

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved  
0579-0127

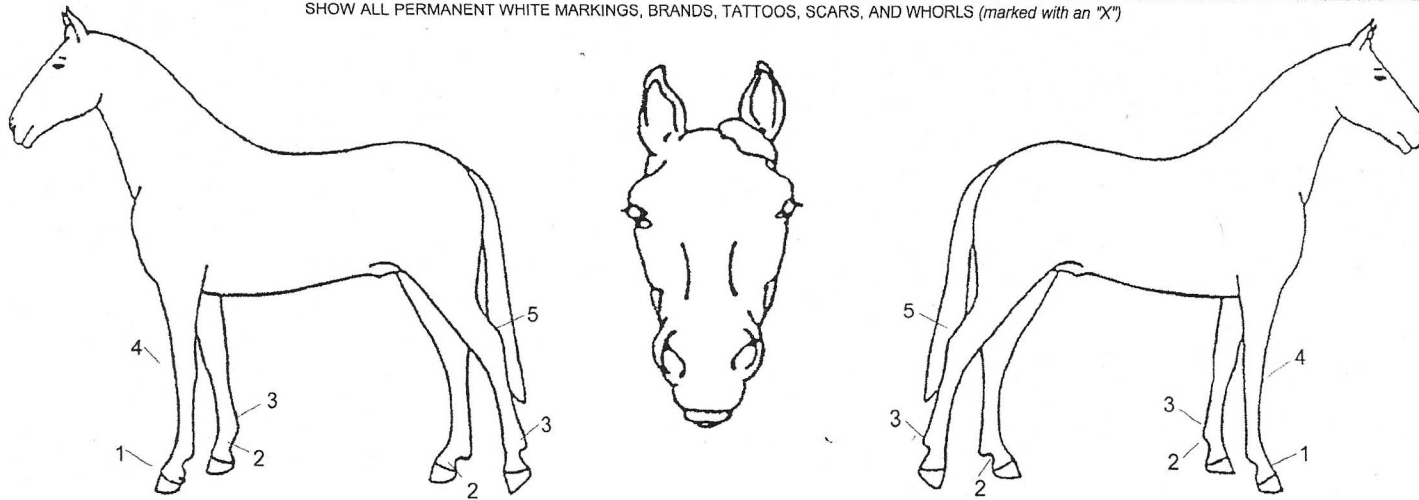
UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA TEST FORM**

FORM SERIAL NUMBER  
**AA 321812**

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) <b>519-00831</b>		2. DATE BLOOD DRAWN <b>9-28-19</b>		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 <b>ESTATE of Henry Dominguez</b> 5b. PHYSICAL/STREET ADDRESS <b>605 GIBSON VECIK Rd</b> 5c. CITY, STATE, ZIP CODE <b>BURNARD PARK, NM 88063</b> 5d. TELEPHONE NUMBER <b>575-644-1453</b>			7. NAME AND ADDRESS OF OWNER 7a. NAME <b>ESTATE of Henry Dominguez</b> 7b. MAILING ADDRESS <b>SAME</b> 7c. CITY, STATE, ZIP CODE <b>BURNARD PARK, NM 88063</b> 7d. TELEPHONE NUMBER <b>575-644-1453</b>		
6. COUNTY OF EQUINE AT BLOOD DRAW <b>DONA ANA</b>					
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 <b>MR Pinar</b>		8b. NATIONAL ACCREDITATION NUMBER <b>035964</b>		8c. VETERINARIAN SIGNATURE <b>MR Pinar</b>	
8d. SIGNATURE DATE <b>9-28-19</b>		8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN <b>519 SHILOH Rd</b>		8f. CITY, STATE, ZIP CODE <b>MESILLA PARK, NM</b>	
8g. TELEPHONE NUMBER <b>505-312-9684</b>		9. Tube Number <b>15</b>		10. Tag/Tattoo/Brand Number	
11. Name of Animal <b>INOYEZUN</b>		12. Color <b>BW</b>		13. Breed (or species if not a horse) <b>TB</b>	
14. Age or DOB <b>2008</b>		15. Sex <b>F</b>		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	18. NECK AND BODY (include coat color patterns, if any)
19. LEFT FORELIMB	20. RIGHT FORELIMB
21. LEFT HINDLIMB	22. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME <b>Jenson Equine Hospital</b>	24. DATE SAMPLE RECEIVED <b>10-2-19</b>	25. DATE RESULTS REPORTED <b>10-3-19</b>	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 <b>Sunland Park</b>	28. LABORATORY REMARKS			
23b. STATE <b>New Mexico</b>	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN <b>[Signature]</b>		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).