

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

FORM SERIAL NUMBER  
**AA 321818**

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) **519-00840** 2. DATE BLOOD DRAWN **9-28-19** 3. TEST REQUESTED BY VETERINARIAN ☒ ELISA ☐ AGID

4. REASON FOR TESTING ☒ Interstate Movement ☐ Within State Use/Annual ☒ Change Ownership/Sale ☐ International Import/Export ☐ Illness/Clinical Suspect ☐ Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market) 7. NAME AND ADDRESS OF OWNER

5a. NAME **ESTATE OF HENRY DOMINIQUEZ** 7a. NAME

5b. PHYSICAL/STREET ADDRESS **605 GIBSON VECIL RD** 7b. MAILING ADDRESS **Same**

5c. CITY, STATE, ZIP CODE **SUNLAND PARK, NM 88063** 7c. CITY, STATE, ZIP CODE

5d. TELEPHONE NUMBER **575-644-1453** 6. COUNTY OF EQUINE AT BLOOD DRAW **DONA ANA** 7d. TELEPHONE NUMBER

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.

8. ACCREDITED VETERINARIAN

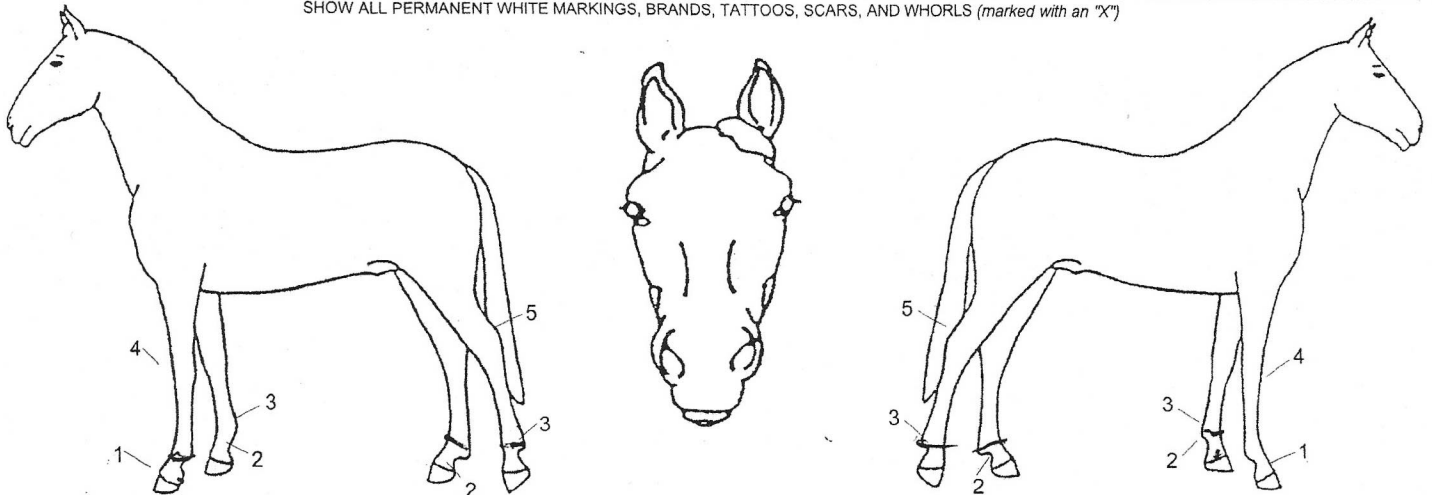
8a. VETERINARIAN NAME **MR PIRANONE** 8b. NATIONAL ACCREDITATION NUMBER **035964** 8c. VETERINARIAN SIGNATURE **MR Piranone** 8d. SIGNATURE DATE **9-28-19**

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 8f. CITY, STATE, ZIP CODE 8g. TELEPHONE NUMBER

9. Tube Number **6** 10. Tag/Tattoo/Brand Number 11. Name of Animal **HEAD IN A BUCKET BAY OR BROWN** 12. Color **BR** 13. Breed (or species if not a horse) **TB** 14. Age or DOB **2018** 15. Sex **F** M - Male Intact F - Female Intact G - Gelding FS - Female Spayed

16. MICROCHIP, BREED, OR REGISTRATION NUMBER **981020027059461**

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 **SOCK EXAMINE** 20. RIGHT FORELIMB

21. LEFT HINDLIMB **SOCK** 22. RIGHT HINDLIMB **SOCK**

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME **Venson Equine Hospital** 24. DATE SAMPLE RECEIVED **10-2-19** 25. DATE RESULTS REPORTED **10-3-19** 26. OFFICIAL TEST RESULT ☒ Negative ☐ Positive 27. TEST TYPE USED ☐ AGID ☒ ELISA

28. LABORATORY REMARKS

23a. CITY **Sunland Park** 29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN **[Signature]** 30. INTERIM RESULT REFERRED FOR CONFIRMATION ☐

23b. STATE **NM**