


FORM SERIAL NUMBER
EIA-21495000



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER	2. DATE BLOOD DRAWN 2024-02-27	3. TEST REQUESTED BY VET	4. REASON FOR TESTING Interstate movement
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Chris and Becky Bauer 807 Helvita St delta, OH 43515 Phone: 5174425146 PIN/LID: /	7. NAME & ADDRESS OF OWNER Chris and Becky Bauer 807 Helvita St delta, OH 43515 Phone: 5174425146 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Countryside Animal Clinic Inc. Jill dental 11106 Us Highway 20a Wauseon, OH 43567 Phone: 419-335-3006	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE fulton	VETERINARIAN NATIONAL ACCREDITATION NUMBER 081267		
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  Jill dental 2024-02-29 15:31:50 EST			

HORSE

9. TUBE NUMBER 104547651-2	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME (Twister) SPR French Twist	12. COLOR / COAT OR HAIR COLOR(S) Bay
13. BREED OR SPECIES Morgan Horse	14. AGE OR DOB 18	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: No marking
17. HEAD: Large star	18. NECK AND BODY: No marking
19. LEFT FORELIMB: None	20. RIGHT FORELIMB: None
21. LEFT HINDLIMB: None	22. RIGHT HINDLIMB: White pastern

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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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	