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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 321814

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) 519-00832	2. DATE BLOOD DRAWN 9-28-19	3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID
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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)

5a. NAME **ESTATE OF HENRY DOMINGUEZ**

7. NAME AND ADDRESS OF OWNER

7a. NAME **JAMIE**

5b. PHYSICAL/STREET ADDRESS **605 GIBSON VECK Rd**

7b. MAILING ADDRESS

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 PIRANNE**

8b. NATIONAL ACCREDITATION NUMBER **035964**

8c. VETERINARIAN SIGNATURE *[Signature]*

8d. SIGNATURE DATE **9-28-19**

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN **519 SHILOH Rd**

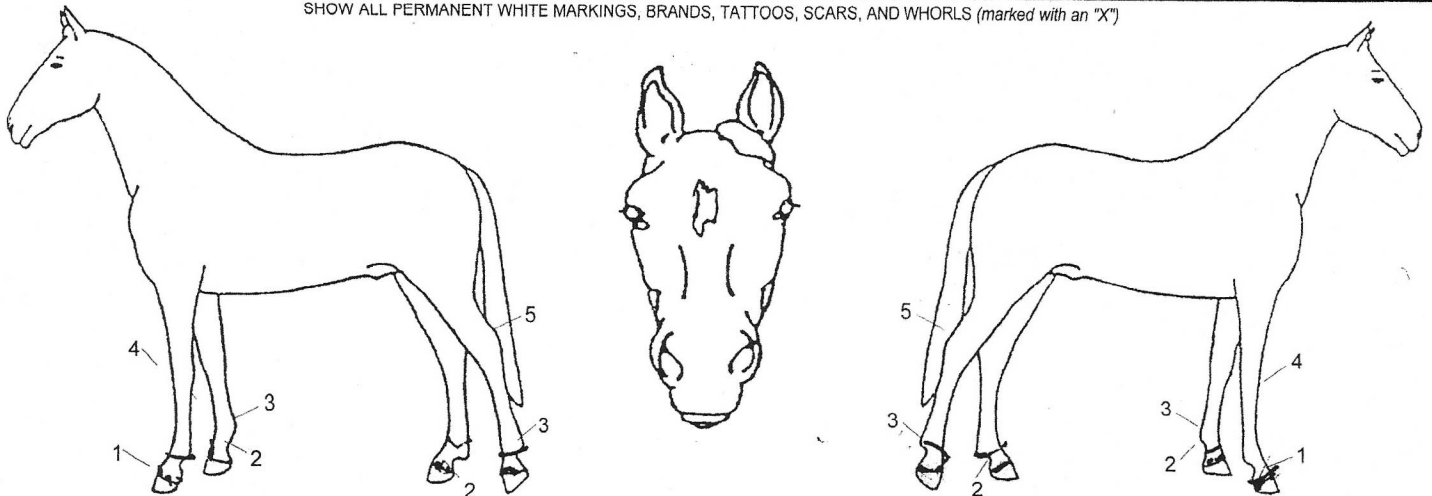
8f. CITY, STATE, ZIP CODE **MESILLA PARK, NM 88047**

8g. TELEPHONE NUMBER **575-312968**

9. Tube Number 14	10. Tag/Tattoo/Brand Number	11. Name of Animal DAYLIGHT THREE	12. Color OK	13. Breed (or species if not a horse) TB	14. Age or DOB 2002	15. Sex F	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
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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 **Small Star**

18. NECK AND BODY (Include coat color patterns, if any)

19. LEFT FORELIMB **ANKLE EXAMINE**

20. RIGHT FORELIMB **FRONT PASTERN**

21. LEFT HINDLIMB **ANKLE EXAMINE**

22. RIGHT HINDLIMB **ANKLE EXAMINE**

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
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28. LABORATORY REMARKS

23a. CITY **Sunland Park**

23b. STATE **New Mexico**

29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN *[Signature]*

30. INTERIM RESULT REFERRED FOR CONFIRMATION

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).