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OMB Approved 0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FOLINE	INICEC	TIOUS	ALITA	AIR	TECT	

FORM SERIAL NUMBER
AA 321817

EQUINE INFECTIOUS ANEMIA TEST FORM								251911
COMPLETETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE								
1. LABORATORY ACCESSION NUMBER (for laboratory use only) 2. DATE BLOOD 9-2						TEST REQUES	TED BY VETERINA	
4. REASON FOR TES		72	7-0	8-17		EL	ISA	AGID
	14/14/	hin State	hange	Interna	ational	IIIn	oss/Clinical	
Interstate Mo	vement Use	Annual C	wnership/Sale	L Import	/Export	L_J Su	ess/Clinical spect	Investigation/Exposure
5a. NAME	UINE AT BLOOD DRAW	(ranch, farm, stable, or market)		7. NAME AND 7a. NAME	ADDRESS OF O	WNER		
	TO DE 1	lenay Domi	160112	7 d. IVAIVIL				
5b. PHYSICAL/STRE	ET ADDRESS			7b. MAILING A	DDDESS			
68	5- BIB	son Vicil,	0-1	70. MAILING A	DUNESS	Ann	1-	
5c. CITY, STATE, ZIP	CODE	1 Olack 1	24	7c. CITY, STAT	TE ZID CODE	201000		and the second s
	cano &	sail son	88063	70. 0111, 3141	ie, zir code			
5d. TELEPHONE NUI		6. COUNT	Y OF EQUINE AT BLO	OOD DRAW		7d. TELEPHO	NE NUMBER	
675-1	044-14	5-3	Denn L	111		7d. TELEPHO	INC NUMBER	
I CERTIFY LAI	M A CATEGORY II FEDERA	ALLY ACCREDITED VETERINARIA	A ALITHOPIZED IN THE	CTATE WHERE T	THE CAMPIE WAS	OPTAINED DV	NE SECULTUS	
8. ACCREDITED VET	TERINARIAN	ALT AGONEBITED VETENIVANIA	V, AUTHORIZED IN THE	STATE WHERE T	HE SAMPLE WAS	OBTAINED, BY	ME, FROM THE AN	IMAL DESCRIBED BELOW.
8a. VETERINARIAN N	NAME)	8b. NATIONAL	ACCREDITATION NU	MBER &c. VE	TERINARIAN SIG	NATURE	20	8d. SIGNATURE DATE
MR	FIRMAN.	10 10 2	5-6/201	1	11114	1	Me	9-78-19
8e. PHYSICAL/STRE	ET ADDRESS OF VETER	RINARIAN	8f. CITY, STA	TE ZIP CODE	10	nound		On TELEPHONE MINAPED
516	541606	W. W			0	m	2000	8g. TELEPHONE NUMBER
2/7	1916064	100	1045	ICCA	FAMIL,	IMI C	8091	575-312 960
9. Tube Number	10. Tag/Tattoo/Brand	11.	imal	12.	18. Breed		14.	15. M - Male Intact
Tube Number	Number	Name of An	mai	A CO TRA	(or species if not a	a horse) Ag	ge or DOB	F - Female Intact
4		DAMA	T11.00	212.0	TR	7	010	G - Gelding FS - Female Spayed
16 MICROCHIP BRI	EED, OR REGISTRATION	NUMBER	141610	BROWT	10	12	010	/ ro romaic opayed
ro. miorcoom, pro	LLD, ON NEGISTRATIO		20027	0100	97			
		SHOW ALL DESMANSHEN THE	720021	0600	12		·	
A		SHOW ALL PERMANENT WHI	IE MARKINGS, BRANI	DS, TATTOOS, S	CARS, AND WHO	RLS (marked with	h an "X")	Se .
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	1/2/52	K7 K			2]	2	2	65/1
	8	02			0	ź		- 0
		1 - Co	ronet, 2 - Pastern, 3 - F	etlock, 4 - Carpus	s, 5 - Hock)	
1	REQUIRED: NARRA nome	ATIVE DESCRIPTION OF PERM Inclature includes Heel, Heels, Co	ANENT WHITE MARKII pronet(1): Half Pastern	VGS, BRANDS, T.	ATTOOS, SCARS	Canon Carrier	6. (If none write none	s) Suggested
17. HEAD	\circ	0		18. NECK AND	D BODY (include of	coat color patteri	ns, if any)	ai posti lock
	smare.	STAN					*	
19. LEFT FORELIME	51	- Doc-min		20. RIGHT FO	RELIMB			
04 (FFT 100 10 10 10 10 10 10 10 10 10 10 10 10	rant	- fasina						
21. LEFT HINDLIMB		•		22. RIGHT HIN	NDLIMB	711		
						CK		
2,290 - 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5				TORY USE ONLY				
23. EIA LABORATO	RY NAME	24. DATE SAMPLE RECE	IVED 25. DA	TE RESULTS RE	PORTED 26.	OFFICIAL TEST	RESULT	27. TEST TYPE USED
HOINENIA	Equine	10-2-19	= 10	-2-19	M	Negative	Positive	AGID X ELISA
A CAGAIL	- Politic	28. LABORATORY REMA		011	LΑ			
the	Pital	ZU. LABORATURT REMA					1504	
1107	ALION						Seat 1	
23a. CITY	0	TO THE STATE OF TH				rent de la		A Section Control of the Control of
Sunta	nd part			46.00 10.00				
23b. STATE	POVI 1	29. SIGNATURE OF NVSI	- APPROVED EIA TE	CHNICIAN	30 1	INTERIM RESU	LT REFERRED FO	R CONFIRMATION TO
	VM				00.1		PO	. Som manarion
	CONTRACTOR AND STATE OF THE STA		1					
FALSIFICATION OF	THIS FORM OR KNOWIN	NGLY USING A FALSIFIED FORM TI	I IS A CRIMINAL OFFE HAN 5 YEARS OR BOT	NSE AND MAY R	RESULT IN A FINE	OF NOT MORE	THAN \$10,000 OR	IMPRISONMENT FOR NOT MORE
			o ILANO UN DUI	111100.0.0.0.000	TION TOUTS.			