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OMB Approved
0579-0127

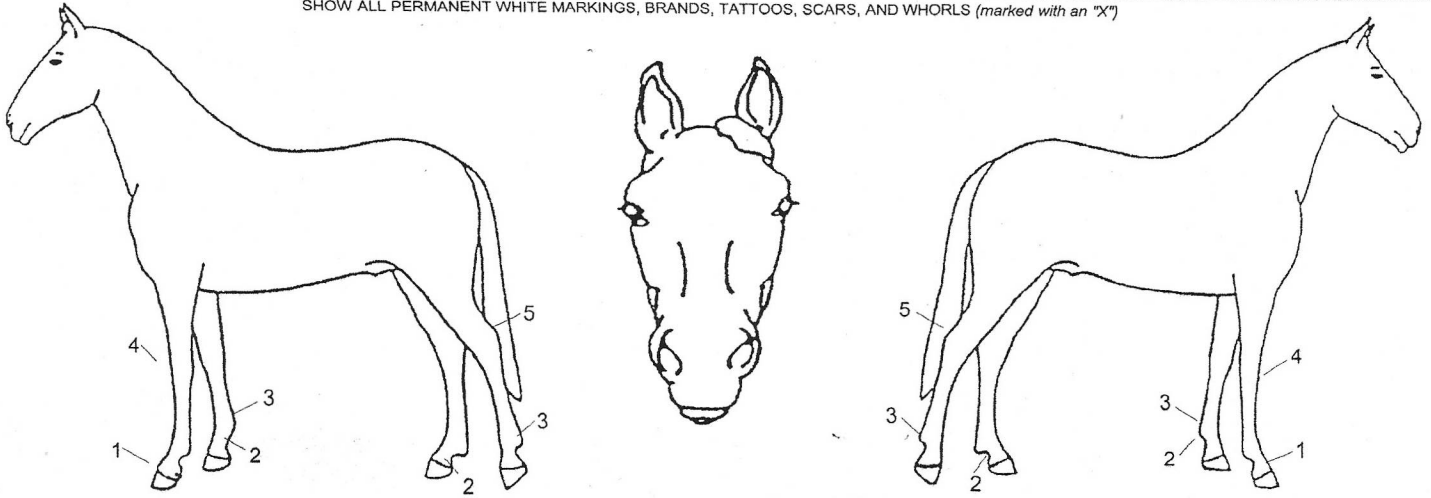
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 321803

COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

1. LABORATORY ACCESSION NUMBER (for laboratory use only) 319-00830		2. DATE BLOOD DRAWN 9-28-19		3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
4. REASON FOR TESTING <input checked="" type="checkbox"/> Interstate Movement <input type="checkbox"/> Within State Use/Annual <input checked="" type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure					
5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market) 5a. NAME E STATE OF HENRY DOMINICUZ			7. NAME AND ADDRESS OF OWNER 7a. NAME Same		
5b. PHYSICAL/STREET ADDRESS 605 GIBSON VECK Rd			7b. MAILING ADDRESS		
5c. CITY, STATE, ZIP CODE SUNLAND PARK, NM 87063			7c. CITY, STATE, ZIP CODE		
5d. TELEPHONE NUMBER 575-844-1453		6. COUNTY OF EQUINE AT BLOOD DRAW DONA ANA -		7d. TELEPHONE NUMBER	
8. 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.					
8a. VETERINARIAN NAME MR FINNANE		8b. NATIONAL ACCREDITATION NUMBER 035964		8c. VETERINARIAN SIGNATURE <i>Mr Finnane</i>	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 519 SHILOH RD		8f. CITY, STATE, ZIP CODE MESILLA PARK, NM 880		8d. SIGNATURE DATE 9-28-19	
8g. TELEPHONE NUMBER 575-312-9684					
9. Tube Number 10	10. Tag/Tattoo/Brand Number	11. Name of Animal SEEKING MEMORIES	12. Color JAY	13. Breed (or species if not a horse) TB	14. Age or DOB 2010
15. Sex F		M - Male Intact F - Female Intact G - Gelding FS - Female Spayed			
16. MICROCHIP, BREED, OR REGISTRATION NUMBER					

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Carpus, 5 - Hock

REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD	18. NECK AND BODY (include coat color patterns, if any)
19. LEFT FORELIMB	20. RIGHT FORELIMB
21. LEFT HINDLIMB	22. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME Jenson Equine Hospital	24. DATE SAMPLE RECEIVED 10-2-19	25. DATE RESULTS REPORTED 10-3-19	26. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	27. TEST TYPE USED <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
23a. CITY Sunland Park	28. LABORATORY REMARKS			
23b. STATE New Mexico	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN <i>[Signature]</i>		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>	

FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).