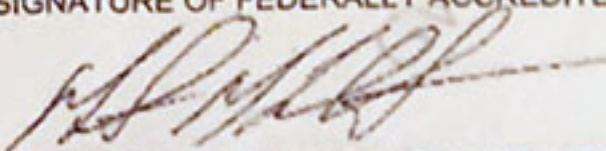


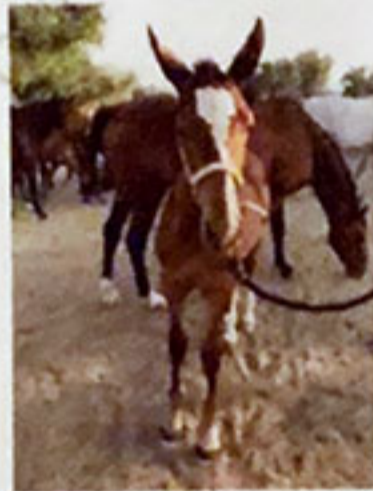
GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER V20-22960	2. DATE BLOOD DRAWN 2020-08-18	3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Change of ownership / sale
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Rancho Corazon 828 Hwy 408 Lemitar, NM 87823 Phone: 5758351845 PIN/LID: /	7. NAME & ADDRESS OF OWNER Rancho Corazon 828 Hwy 408 Lemitar, NM 87823 Phone: 5758351845 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Village Veterinary Hospital Mike McCallister DVM 250 Bosque Farms Bosque Farms, NM 87068 Phone: 505-869-2627
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE soco			VETERINARIAN NATIONAL ACCREDITATION NUMBER 055679

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
 Mike McCallister DVM
2020-08-20 08:50:09 -05:00

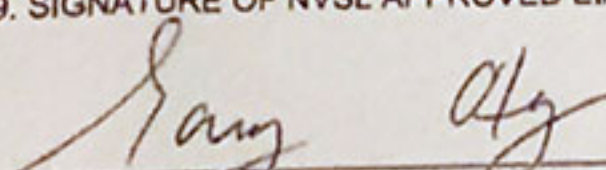
HORSE			
9. TUBE NUMBER 103102602-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Eagle Moon RC	12. COLOR / COAT OR HAIR COLOR(S) Chestnut
13. BREED OR SPECIES Holsteiner Horse	14. AGE OR DOB 2020-05-07	15. GENDER Male	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION:	OTHER MARKS AND BRANDS: No marking
17. HEAD: Star stripe	18. NECK AND BODY: No marking
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: Sock	22. RIGHT HINDLIMB: Sock

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

FOR LABORATORY USE ONLY				
23. LABORATORY NMDA/Veterinary Diagnostic Services 1101 Camino de Salud, NE 1101 Camino de Salud NE Albuquerque, NM 87102 Phone: 505-383-9299	24. DATE SAMPLE RECEIVED 2020-08-20	25. DATE RESULTS REPORTED 2020-08-21	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Gary Oty 2020-08-21 12:46:08 -05:00	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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