

FORM SERIAL NUMBER
EIA-21524377



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2024-03-05		3. TEST REQUESTED BY VET	
4. REASON FOR TESTING Within state use / annual		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Flying B Equine 8113 SH 75 S Huntsville, TX 77340 Phone: 3302435233 PIN/LID: /		7. NAME & ADDRESS OF OWNER Flying B Equine 8113 SH 75 S Huntsville, TX 77340 Phone: 3302435233 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE walker		8. NAME & ADDRESS OF VETERINARIAN Becker Equine Rolf Becker Modesto 7274 FM 2 Rd Navasota, TX 77868 Phone: 936-577-2059		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 2024-03-06 08:59:43 CST					
HORSE					
9. TUBE NUMBER 106912071-0		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Mr. Mustache	
12. COLOR / COAT OR HAIR COLOR(S) Bay		13. BREED OR SPECIES Gypsy Vanner Horse		14. AGE OR DOB 2013-01-01	
15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: Blaze	
18. NECK AND BODY: None		19. LEFT FORELIMB: Pastern		20. RIGHT FORELIMB: Pastern	
21. LEFT HINDLIMB: Sock		22. RIGHT HINDLIMB: None		NARRATIVE DESCRIPTION: None	
OTHER MARKS AND BRANDS: None / None		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		

