

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER		2. DATE BLOOD DRAWN 2024-03-12		3. TEST REQUESTED BY VET	
4. REASON FOR TESTING Within state use / annual		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Lisa Bain 9868 Crane Road Milan, MI 48160 Phone: 734-323-5337 PIN/LID: /		7. NAME & ADDRESS OF OWNER Lisa Bain 9868 Crane Road Milan, MI 48160 Phone: 734-323-5337 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Washtenaw		8. NAME & ADDRESS OF VETERINARIAN Huron River Equine Veterinary Services, PLLC Hillary Lobar DVM PO Box No. 822 South Lyon, MI 48178 Phone: 248-707-1098		VETERINARIAN NATIONAL ACCREDITATION NUMBER 071276	
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  Hillary Lobar DVM 2024-03-13 15:47:22 EDT					
HORSE					
9. TUBE NUMBER 101565746-5		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Cape Town	
12. COLOR / COAT OR HAIR COLOR(S) Dark Bay		13. BREED OR SPECIES Thoroughbred		14. AGE OR DOB 1999-01-01	
15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: Star	
18. NECK AND BODY: No marking		19. LEFT FORELIMB: None		20. RIGHT FORELIMB: None	
21. LEFT HINDLIMB: Pastern		22. RIGHT HINDLIMB: None		NARRATIVE DESCRIPTION: Dark bay gelding with star and left hind pastern	
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			

