

FORM SERIAL NUMBER
EIA-16908631



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 11:46:24 -05:00

HORSE

9. TUBE NUMBER 101598714-1	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Rosemare	12. COLOR / COAT OR HAIR COLOR(S) Bay
13. BREED OR SPECIES Quarter Horse	14. AGE OR DOB 2003-01-01	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION:

17. HEAD: Star, Strip, Snip

19. LEFT FORELIMB: No marking

21. LEFT HINDLIMB: Sock

OTHER MARKS AND BRANDS: No marking

18. NECK AND BODY: No marking

20. RIGHT FORELIMB: No marking

22. RIGHT HINDLIMB: 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				
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN			30. INTERIM RESULT REFERRED FOR CONFIRMATION	