

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER HC25131	2. DATE BLOOD DRAWN 2025-02-26	3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Bailey Knepper 1330 East Tx Rd Lufkin, TX 75901 Phone: 3302435233 PIN/LID: /	7. NAME & ADDRESS OF OWNER Bailey Knepper 1330 East Tx Rd Lufkin, TX 75901 Phone: 3302435233 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Crockett Veterinary Hospital, Inc. Ashley Rothrock 2100 E. Houston Ave. Crockett, TX 75835 Phone: 936-544-2712	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Angelina		VETERINARIAN NATIONAL ACCREDITATION NUMBER 099731	

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
Ashley Rothrock Ashley Rothrock
2025-02-26 15:26:46 CST

HORSE

9. TUBE NUMBER 108167935-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Dexter	12. COLOR / COAT OR HAIR COLOR(S) Sorrel
13. BREED OR SPECIES Quarter Horse	14. AGE OR DOB 2009-02-04	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: Some roaning on body
17. HEAD: Star	18. NECK AND BODY: No marking
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: Inside Pastern	22. RIGHT HINDLIMB: Pastern

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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FOR LABORATORY USE ONLY

23. LABORATORY Houston County EIA Laboratory 2100 E. Houston Ave. Crockett, TX 75835 Phone: 936-544-2712	24. DATE SAMPLE RECEIVED 2025-02-26	25. DATE RESULTS REPORTED 2025-02-28	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Hannah Merchant</i> Hannah Merchant 2025-02-28 15:41:34 CST	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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