

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2023-05-16		3. TEST REQUESTED BY VET	
4. REASON FOR TESTING ANNUAL		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET ROB MOONEY 4741 HWY 185 NEW HAVEN, MO 63068 Phone: 860-983-7669 PIN/LID: /		7. NAME & ADDRESS OF OWNER ROB MOONEY 4741 HWY 185 NEW HAVEN, MO 63068 Phone: 860-983-7669 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE FRANKLIN		8. NAME & ADDRESS OF VETERINARIAN Mid-Rivers Equine Centre JAEL LANHAM 404 Stable Lane Wentzville, MO 63385 Phone: 636-332-5373		VETERINARIAN NATIONAL ACCREDITATION NUMBER 072745	
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  JAEL LANHAM 2023-05-18 14:24:53 CDT					
HORSE					
9. TUBE NUMBER 105954505-0		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME YERLANDA	
12. COLOR / COAT OR HAIR COLOR(S) Bay		13. BREED OR SPECIES Thoroughbred		14. AGE OR DOB 6 YEARS	
15. GENDER Mare		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: NONE	
18. NECK AND BODY: NONE		19. LEFT FORELIMB: NONE		20. RIGHT FORELIMB: NONE	
21. LEFT HINDLIMB: NONE		22. RIGHT HINDLIMB: NONE		23. LABORATORY	
24. DATE SAMPLE RECEIVED		25. DATE RESULTS REPORTED		26. OFFICIAL RESULT	
28. LABORATORY REMARKS					
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN			30. INTERIM RESULT REFERRED FOR CONFIRMATION		

