

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER 1-14-0025	2. DATE BLOOD DRAWN 2025-01-13	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 E TX Road Lufkin, TX 75901 Phone: 330-243-5233 PIN/LID: /	7. NAME & ADDRESS OF OWNER Bailey Knepper 1330 E TX Road Lufkin, TX 75901 Phone: 330-243-5233 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Ward Animal Hospital Derek B. Grant DVM 3825 NW Stallings Nacogdoches, TX 75964 Phone: 936-564-4341	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Angelina		VETERINARIAN NATIONAL ACCREDITATION NUMBER 007023	

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
Derek B. Grant, DVM **Derek B. Grant DVM**
2025-01-13 10:53:39 CST

HORSE

9. TUBE NUMBER 108015309-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Dubs	12. COLOR / COAT OR HAIR COLOR(S) Grey
13. BREED OR SPECIES Quarter Horse	14. AGE OR DOB 2011-05-31	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: No marking
17. HEAD: No marking	18. NECK AND BODY: No marking
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: Scar on knee	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 Pineywoods Laboratory P.O. Box 630830 Nacogdoches, TX 75963 Phone: 936-564-4341	24. DATE SAMPLE RECEIVED 2025-01-14	25. DATE RESULTS REPORTED 2025-01-14	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Heather Rawson</i> Heather Rawson 2025-01-14 10:57:28 CST	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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