

FORM SERIAL NUMBER  
EIA-15961164



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER 20-LD7888		2. DATE BLOOD DRAWN 2020-06-03		3. TEST REQUESTED BY VET AGID	
4. REASON FOR TESTING Within state use / annual		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Jennifer Souders 13524 N.W. 160th Avenue Morrison, FL 32698 Phone: 303-746-2221 PIN/LID: /		7. NAME & ADDRESS OF OWNER Jennifer Souders 13524 N.W. 160th Avenue Morrison, FL 32698 Phone: 303-746-2221 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Manon		8. NAME & ADDRESS OF VETERINARIAN Equine Medical Center of Ocala, FL Jocelyn Stedman 7107 West Hwy 326 Ocala, FL 34482 Phone: 352-873-7830		VETERINARIAN NATIONAL ACCREDITATION NUMBER 089816	
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 <i>Jocelyn Stedman</i> Jocelyn Stedman 2020-06-03 15:15:34 -05:00					
HORSE					
9. TUBE NUMBER 102949169-0		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Hollywood	
12. COLOR / COAT OR HAIR COLOR(S) Chestnut		13. BREED OR SPECIES Trakhtner Cross		14. AGE OR DOB 2014	
15. GENDER Mare		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: star, stripe, snip	
18. NECK AND BODY: No marking		19. LEFT FORELIMB: No marking		20. RIGHT FORELIMB: No marking	
21. LEFT HINDLIMB: stocking		22. RIGHT HINDLIMB: stocking		OTHER MARKS AND BRANDS: No marking	
NARRATIVE DESCRIPTION:		RABIES VACCINATION			
17. HEAD: star, stripe, snip		TYPE		ADMINISTERED BY	
19. LEFT FORELIMB: No marking		VACCINATION DATE		PRODUCT	
21. LEFT HINDLIMB: stocking		SERIAL NUMBER		EXPIRATION DATE	
22. RIGHT HINDLIMB: stocking		23. LABORATORY		24. DATE SAMPLE RECEIVED	
20. RIGHT FORELIMB: No marking		Equine Medical Center of Ocala 7107 West Hwy 326 Ocala, FL 34482 Phone: 352-840-0965		25. DATE RESULTS REPORTED 2020-06-05	
21. LEFT HINDLIMB: stocking		26. OFFICIAL RESULT Negative		27. TEST TYPE USED AGID	
22. RIGHT HINDLIMB: stocking		28. LABORATORY REMARKS		29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Jocelyn James</i> Jocelyn James 2020-06-05 06:31:11 -05:00	
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN		30. INTERIM RESULT REFERRED FOR CONFIRMATION No			

Official EIA Test Form, Approved by USDA Veterinary Services March 2020, GVL