

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER HC25599	2. DATE BLOOD DRAWN 2025-09-23	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
2025-09-23 15:31:48 CDT

HORSE

9. TUBE NUMBER 108967386-1	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Fire	12. COLOR / COAT OR HAIR COLOR(S) Palomino
13. BREED OR SPECIES Quarter Horse	14. AGE OR DOB 2016-04-22	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None OTHER MARKS AND BRANDS: No marking / THF on left hip

17. HEAD: Start strip snip	18. NECK AND BODY: No marking
19. LEFT FORELIMB: Sock	20. RIGHT FORELIMB: Sock
21. LEFT HINDLIMB: Sock	22. RIGHT HINDLIMB: Stocking

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 2025-09-23	25. DATE RESULTS REPORTED 2025-09-24	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Rachel Huff</i> Rachel Huff 2025-09-24 11:16:45 CDT	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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