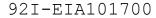
Phone: (503) 986-4680





EQUINE INFECTIOUS ANEMIA LABORATORY TEST

This document contains all data fields as found on federal form VS 10-11. Forms without adequate descriptions of the horse and complete addresses including zip codes, counties, and telephone numbers will not be processed.

Accession Number: 20EE0883	Date Blood Drawn: Apr 7, 2020		Reason for Testing: Interstate Movement	Test Requested by Veterinarian: ELISA		
Name & Address of Owner Keizer Equestrian (Angela 2828 Zee Ln Keizer, Oregon 97303 Phone: (971) 304-5258		Keizer 2828 Ze Keizer, Phone:	en of Equine at Blood Draw: Equestrian (Angela Kerr) tee In Oregon 97303 (971) 304-5258 Marion	Name & Address of Veterinarian: Michael Stewart P.O. Box 409 Silverton , Oregon 97381 Phone: 503 967 4404 NAN: 062824		

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.

Veterinarian Signature:

Signature Date: Apr 7, 2020

HORSE INFORMATION								
Tube No:	Name of Animal: Zee Shadow Rules			Microchip, Breed, or Registration Number: 981020033082583				
Color: Dark Bay	Breed (or species if not a horse):	Age:	Sex:	Tag/Tattoo/Brand Number:				







Head: Star		Neck and Body: None	Neck and Body: None								
Left Forelimb: None		Right Forelimb: None									
Left Hindlimb: None		Right Hindlimb: None	Right Hindlimb: None								
LABORATORY INFORMATION											
Technician: Shannon Coulombe	Date Sample Received: 4/8/2020	Date Results Reported: 4/8/2020	Official Test Result: Negative	Test Type Used: ELISA - VMRD							

Remarks:

Salem, Oregon

EIA Laboratory Name and Address:

ODA Animal Health Lab

Signature of NVSL - Approved EIA Technician:

Notice to Document Inspectors: This official document was authorized in agreement with the Oregon State Veterinarian and issuing Veterinarian