





FORM SERIAL NUMBER
EIA-16346005



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER 4605529768		2. DATE BLOOD DRAWN 2020-10-06		3. TEST REQUESTED BY VET AGID	4. REASON FOR TESTING annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Kathie Oedbauer 548 Valley Ridge Rd. Jamestown, TN 38556 Phone: 931-879-1822 PIN/LID: /		7. NAME & ADDRESS OF OWNER Kathie Oedbauer 548 Valley Ridge Rd. Jamestown, TN 38556 Phone: 931-879-1822 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Dogwood Animal Hospital Cindy Johnson DVM 1024 US-127 South Jamestown, TN 38556 Phone: (931) 879-1111	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Fentress		VETERINARIAN NATIONAL ACCREDITATION NUMBER 053497			
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  Cindy Johnson DVM 2020-10-06 14:00:48 -05:00					
HORSE					
9. TUBE NUMBER 103194107-0		10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Fabulotto	12. COLOR / COAT OR HAIR COLOR(S) Bay	
13. BREED OR SPECIES Hanoverian Horse		14. AGE OR DOB 2012-06-21	15. GENDER Neutered/Castrated Male	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: No marking		
17. HEAD: Star			18. NECK AND BODY: No marking		
19. LEFT FORELIMB: Coronet			20. RIGHT FORELIMB: Coronet		
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 IDEXX Memphis 6100 E Shelby Dr Memphis, TN 38141 Phone: 888-433-9987		24. DATE SAMPLE RECEIVED 2020-10-08	25. DATE RESULTS REPORTED 2020-10-09	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID
28. LABORATORY REMARKS					
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		