

Rapping Rumor

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OMB Approved
0579-0127

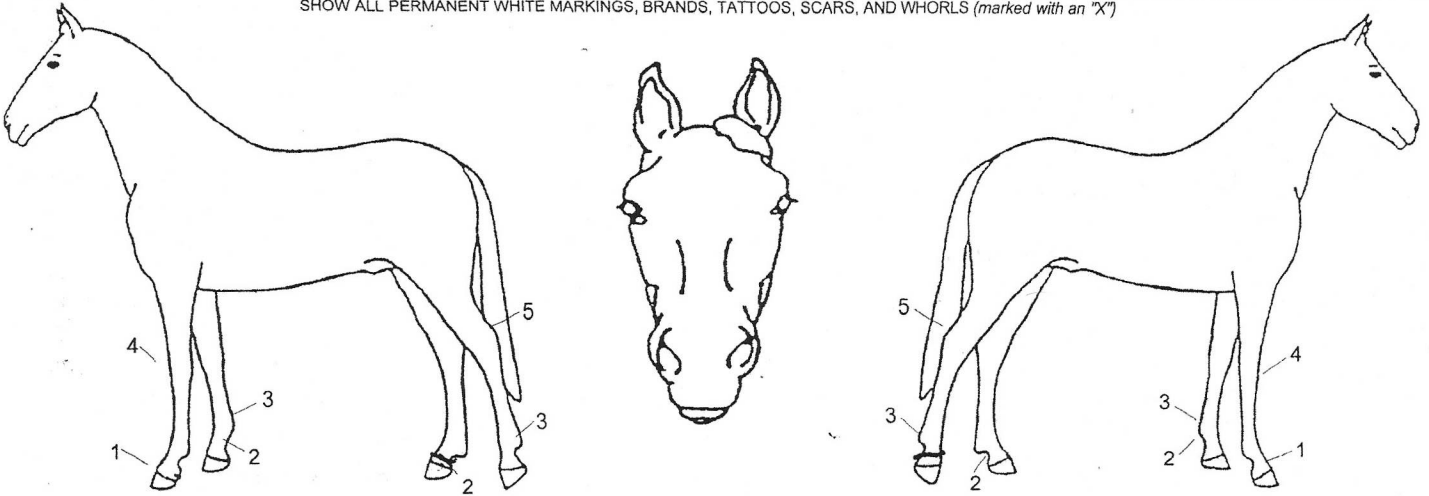
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 321815

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) 519-00838 | | 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 DOMINIQUEZ 5b. PHYSICAL/STREET ADDRESS 605 GIBSON VEIL RD 5c. CITY, STATE, ZIP CODE SCRAMS PARK, NM 88063 5d. TELEPHONE NUMBER 575-644-1453 | | | 7. NAME AND ADDRESS OF OWNER 7a. NAME 7b. MAILING ADDRESS Same 7c. CITY, STATE, ZIP CODE 7d. TELEPHONE NUMBER | | |
| 6. COUNTY OF EQUINE AT BLOOD DRAW DONA ANA | | | | | |
| 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 DR. PIRANONE | | 8b. NATIONAL ACCREDITATION NUMBER 035464 | | 8c. VETERINARIAN SIGNATURE DR. PIRANONE | |
| 8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 519 SHILOH RD | | 8f. CITY, STATE, ZIP CODE MESILLA PARK, NM 88047 | | 8d. SIGNATURE DATE 9-28-19 8g. TELEPHONE NUMBER 575-3129685 | |
| 9. Tube Number 8 | 10. Tag/Tattoo/Brand Number | 11. Name of Animal RAPP: RUMOR | 12. Color BAY | 13. Breed (or species if not a horse) | 14. Age or DOB 20/8 |
| 15. Sex M | | | 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 PASTERN CORONET BRAND |

FOR LABORATORY USE ONLY

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|--|---|---|--|---|
| 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 New Mexico | 29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN [Signature] | | 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).