According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579-0127

FORM SERIAL NUMBER

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

MIMAL AND PLANT HEALTH INSPECTION SERVICE	Λ Λ
NE INFECTIOUS ANEMIA TEST FORM	$\Delta \Delta$
NE INFECTIOUS ANEIVIA TEST FORIVI	

EQUINE INFECTIOUS ANEMIA TEST FORM  AA 321818			
COMPLETETION OF ALL UNSHADED NUMBERED FIFE DS IS REQUIRED FOR SUBMISSION IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY			
1. LABORATORY ACCESSION NUMBER (for laboratory use only)  2. DATE BLOOD	DRAWN	3. TEST REQUESTED BY VETERIN	ARIAN
4. REASON FOR TESTING	8-17	ELISA	AGID
Interstate Movement Within State Use/Annual Ownership/Sale  5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)	International Import/Export  7. NAME AND ADDRESS O	Illness/Clinical Suspect	Investigation/Exposure
5a. NAME	7a. NAME		
START OF HENRY DOMINGUEZ  50. PHYSICALISTREET ADDRESS	7b. MAILING ADDRESS		
405 GIBSON VECK RA	75. W. WEING ABBRESS	Jame	
SCALAND DANK NOW 88063	7c. CITY, STATE, ZIP CODE		**************************************
	OOD DRAW	7d. TELEPHONE NUMBER	
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE 8. ACCREDITED VETERINARIAN	STATE WHERE THE SAMPLE	WAS OBTAINED, BY ME, FROM THE A	NIMAL DESCRIBED BELOW.
8a. VETERINARIAN NAME 8b. NATIONAL ACCREDITATION NU	MBER   8c. XETERINARIAN	SIGNATURE	8d. SIGNATURE DATE
86. PHYSICAL/STREET ADDRESS OF VETERINARIAN 81. CITY, STATE	MICH	more Der	9-28-19 8g. TELEPHONE NUMBER
10	1 1	3.	
9. Tag/Tattoo/Brand Number Name of Animal	Acalor Bro	f not a horse)  14. Age or DOB	15. Sex M - Male Intact F - Female Intact G - Gelding
LO HEAD IN A BUCILLY	BAY OF TI	3 2018	FS - Female Spayed
16. MICROCHIP, BREED, OR REGISTRATION NUMBER  (8/020)	2705	9461	
SHOW ALL PERMANENT WHITE MARKINGS, BRAND	OS, TATTOOS, SCARS, AND V	VHORLS (marked with an "X")	h
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	A		
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	17	11/1/	
11/3	3、	7/ 1/ 3	411
1 4 4 2		世坛 2	4 1
1 - Coronet, 2 - Pastern, 3 - F			- 0
REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKIN nomenclature includes Heel, Heels, Coronet(1); Half Pastern,	Pastern(2); Fetlock(3); Half Ca		
19. LEFT FORELIMB SOCK ENAMORE	20. RIGHT FORELIMB	,	
	22. RIGHT HINDLIMB	7	
21. LEFT HINDLIMB	TORY USE ONLY	SXK	TOTAL CONTROL STATE OF
	TE RESULTS REPORTED	26. OFFICIAL TEST RESULT	27. TEST TYPE USED
Jenson Equine 10-2-19 10	13-19	Negative Positive	AGID ELISA
28. LABORATORY REMARKS			l <sub>e</sub>
nuspital			
23a, CITY			
sunland park	The second second		
23b, STATE 29. SIGNATURE OF NVSL - APPROVED ETA TE	CHNICIAN	30. INTERIM RESULT REFERRED F	OR CONFIRMATION
NM /		FINE OF NOT HOOF T	D MODISONNELL FOR MOTHERS
FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFE THAN 5 YEARS OR BOT	H118 U.S.C. SECTION 1001).	FINE OF NOT MORE THAN \$10,000 O	N IMPRIOUNMENT FUR NUT MURE