

**GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST**

1. LAB/ACCESSION NUMBER SL-6854	2. DATE BLOOD DRAWN 2026-01-16	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 	7. NAME & ADDRESS OF OWNER Bailey Knepper 	8. NAME & ADDRESS OF VETERINARIAN Salado Equine Medical Center LLC John C. Janicek DVM 1920 FM 2268 Salado, TX 76571 Phone: 254-947-1292	
HOME PREMISES OF EQUINE Walker CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN	VETERINARIAN NATIONAL ACCREDITATION NUMBER 006977		
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			

 John C. Janicek DVM  
2026-01-16 17:27:35 CST  
XXSIGNATUREXX

**HORSE**

9. TUBE NUMBER 109347207-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Maxx	12. COLOR / COAT OR HAIR COLOR(S) Bay
13. BREED OR SPECIES Quarter Horse	14. AGE OR DOB 2016-01-01	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: No marking
17. HEAD: Star strip snip	18. NECK AND BODY: No marking
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: Pastern	22. RIGHT HINDLIMB: No marking

**RABIES VACCINATION**

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
23. LABORATORY Salado Equine Medical Center LLC 1920 FM 2268 Salado, TX 76571 Phone: (254) 947-1292					
	24. DATE SAMPLE RECEIVED 2026-01-16	25. DATE RESULTS REPORTED 2026-01-16	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA	
28. LABORATORY REMARKS					

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Rachel Scott 2026-01-16 17:31:50 CST XXSIGNATURELABTECHXX	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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