

Kappers Thief

13

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OMB Approved  
0579-0127

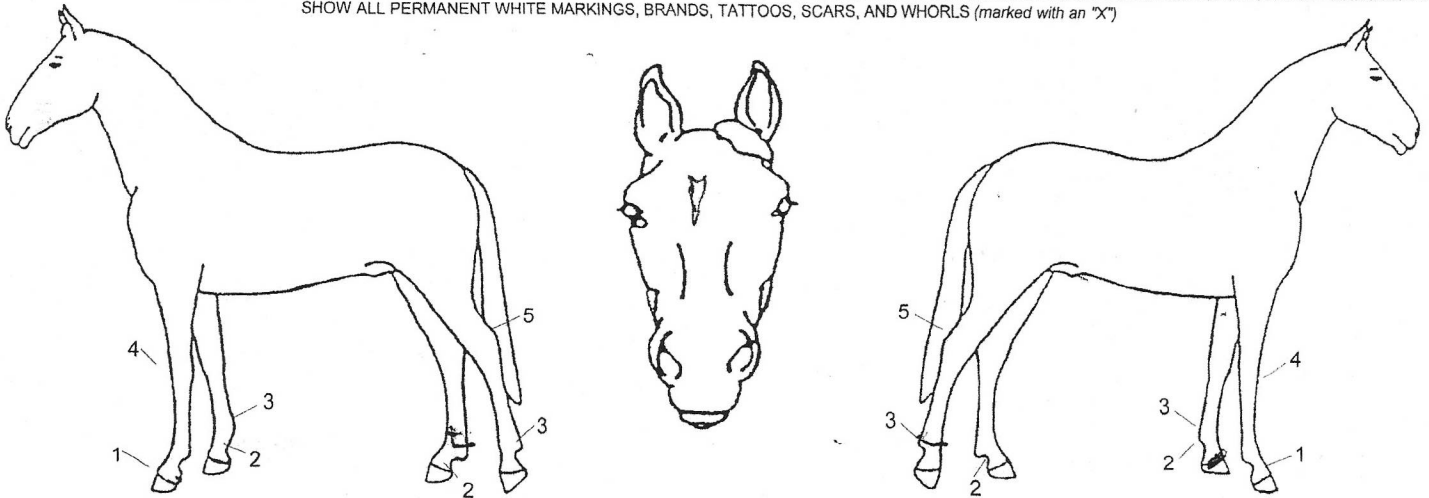
UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER  
AA 321817

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) 519-00842		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 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	
8. ACCREDITED VETERINARIAN					
8a. VETERINARIAN NAME MR Pinaone		8b. NATIONAL ACCREDITATION NUMBER 035964		8c. VETERINARIAN SIGNATURE Myl Pinaone DVM	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 519 SHILOH Rd		8f. CITY, STATE, ZIP CODE MUSCIELA PARK, NM 88047		8d. SIGNATURE DATE 9-28-19	
8g. TELEPHONE NUMBER 575-3129684					
9. Tube Number 5	10. Tag/Tattoo/Brand Number	11. Name of Animal RAPPING THIEF	12. Color Dk Bay	13. Breed TB	14. Age or DOB 2018
15. Sex F		16. MICROCHIP, BREED, OR REGISTRATION NUMBER 981020027062092			

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 FRONT PASTERNA	20. RIGHT FORELIMB
21. LEFT HINDLIMB	22. RIGHT HINDLIMB SOXIC

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 NM	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN		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).