

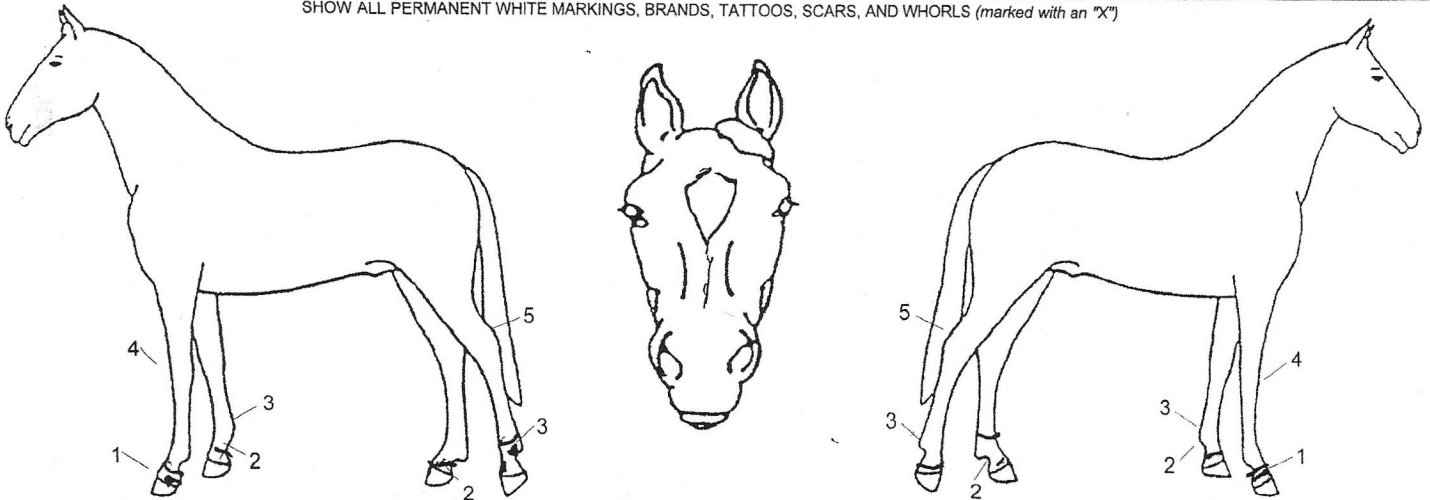
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 321802

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) 519-00837		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 HENRI DOMINGUEZ				7. NAME AND ADDRESS OF OWNER 7a. NAME	
5b. PHYSICAL/STREET ADDRESS 605 GIBSON VEEH Rd				7b. MAILING ADDRESS Same	
5c. CITY, STATE, ZIP CODE SUNLAND 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 MIK PIRAGNE		8b. NATIONAL ACCREDITATION NUMBER 035964		8c. VETERINARIAN SIGNATURE MIK PIRAGNE	
8d. SIGNATURE DATE 9-28-19		8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 519 SHILOH LA		8f. CITY, STATE, ZIP CODE MESILLA PARK NM 88047	
8g. TELEPHONE NUMBER 575-312-9684		9. Tube Number 9		10. Tag/Tattoo/Brand Number	
11. Name of Animal MALWARE		12. Color BAY		13. Breed (or species if not a horse) TB	
14. Age or DOB		15. Sex		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")



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 STRIPE (HAIR)		18. NECK AND BODY (include coat color patterns, if any)	
19. LEFT FORELIMB PASTERN CRACKING		20. RIGHT FORELIMB PASTERN	
21. LEFT HINDLIMB SOCK CRACKING		22. RIGHT HINDLIMB 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 <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		23b. STATE New Mexico		28. LABORATORY REMARKS		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).