


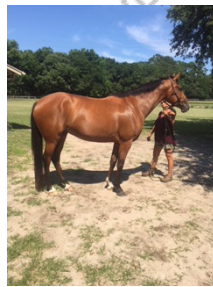


GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2020-06-15		3. TEST REQUESTED BY VET	
4. REASON FOR TESTING Within state use / annual		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Rivers Edge Farm 1136 Bees Ferry Rd. Johns Island, SC 29455 Phone: (843) 670-2459 PIN/LID: /		7. NAME & ADDRESS OF OWNER Kim Hay 1706 Oak Grove Road Wadmalaw Island, SC 29487 Phone: 843-559-0860 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE SC		8. NAME & ADDRESS OF VETERINARIAN Edisto Equine Clinic Christopher Ernst 3227 Walter Drive Suite 3B Johns Island, SC 29455 Phone: 843-889-1316		VETERINARIAN NATIONAL ACCREDITATION NUMBER 053238	
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  Christopher Ernst 2020-06-15 13:27:03 -05:00					
HORSE					
9. TUBE NUMBER 102974444-0		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME I'Czabel	
12. COLOR / COAT OR HAIR COLOR(S) Bay		13. BREED OR SPECIES Warmblood Cross		14. AGE OR DOB 6 Years	
15. GENDER Mare		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: MW@EL, Star,Strip,Snip	
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: No marking		
19. LEFT FORELIMB: Pastern			20. RIGHT FORELIMB: No marking		
21. LEFT HINDLIMB: Stocking			22. RIGHT HINDLIMB: Partial		
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		