

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 321811

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) 579-00829	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
--

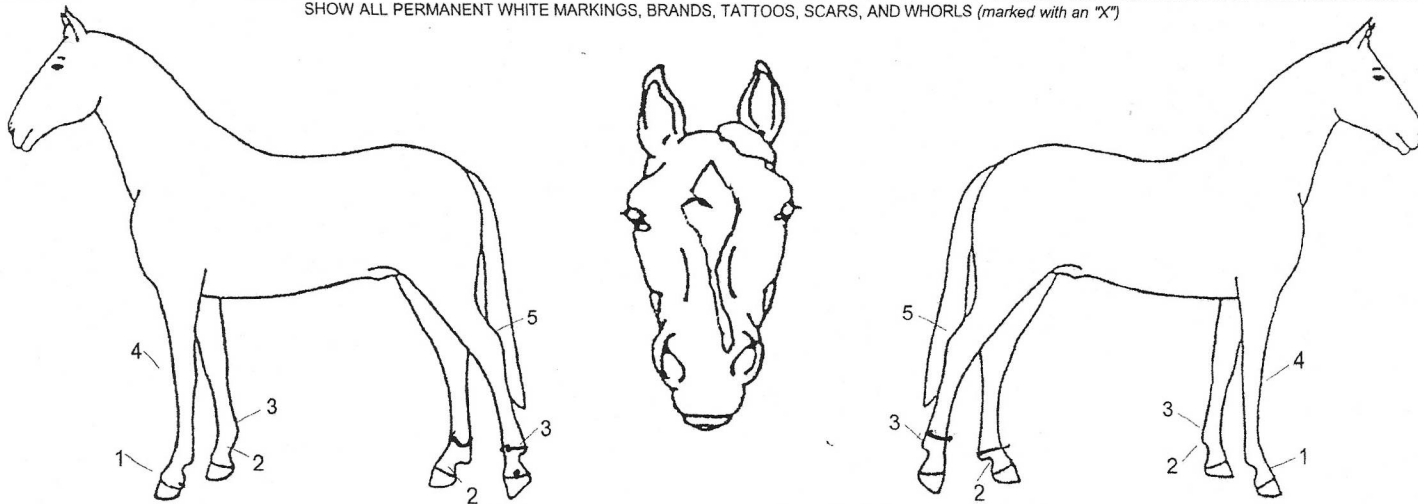
5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market) 5a. NAME ESTATE OF HENRY DOMINGUEZ	7. NAME AND ADDRESS OF OWNER 7a. NAME same
5b. PHYSICAL/STREET ADDRESS 605 GIBSON VECIL Rd	7b. MAILING ADDRESS same
5c. CITY, STATE, ZIP CODE SUNLAND PARK, NM 87063	7c. CITY, STATE, ZIP CODE
5d. TELEPHONE 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 M.R. Piarone	8b. NATIONAL ACCREDITATION NUMBER 035964
8c. VETERINARIAN SIGNATURE <i>M.R. Piarone</i>	8d. SIGNATURE DATE 9-28-19
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 519 SHILON Rd	8f. CITY, STATE, ZIP CODE MESILLA PARK, NM 87047
8g. TELEPHONE NUMBER 505-812-9681	

9. Tube Number 17	10. Tag/Tattoo/Brand Number	11. Name of Animal SHINNY SHARLING BAY	12. Color	13. Breed (or species if not a horse) TB	14. Age or DOB 2015	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 STAR SHINE	18. NECK AND BODY (include coat color patterns, if any)
19. LEFT FORELIMB	20. RIGHT FORELIMB
21. LEFT HINDLIMB SOCK CRANIAL	22. RIGHT HINDLIMB SOCK

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 Sunland Park	28. LABORATORY REMARKS			
23b. STATE New Mexico	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).