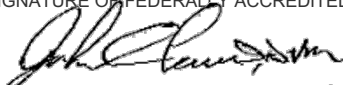


GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER 4612569822	2. DATE BLOOD DRAWN 2025-01-11	3. TEST REQUESTED BY VET AGID	4. REASON FOR TESTING First Test
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Morton Brey Plantation 8778 Old Madison Rd Quitman, GA 31643 Phone: 850-258-9811 PIN/LID: /	7. NAME & ADDRESS OF OWNER Vivian Searcy-Milton 695 NE CR 255 Lee, FL 32059 Phone: 850-258-9811 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Madison Veterinary Clinic John C. Lewis PO BOX 478 MADISON, FL 32341 Phone: 8504641266	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Brooks			VETERINARIAN NATIONAL ACCREDITATION NUMBER 026685

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
 John C. Lewis
2025-01-13 10:17:26 EST

HORSE

9. TUBE NUMBER 108014535-0	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Buck	12. COLOR / COAT OR HAIR COLOR(S) Palomino
13. BREED OR SPECIES Tennessee Walking Horse	14. AGE OR DOB 2013-06-12	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: Palomino gelding with whorl, s,s,s, and 4 white pastern markings.

OTHER MARKS AND BRANDS: No marking

17. HEAD: Medial Whorl, Star, Stripe, Snip

18. NECK AND BODY: No marking

19. LEFT FORELIMB: Pastern

20. RIGHT FORELIMB: Pastern

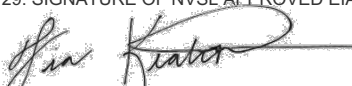
21. LEFT HINDLIMB: Pastern

22. RIGHT HINDLIMB: Pastern

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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FOR LABORATORY USE ONLY

23. LABORATORY IDEXX Memphis 6100 E Shelby Dr Memphis, TN 38141 Phone: 888-433-9987	24. DATE SAMPLE RECEIVED 2025-01-14	25. DATE RESULTS REPORTED 2025-01-15	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID
28. LABORATORY REMARKS				
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Tia Keaton 2025-01-15 15:30:36 CST			30. INTERIM RESULT REFERRED FOR CONFIRMATION No	

