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OMB Approved
0579-0127

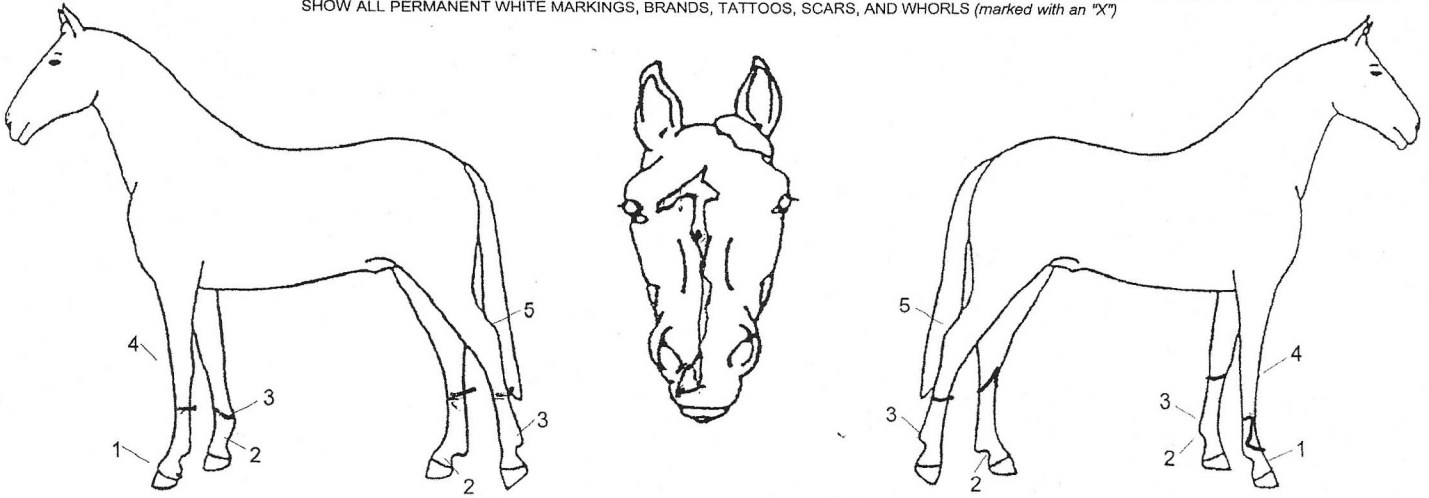
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 321810

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) 579-00828		2. DATE BLOOD DRAWN 9-28-19		3. TEST REQUESTED BY VETERINARIAN <input 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 ESTATE OF HENRY DOMINGUEZ			7. NAME AND ADDRESS OF OWNER 7a. NAME SAME		
5b. PHYSICAL/STREET ADDRESS 605 GIBSON VECK 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.					
8a. VETERINARIAN NAME MIL PUNANE		8b. NATIONAL ACCREDITATION NUMBER 035964		8c. VETERINARIAN SIGNATURE <i>Mil Punane DM</i>	
8d. SIGNATURE DATE 9-28-19		8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 579 SHILOH Rd		8f. CITY, STATE, ZIP CODE MESILLA PARK, NM 8804	
8g. TELEPHONE NUMBER 575-329684		9. Tube Number 18		10. Tag/Tattoo/Brand Number G3A531	
11. Name of Animal CHRISTMAS CRUISE		12. Color CHEST		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 STAR STRIPE SNIP		18. NECK AND BODY (include coat color patterns, if any)	
19. LEFT FORELIMB STOCKING		20. RIGHT FORELIMB STOCKING	
21. LEFT HINDLIMB STOCKING		22. RIGHT HINDLIMB STOCKING	

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME Tenson Equine Hospital 1217 Futurity Dr Sunland Park 23a. CITY		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	
23b. STATE New Mexico		28. LABORATORY REMARKS				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).