

FORM SERIAL NUMBER  
EIA-15825727



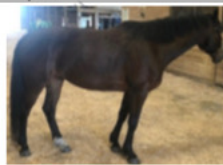
**GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST**

1. LAB/ACCESSION NUMBER ESM05012002	2. DATE BLOOD DRAWN 2020-04-28	3. TEST REQUESTED BY VET AGID	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET DR. STEVEN PASSMAN 11740 SW 40TH STREET TOWANDA, KS 67144 Phone: 316-778-1552 PINLID: /	7. NAME & ADDRESS OF OWNER Jessica Turner 110 N 127th St E Apt 2302 Wichita, KS 67206 Phone: 440-487-2721 PINLID: /	8. NAME & ADDRESS OF VETERINARIAN Equine Surgery & Medicine James Speer DVM 3500 E 45th St. N Wichita, KS 67220 Phone: 316-744-2007	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE BUTLER		VETERINARIAN NATIONAL ACCREDITATION NUMBER 1530	

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  
*James M. Speer DVM*  
James Speer DVM  
2020-04-30 09:39:44 -05:00

<b>HORSE</b>			
9. TUBE NUMBER 102874131-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Isadora MCF	12. COLOR / COAT OR HAIR COLOR(S) Bay
13. BREED OR SPECIES Holsteiner	14. AGE OR DOB 2016-03-22	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION		OTHER MARKS AND BRANDS: No other markings	
17. HEAD: Star, Strip		18. NECK AND BODY: No markings	
19. LEFT FORELIMB: No markings		20. RIGHT FORELIMB: No markings	
21. LEFT HINDLIMB: Pastern, higher inside		22. RIGHT HINDLIMB: Half coronet	

RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY

FOR LABORATORY USE ONLY					
23. LABORATORY Equine Surgery & Medicine Lab 3500 E 45th St. N Wichita, KS 67220 Phone: 316-744-2007	24. DATE SAMPLE RECEIVED 2020-04-30	25. DATE RESULTS REPORTED 2020-05-01	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID	
	28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>James M. Speer DVM</i> James Speer DVM 2020-05-01 13:19:09 -05:00	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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