

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2020-10-02		3. TEST REQUESTED BY VET	
4. REASON FOR TESTING Interstate movement		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Leanne Krick 16426 West Liberty Road Stewartstown, PA 17363 Phone: 7176766488 PIN/LID: /		7. NAME & ADDRESS OF OWNER Sierra Dell 755 Rydell Drive Dallastown, PA 17313 Phone: (717) 841-5267 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE York		8. NAME & ADDRESS OF VETERINARIAN Nandi Veterinary Associates Peter C. Sheerin 3244 West Sieling Rd. New Freedom, PA 17349 Phone: (717) 235-3798		VETERINARIAN NATIONAL ACCREDITATION NUMBER 042651	
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  Peter C. Sheerin 2020-10-02 15:55:52 -05:00					
HORSE					
9. TUBE NUMBER 103188161-0		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Grande Intentions	
12. COLOR / COAT OR HAIR COLOR(S) Bay		13. BREED OR SPECIES Westphalian Horse		14. AGE OR DOB 2018-01-01	
15. GENDER Female		16. MICROCHIP 981020027850113		17. HEAD: Star strip snip lower lip	
18. NECK AND BODY: No marking		19. LEFT FORELIMB: Pastern higher in rear		20. RIGHT FORELIMB: No marking	
21. LEFT HINDLIMB: Pastern higher in rear		22. RIGHT HINDLIMB: Fetlock higher in rear		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		