

| 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: / | |
| 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Washington | | 8. NAME & ADDRESS OF VETERINARIAN Stillwater Veterinary Clinic Jon Engstrom DVM 9550 60th Street N Stillwater, MN 55082 Phone: 651-770-6167 | | 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 11:46:27 -05:00 | | | | | |
| HORSE | | | | | |
| 9. TUBE NUMBER 101617287-2 | | 10. TAG/TATTOO/BRAND NUMBER None | | 11. REGISTERED NAME Kenya | |
| 12. COLOR / COAT OR HAIR COLOR(S) Brown Bay | | 13. BREED OR SPECIES Selle Francais/TB | | 14. AGE OR DOB 2005-01-01 | |
| 15. GENDER Mare | | 16. MICROCHIP, BREED, OR REGISTRATION NUMBER None | | 17. HEAD: No White Markings | |
|  | |  | |  | |
| 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 | | OTHER MARKS AND BRANDS: 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 | | | |
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| 29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN | | | 30. INTERIM RESULT REFERRED FOR CONFIRMATION | | |
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