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OMB Approved  
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM SERIAL NUMBER

AA 321809

EQUINE INFECTIOUS ANEMIA TEST FORM

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) 519-00843	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

5b. PHYSICAL/STREET ADDRESS  
605 GIBSON VECK Rd

5c. CITY, STATE, ZIP CODE  
SUNLAND PARK, NM 88063

5d. TELEPHONE NUMBER  
575-644-1453

6. COUNTY OF EQUINE AT BLOOD DRAW  
DONA ANA

7. NAME AND ADDRESS OF OWNER

7a. NAME  
SAME

7b. MAILING ADDRESS  
SAME

7c. CITY, STATE, ZIP CODE

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 PIRANEZ

8b. NATIONAL ACCREDITATION NUMBER  
035964

8c. VETERINARIAN SIGNATURE  
MR Piranez

8d. SIGNATURE DATE  
9-28-19

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN  
519 SHILOH RD

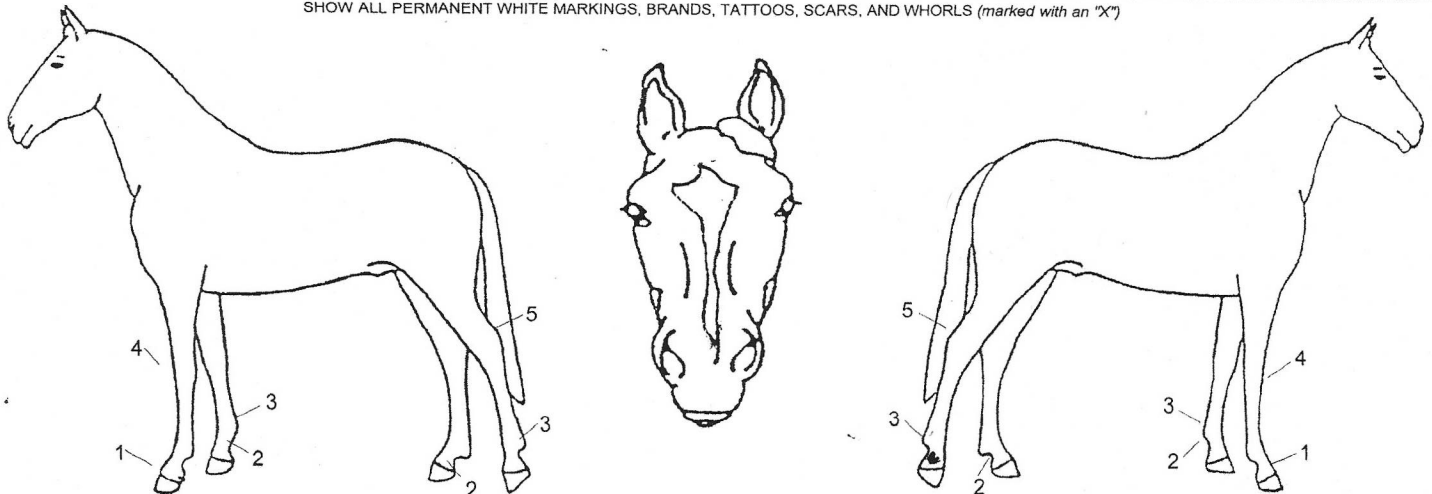
8f. CITY, STATE, ZIP CODE  
MESICLA PARK, NM 88047

8g. TELEPHONE NUMBER  
575-3129684

9. Tube Number 2	10. Tag/Tattoo/Brand Number	11. Name of Animal OMINAS SKY	12. Color CHEST	13. Breed (or species if not a horse) TB	14. Age or DOB 2008	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")



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  
STAIN STRIPE

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

19. LEFT FORELIMB

20. RIGHT FORELIMB

21. LEFT HINDLIMB

22. RIGHT HINDLIMB  
OUTSIDE PASTERN

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  
 Negative  Positive

27. TEST TYPE USED  
 AGID  ELISA

28. LABORATORY REMARKS

29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN

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).