Hosp David P. Garrett 5960 Hospital Rd Aubrey, TX 76227-6426 Phone: (940) 365-9632	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Denton		VETERINARIAN NATIONAL ACCREDITATION NUMBER 055842	

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

David P. Garrett
 2022-07-25 15:01:59 -05:00

HORSE

9. TUBE NUMBER 104959823-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Hot Hollywood Gem	12. COLOR / COAT OR HAIR COLOR(S) Sorrel
13. BREED OR SPECIES Quarter Horse	14. AGE OR DOB 2019-01-01	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: No marking
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: No marking	22. RIGHT HINDLIMB: No marking

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	