

**GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST**

1. LAB/ACCESSION NUMBER MEL-00262352	2. DATE BLOOD DRAWN 2024-12-31	3. TEST REQUESTED BY VET AGID	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Flying B Equine 1330 E Texas Rd Lufkin, TX 75901 Phone: 330-243-5233 PIN/LID: /	7. NAME & ADDRESS OF OWNER Bailey Knepper 1330 E Texas Rd Lufkin, TX 75901 Phone: 3302435233 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Becker Equine Rolf Becker Modesto 7274 FM 2 Rd Navasota, TX 77868 Phone: 936-577-2059	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Angelina		VETERINARIAN NATIONAL ACCREDITATION NUMBER 081107	

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  
 **Rolf Becker Modesto**  
2025-01-02 12:09:58 CST

**HORSE**

9. TUBE NUMBER 107976059-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Smores	12. COLOR / COAT OR HAIR COLOR(S) Piebald (black/white)
13. BREED OR SPECIES Gypsy Vanner	14. AGE OR DOB 2009-08-26	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None




NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: No marking
17. HEAD: Blaze	18. NECK AND BODY: Black splashes and speckles across body
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: Stocking
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 Maverick Equine Laboratory @ Becker Equine 7274 FM 2 Navasota, TX 77868 Phone: 979-204-6275	24. DATE SAMPLE RECEIVED 2025-01-02	25. DATE RESULTS REPORTED 2025-01-03	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  <b>Mark Spicer</b> 2025-01-03 23:52:59 CST	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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