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OMB Approved
0579-0127

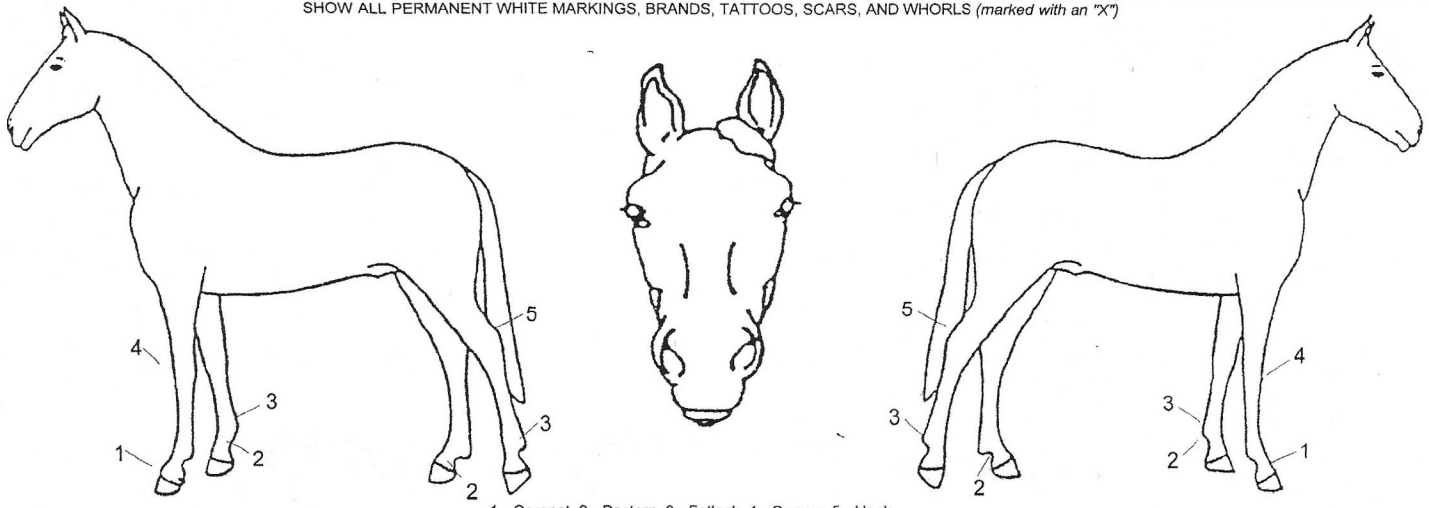
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 321813

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) 379-00827		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 FRANK				
5b. PHYSICAL STREET ADDRESS 605 GIBSON VEIL Rd			7b. MAILING ADDRESS				
5c. CITY, STATE, ZIP CODE SMILAND 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 PINNAC		8b. NATIONAL ACCREDITATION NUMBER 035964		8c. VETERINARIAN SIGNATURE <i>MR Pinnac</i>	8d. SIGNATURE DATE 9-28-19		
8e. PHYSICAL STREET ADDRESS OF VETERINARIAN 519 SMILAND Rd			8f. CITY, STATE, ZIP CODE MESILLA PARK, NM 88047		8g. TELEPHONE NUMBER 575-3129684		
9. Tube Number 1	10. Tag/Tattoo/Brand Number 0650?	11. Name of Animal SWEET RUMOR	12. Breed (or species if not a horse) ARABIAN BAY	13. Breed TB	14. Age or DOB 2011	15. Sex F	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
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 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 Smiland Park	28. LABORATORY REMARKS			
23b. STATE NM	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN <i>[Signature]</i>		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).