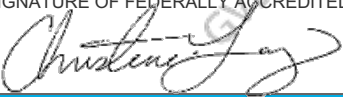





GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2021-07-13		3. TEST REQUESTED BY VET	
4. REASON FOR TESTING Within state use / annual		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Suzanne TenWestanine 2725 Southfork Road Green Sea, SC 29545 Phone: 315-254-0201 PIN/LID: /		7. NAME & ADDRESS OF OWNER Suzanne TenWestanine 2725 Southfork Road Green Sea, SC 29545 Phone: 315-254-0201 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Horry		8. NAME & ADDRESS OF VETERINARIAN Pineview Veterinary Hospital Christine M. Long 7263 Green Swamp Road S Bolton, NC 28423 Phone: 9106552442		VETERINARIAN NATIONAL ACCREDITATION NUMBER 060487	
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  Christine M. Long 2021-07-14 14:06:41 -05:00					
HORSE					
9. TUBE NUMBER 103685449-2		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Felix	
12. COLOR / COAT OR HAIR COLOR(S) Sorrel		13. BREED OR SPECIES Paso Fino Horse		14. AGE OR DOB 2008-08-15	
15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: Blaze	
18. NECK AND BODY: No marking		19. LEFT FORELIMB: No marking		20. RIGHT FORELIMB: No marking	
21. LEFT HINDLIMB: Dorsal coronet		22. RIGHT HINDLIMB: No marking		OTHER MARKS AND BRANDS: Whorl between eyes and right and left flank whorls	
  					
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
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		