

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER	2. DATE BLOOD DRAWN 2022-06-08	3. TEST REQUESTED BY VET	4. REASON FOR TESTING Annual
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5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Michael Newman 16 Nason Hill Lane Scherborn, MA 01770 Phone: (617) 821-4608 PIN/LID: /	7. NAME & ADDRESS OF OWNER Michael Newman 16 Nason Hill Lane Scherborn, MA 01770 Phone: (617) 821-4608 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN The Piedmont Equine Practice, Inc. Joe Davis DVM 4122 Zulla Rd The Plains, VA 20198 Phone: 540-364-4950
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6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Middlesex	VETERINARIAN NATIONAL ACCREDITATION NUMBER 013021
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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

Joe Davis DVM
 2022-06-09 07:19:05 -05:00

HORSE

9. TUBE NUMBER 104816054-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Une Etoile De L'Eclipse	12. COLOR / COAT OR HAIR COLOR(S) Bay
13. BREED OR SPECIES Warmblood	14. AGE OR DOB 2007-01-01	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION:	OTHER MARKS AND BRANDS: No marking
17. HEAD: Blaze and lower lip	18. NECK AND BODY: No marking
19. LEFT FORELIMB: Sock	20. RIGHT FORELIMB: Coronet
21. LEFT HINDLIMB: Sock	22. RIGHT HINDLIMB: Sock

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
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