

**GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST**

|   |                                   |                                  |  |
|---|-----------------------------------|----------------------------------|--|
| 1. LAB/ACCESSION NUMBER<br>CHCG02776982 | 2. DATE BLOOD DRAWN<br>2025-04-08 | 3. TEST REQUESTED BY VET<br>AGID | 4. REASON FOR TESTING<br>Within state use / annual |
|---|-----------------------------------|----------------------------------|--|

|   |   |   |
|---|---|---|
| 5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET<br>Kaitlin Lance<br>4240 Clegg Rd<br>Lambertville, MI 48144<br>Phone: 419-271-1442<br>PIN/LID: / | 7. NAME & ADDRESS OF OWNER<br>Kaitlin Lance<br>4240 Clegg Rd<br>Lambertville, MI 48144<br>Phone: 419-271-1442<br>PIN/LID: / | 8. NAME & ADDRESS OF VETERINARIAN<br>Ida Veterinary Clinic<br>Kelsey DeLand<br>3325 Lewis Ave<br>Ida, MI 48140<br>Phone: (734) 269-3824 |
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| 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE<br>Monroe | VETERINARIAN NATIONAL ACCREDITATION NUMBER<br>079135 |
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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  
 **Kelsey DeLand**  
2025-04-08 15:05:41 CDT

**HORSE**

|                                       |                                     |                             |  |
|---------------------------------------|-------------------------------------|-----------------------------|--|
| 9. TUBE NUMBER<br>104619768-3         | 10. TAG/TATTOO/BRAND NUMBER<br>None | 11. REGISTERED NAME<br>Moon | 12. COLOR / COAT OR HAIR COLOR(S)<br>Bay             |
| 13. BREED OR SPECIES<br>Quarter Horse | 14. AGE OR DOB<br>1999-01-01        | 15. GENDER<br>Gelding       | 16. MICROCHIP, BREED, OR REGISTRATION NUMBER<br>None |




|                               |                                      |
|-------------------------------|--------------------------------------|
| NARRATIVE DESCRIPTION: None   | OTHER MARKS AND BRANDS: No marking   |
| 17. HEAD: Star                | 18. NECK AND BODY: Brand on left hip |
| 19. LEFT FORELIMB: No marking | 20. RIGHT FORELIMB: No marking       |
| 21. LEFT HINDLIMB: Fetlock    | 22. RIGHT HINDLIMB: No marking       |

**RABIES VACCINATION**

| TYPE | VACCINATION DATE | PRODUCT | SERIAL NUMBER | EXPIRATION DATE | ADMINISTERED BY |
|------|------------------|---------|---------------|-----------------|-----------------|
|------|------------------|---------|---------------|-----------------|-----------------|

**FOR LABORATORY USE ONLY**

|   |  |   |                                 |                            |
|---|--|---|---------------------------------|----------------------------|
| 23. LABORATORY<br>Antech Diagnostics, Inc. - Illinois<br>2601 W. 22nd Street<br>Oakbrook, IL 60523<br>Phone: 1-800-872-1001 | 24. DATE SAMPLE RECEIVED<br>2025-04-09 | 25. DATE RESULTS REPORTED<br>2025-04-10 | 26. OFFICIAL RESULT<br>Negative | 27. TEST TYPE USED<br>AGID |
| 28. LABORATORY REMARKS  |  |   |                                 |                            |

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| 29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN<br> <b>John Bennett</b><br>2025-04-10 07:12:59 CDT | 30. INTERIM RESULT REFERRED FOR CONFIRMATION<br>No |
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