

DR. ALAN GOLDHAHN
1102 CHATEAU COURT
LODI, CA 95242

IDEXX VETERINARY SERVICES
Online results at www.vetconnect.com
West Region 800-444-4210
East/Central/Colorado 888-433-9987

209-369-5646 ACCOUNT #: 1139

PATIENT: EDWARDS,JAKS ARTIFACTS

REQ #: 2279406

AGE: 3

SEX: M

SPECIES: EQUINE

BREED: QH

LAB #: A8591911

COLLECTED: 04/09/2003

RECEIVED: 04/10/2003 02:28

REPORTED: 04/14/2003 14:17

DOCTOR: GOLDHAHN,A

TEST PROCEDURES

EQUINE VIRAL ARTERITIS

EQUINE ARTERITIS

RESULTS

REFERENCE RANGE UNITS

NEGATIVE 1:4

This test is conducted at a starting dilution of 1:4. A negative result means no antibody was observed at 1:4 dilution. A positive result means the animal has either been infected with the virus or vaccinated.

Viral infection can be diagnosed by demonstrating a four-fold or greater rise in antibody titer. A two-week interval should elapse between drawing the first and second samples. It is preferable that the paired sera be submitted together.

AQHA

AMERICAN QUARTER
HORSE ASSOCIATION

Equine Viral Arteritis (EVA) Vaccination Report Form

If a horse is vaccinated for EVA you may, but are not required to, report the test and vaccination to AQHA so that a permanent, public record of the vaccination is documented.

The information provided below will be recorded by AQHA on its records as a service and convenience to AQHA members. The test and vaccination information will be made available to anyone requesting and will become a part of the horse's permanent record. AQHA assumes no responsibility for the accuracy of the information. Please return this completed form along with the original certificate of registration to the address at the bottom of this form, attention: EVA Report.

Jaks Artifacts
HORSE'S REGISTERED NAME

4430208
AQHA REGISTRATION NUMBER

Testing Information

Idexx Veterinary Services FEDERALLY ACCREDITED
NAME OF TESTING LABORATORY YES NO

LOCATION OF LABORATORY (CITY AND STATE)

4/9/03
TEST DATE 1

A8591911
ACCESSION NUMBER

TEST 1 RESULT (CHOOSE ONLY ONE)
 POSITIVE NEGATIVE

TEST DATE 2, IF APPLICABLE

ACCESSION NUMBER

TEST 2 RESULT (CHOOSE ONLY ONE)
 POSITIVE NEGATIVE

4/9/03
DATE OF VACCINATION

Fort Dodge
MANUFACTURER OF VACCINE

?
VACCINE SERIAL #

?
EXPIRATION DATE OF VACCINE

Horse has been vaccinated yes since 0

I hereby certify that the information provided on this document for the horse identified above is true and correct to my personal knowledge.

Alan Goldhahn
SIGNATURE OF LICENSED VETERINARIAN
VACCINATING THE HORSE

James C. Edwards, Jr.
SIGNATURE OF OWNER/LESSEE OR AUTHORIZED AGENT

1905 209 369 5646
STATE LICENSE NUMBER TELEPHONE NUMBER

209-334-5222
TELEPHONE NUMBER

PRINTED NAME OF VETERINARIAN
ALAN GOLDHAHN, DVM

James C. Edwards, Jr.
PRINTED NAME OF OWNER/LESSEE

1102 Chateau Ct
ADDRESS
Lodi, CA 95242

27229 Bravelle Rd
ADDRESS

CITY, STATE AND ZIP CODE

Galt CA 95632
CITY, STATE AND ZIP CODE