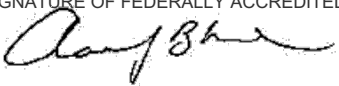
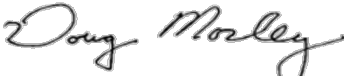


| GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST  |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. LAB/ACCESSION NUMBER<br>C2515368   |  | 2. DATE BLOOD DRAWN<br>2025-10-02  |  | 3. TEST REQUESTED BY VET<br>AGID   |  |
| 4. REASON FOR TESTING<br>Within state use / annual  |  | 5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET<br>Shayla Shipley<br>3554 NE Deer Creek Rd<br>Turney, MO 64493<br>Phone: 8166329701<br>PIN/LID: / |  | 7. NAME & ADDRESS OF OWNER<br>Shayla Shipley<br>3554 NE Deer Creek Rd<br>Turney, MO 64493<br>Phone: 8166329701<br>PIN/LID: /                 |  |
| 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE<br>Caldwell  |  | 8. NAME & ADDRESS OF VETERINARIAN<br>Brisbane Veterinary Services<br>Aaron J. Brisbane DVM<br>14105 Earthworks Dr<br>Smithville, MO 64089<br>Phone: 816-532-8852     |  | VETERINARIAN NATIONAL ACCREDITATION NUMBER<br>005450   |  |
| CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN<br>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<br> Aaron J. Brisbane DVM<br>2025-10-02 15:39:17 CDT                                   |  |  |  |  |  |
| HORSE   |  |  |  |  |  |
| 9. TUBE NUMBER<br>109002286-0   |  | 10. TAG/TATTOO/BRAND NUMBER<br>None  |  | 11. REGISTERED NAME<br>Newt  |  |
| 12. COLOR / COAT OR HAIR COLOR(S)<br>Bay  |  | 13. BREED OR SPECIES<br>Draft Cross  |  | 14. AGE OR DOB<br>2024-06-01   |  |
| 15. GENDER<br>Stallion  |  | 16. MICROCHIP, BREED, OR REGISTRATION NUMBER<br>None   |  | 17. HEAD: Blaze  |  |
| 18. NECK AND BODY: No marking   |  | 19. LEFT FORELIMB: No marking  |  | 20. RIGHT FORELIMB: Sock   |  |
| 21. LEFT HINDLIMB: Stocking   |  | 22. RIGHT HINDLIMB: Stocking   |  | 23. LABORATORY<br>MO Dept. of Ag Vet Diagnostic Lab- Jefferson City<br>101 North Chestnut<br>Jefferson City, MO 65101<br>Phone: 573-751-3460 |  |
| 24. DATE SAMPLE RECEIVED<br>2025-10-08  |  | 25. DATE RESULTS REPORTED<br>2025-10-09  |  | 26. OFFICIAL RESULT<br>Negative  |  |
| 27. TEST TYPE USED<br>AGID  |  | 28. LABORATORY REMARKS   |  |  |  |
| 29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN<br> Doug Morley<br>2025-10-09 14:46:59 CDT  |  | 30. INTERIM RESULT REFERRED FOR CONFIRMATION<br>No   |  |  |  |

