

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER	2. DATE BLOOD DRAWN 2024-08-30	3. TEST REQUESTED BY VET	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Debbie/Dennis Zyrowski 4219 Rossman Rd Kingston, MI 48741 Phone: 989-280-9685 PIN/LID: /	7. NAME & ADDRESS OF OWNER Debbie/Dennis Zyrowski 4219 Rossman Rd Kingston, MI 48741 Phone: 989-280-9685 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Thumb Veterinary Services Calli Morris 60 East Miller Rd PO Box 152 Sandusky, MI 48471 Phone: 810-376-2425	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Tuscola			VETERINARIAN NATIONAL ACCREDITATION NUMBER 099197

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

 Calli Morris
2024-08-30 14:29:18 EDT

HORSE

9. TUBE NUMBER 106294906-1	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Cracker Barrel	12. COLOR / COAT OR HAIR COLOR(S) Strawberry Roan
13. BREED OR SPECIES Mustang	14. AGE OR DOB 2016-01-01	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None

OTHER MARKS AND BRANDS: No marking

17. HEAD: Blaze

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		

