

FORM SERIAL NUMBER  
EIA-19289078



| GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST                                                                                                                                                                        |  |                                                                                                                                                                 |  |                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| 1. LAB/ACCESSION NUMBER                                                                                                                                                                                               |  | 2. DATE BLOOD DRAWN<br>2022-10-19                                                                                                                               |  | 3. TEST REQUESTED BY VET                                                                                                |  |
| 4. REASON FOR TESTING<br>Within state use / annual                                                                                                                                                                    |  | 5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET<br>Kaci O'Rourke<br>4100 Reining Rd<br>Aubrey, TX 76227<br>Phone: 802-282-9632<br>PIN/LID: / |  | 7. NAME & ADDRESS OF OWNER<br>Kaci O'Rourke<br>4100 Reining Rd<br>Aubrey, TX 76227<br>Phone: 802-282-9632<br>PIN/LID: / |  |
| 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE<br>Denton                                                                                                                                                                |  | 8. NAME & ADDRESS OF VETERINARIAN<br>Weems & Stephens Equine Hosp<br>Cole Sciba DVM<br>5960 Hospital Rd<br>Aubrey, TX 76227-6426<br>Phone: (940) 365-9632       |  | VETERINARIAN NATIONAL ACCREDITATION NUMBER<br>051916                                                                    |  |
| CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN<br>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<br><br>Cole Sciba DVM<br>2022-10-19 15:08:24 -05:00                                    |  |                                                                                                                                                                 |  |                                                                                                                         |  |
| HORSE                                                                                                                                                                                                                 |  |                                                                                                                                                                 |  |                                                                                                                         |  |
| 9. TUBE NUMBER<br>105233740-0                                                                                                                                                                                         |  | 10. TAG/TATTOO/BRAND NUMBER<br>None                                                                                                                             |  | 11. REGISTERED NAME<br>Gotta Beat The Boys                                                                              |  |
| 12. COLOR / COAT OR HAIR COLOR(S)<br>Bay                                                                                                                                                                              |  | 13. BREED OR SPECIES<br>Quarter Horse                                                                                                                           |  | 14. AGE OR DOB<br>2020-01-01                                                                                            |  |
| 15. GENDER<br>Mare                                                                                                                                                                                                    |  | 16. MICROCHIP, BREED, OR REGISTRATION NUMBER<br>None                                                                                                            |  | 17. HEAD: Bald                                                                                                          |  |
| 18. NECK AND BODY: No marking                                                                                                                                                                                         |  | 19. LEFT FORELIMB: Stocking                                                                                                                                     |  | 20. RIGHT FORELIMB: Sock                                                                                                |  |
| 21. LEFT HINDLIMB: Stocking                                                                                                                                                                                           |  | 22. RIGHT HINDLIMB: Stocking                                                                                                                                    |  | 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                                                                            |  |