

FORM SERIAL NUMBER
EIA-21617616



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER	2. DATE BLOOD DRAWN 2024-03-18	3. TEST REQUESTED BY VET	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Twin Elm Training Center 8671 Currie Rd Northville, MI 48168 Phone: 248-697-6503 PIN/LID: /	7. NAME & ADDRESS OF OWNER Joanna Jamil 6256 Northfield West Bloomfield, MI 48322 Phone: 614 657 1264 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Kern Road Veterinary Clinic Peter Esterline DVM 105 Fowlerville Rd Fowlerville, MI 48836 Phone: 517-223-9618	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Oakland	VETERINARIAN NATIONAL ACCREDITATION NUMBER 023013		

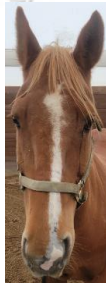
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify I am a category II federally accredited veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

 **Peter Esterline DVM**
2024-03-20 12:02:53 EDT

HORSE

9. TUBE NUMBER 106973693-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME (BARN NAME) Daliers's Dream (Baxter)	12. COLOR / COAT OR HAIR COLOR(S) Chestnut
13. BREED OR SPECIES Quarter Cross	14. AGE OR DOB 2009-03-20	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: none

OTHER MARKS AND BRANDS: No marking / none

17. HEAD: Star strip snip

18. NECK AND BODY: No marking

19. LEFT FORELIMB: No marking

20. RIGHT FORELIMB: No marking

21. LEFT HINDLIMB: No marking

22. RIGHT HINDLIMB: No marking

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	