

FORM SERIAL NUMBER
EIA-16908630



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 11:29:02 -05:00					
HORSE					
9. TUBE NUMBER 101603018-3		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Lulu	
12. COLOR / COAT OR HAIR COLOR(S) Bay		13. BREED OR SPECIES Thoroughbred		14. AGE OR DOB 2011-01-01	
15. GENDER Mare		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: Star	
18. NECK AND BODY: No marking		19. LEFT FORELIMB: No marking		20. RIGHT FORELIMB: Partial Pastern	
21. LEFT HINDLIMB: Pastern		22. RIGHT HINDLIMB: Pastern		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	