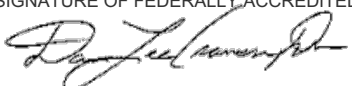


GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER HC25287	2. DATE BLOOD DRAWN 2025-04-28	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. Dan L. Craven DVM 2100 E. Houston Ave. Crockett, TX 75835 Phone: 936-544-2712	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Angelina			VETERINARIAN NATIONAL ACCREDITATION NUMBER 031849
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  Dan L. Craven DVM 2025-04-28 14:16:46 CDT			

HORSE

9. TUBE NUMBER 108427746-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME jaks	12. COLOR / COAT OR HAIR COLOR(S) Chestnut
13. BREED OR SPECIES Quarter Horse	14. AGE OR DOB 2017-01-28	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None




NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: No marking / Dp freeze brand left hip.
17. HEAD: Star strip snip	18. NECK AND BODY: No marking
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: Stockings	22. RIGHT HINDLIMB: Stockings

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 2025-04-30	25. DATE RESULTS REPORTED 2025-04-30	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS				
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Brenna Hanly DVM 2025-04-30 09:57:12 CDT		30. INTERIM RESULT REFERRED FOR CONFIRMATION No		

