

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2021-03-23	3. TEST REQUESTED BY VET		4. REASON FOR TESTING Annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Windy Ridge Ranch 2700 Manning Ave. S. Woodbury, MN 55125 Phone: 000-000-0000 PIN/LID: /		7. NAME & ADDRESS OF OWNER Windy Ridge Ranch 2700 Manning Ave. S. Woodbury, MN 55125 Phone: 000-000-0000 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Stillwater Veterinary Clinic Jon Engstrom DVM 9550 60th Street N Stillwater, MN 55082 Phone: 651-770-6167	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Washington		VETERINARIAN NATIONAL ACCREDITATION NUMBER 041792			
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  Jon Engstrom DVM 2021-03-26 11:46:36 -05:00					
HORSE					
9. TUBE NUMBER 102832171-1		10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Elio	12. COLOR / COAT OR HAIR COLOR(S) Brown	
13. BREED OR SPECIES Thoroughbred		14. AGE OR DOB 2015-01-01	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
17. HEAD: Small star			18. NECK AND BODY: None		
19. LEFT FORELIMB: None			20. RIGHT FORELIMB: None		
21. LEFT HINDLIMB: None			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		