


| GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST | | | | | |
|---|--|---|--|---|--|
| 1. LAB/ACCESSION NUMBER | | 2. DATE BLOOD DRAWN 2020-08-08 | | 3. TEST REQUESTED BY VET | |
| 4. REASON FOR TESTING Within state use / annual | | 5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Happenstance Farms 30296 N Stracks Church Rd Wright City, MO 63390 Phone: 314-581-0282 PIN/LID: / | | 7. NAME & ADDRESS OF OWNER Ellen Baehr 7101 Applerock Dr O'Fallon, MO 63368 Phone: 3145810282 PIN/LID: / | |
| 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Warren | | 8. NAME & ADDRESS OF VETERINARIAN Homestead Veterinary Hospital Hailey M. DeVries 105 Whispering Hope Dr. Villa Ridge, MO 63089 Phone: 636-451-4655 | | VETERINARIAN NATIONAL ACCREDITATION NUMBER 076457 | |
| 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  Hailey M. DeVries 2020-08-11 13:00:37 -05:00 | | | | | |
| HORSE | | | | | |
| 9. TUBE NUMBER 103085968-0 | | 10. TAG/TATTOO/BRAND NUMBER None | | 11. REGISTERED NAME ARCHER | |
| 12. COLOR / COAT OR HAIR COLOR(S) Chestnut Roan | | 13. BREED OR SPECIES Welsh/Walker | | 14. AGE OR DOB 2014-01-01 | |
| 15. GENDER Gelding | | 16. MICROCHIP, BREED, OR REGISTRATION NUMBER None | | 17. HEAD: Star strip snip | |
| 18. NECK AND BODY: No marking | | 19. LEFT FORELIMB: Coronet | | 20. RIGHT FORELIMB: No marking | |
| 21. LEFT HINDLIMB: No marking | | 22. RIGHT HINDLIMB: No marking | | 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 | | |

