


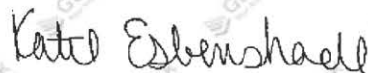


FORM SERIAL NUMBER
EIA-20876519



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B2323343		2. DATE BLOOD DRAWN 2023-09-28		3. TEST REQUESTED BY VET ELISA	
4. REASON FOR TESTING Change of ownership / sale		5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET OSU Equine Center 3658 Kays Ave Dublin, OH 43017 Phone: 740-504-4164 PIN/LID: /		7. NAME & ADDRESS OF OWNER OSU Equine Center 3658 Kays Ave Dublin, OH 43017 Phone: 740-504-4164 PIN/LID: /	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Franklin		8. NAME & ADDRESS OF VETERINARIAN Justin Kieffer DVM Justin Kieffer 2027 Coffey Rd Columbus, OH 43210 Phone:		VETERINARIAN NATIONAL ACCREDITATION NUMBER 002420	
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  Justin Kieffer 2023-10-02 07:18:53 EDT					
HORSE					
9. TUBE NUMBER 106415046-0		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Tootsie	
12. COLOR / COAT OR HAIR COLOR(S) Bay		13. BREED OR SPECIES Quarter Horse		14. AGE OR DOB 2021-10-02	
15. GENDER Mare		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None		17. HEAD: No marking	
					
18. NECK AND BODY: No marking		19. LEFT FORELIMB: No marking		20. RIGHT FORELIMB: No marking	
21. LEFT HINDLIMB: No marking		22. RIGHT HINDLIMB: No marking		OTHER MARKS AND BRANDS: No marking	
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
23. LABORATORY Ohio Dept. of Ag.-Animal Disease Diagnostic Laboratory 8995 E. Main Street, Building 6 Reynoldsburg, OH 43068 Phone: 614-728-6220		24. DATE SAMPLE RECEIVED 2023-10-03		25. DATE RESULTS REPORTED 2023-10-04	
26. OFFICIAL RESULT Negative		27. TEST TYPE USED ELISA		28. LABORATORY REMARKS	
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Katie Esbenshade 2023-10-04 07:52:28 EDT			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		

Horse's Name _____ Barn Name Toffee

DOB 2/13/21 Breed QH Registration # _____

Color / Markings Palomino / star

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Coggins									9/28			
Rabies				4/28 R								
Tetanus												
West Nile												
EEE / WEE												
Flu												
Rhino												
Strangles												
Fecal Egg Count					5/31 227				9/26 296			
Deworming						6/5 I					11/8 I	
Dental Care									9/28			
Farrier	1/26 T		3/23 T		5/18 T		7/21 T		9/15 T		11/10 T	
Weight	918	932	928	952	984	998	998	916	984	1010		
BCS	5	5	5	5	5	5	5	5	5	5		

Deworming Codes: I: Ivermectin P: Pyrantel B: Benzimidazole Farrier Codes: T: Trim FS: Front Shoes Only S: Shoes

Date	Diagnosis	Treatment	DVM
2/6/23	scratch on right eye	Apply Atropine until dilated 2x/day, Apply Triple antibiotic eye ointment 3x/day for 7 days see chart Walker	
3/5/23	small puncture under jaw	cleaned and applied Triple Antibiotic ointment	
3/6/23	" " " "	Dr. Kieffer ✓ and cleaned w/ betadine solution	
9/28/23		Wolf tooth extraction	Walker
10/4/23	Fence line lacerations in front bottom teeth	Dr. Weinberg Osse come out for X rays, Banamine, Wet foot.	
10/9/2023	9cc Bute oral		
10/17/23	evaluated by Dr. Kieffer exam lower jaw.		

B&T Horses

Weanlings

