


FORM SERIAL NUMBER
EIA-18186156



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER	2. DATE BLOOD DRAWN 2022-02-25	3. TEST REQUESTED BY VET	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Cardinal Ranch 4100 Reining Road Aubrey, TX 76227 Phone: 000-000-0000 PIN/LID: /	7. NAME & ADDRESS OF OWNER Rick Clark 6328 Cannonsburg Rd Cattlesburg, KY 41129 Phone: 000-000-0000 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Weems & Stephens Equine Hosp Cole Sciba DVM 5960 Hospital Rd Aubrey, TX 76227-6426 Phone: (940) 365-9632	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Denton	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 2022-02-26 08:11:43 -06:00			

HORSE

9. TUBE NUMBER 104419252-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Shez Shinen	12. COLOR / COAT OR HAIR COLOR(S) Sorrel
13. BREED OR SPECIES Quarter Horse	14. AGE OR DOB 2019-02-25	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION:	OTHER MARKS AND BRANDS: No marking
17. HEAD: Snip	18. NECK AND BODY: No marking
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: Dorsal coronet	22. RIGHT HINDLIMB: Sock

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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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	