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OMB Approved  
0579-0127

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

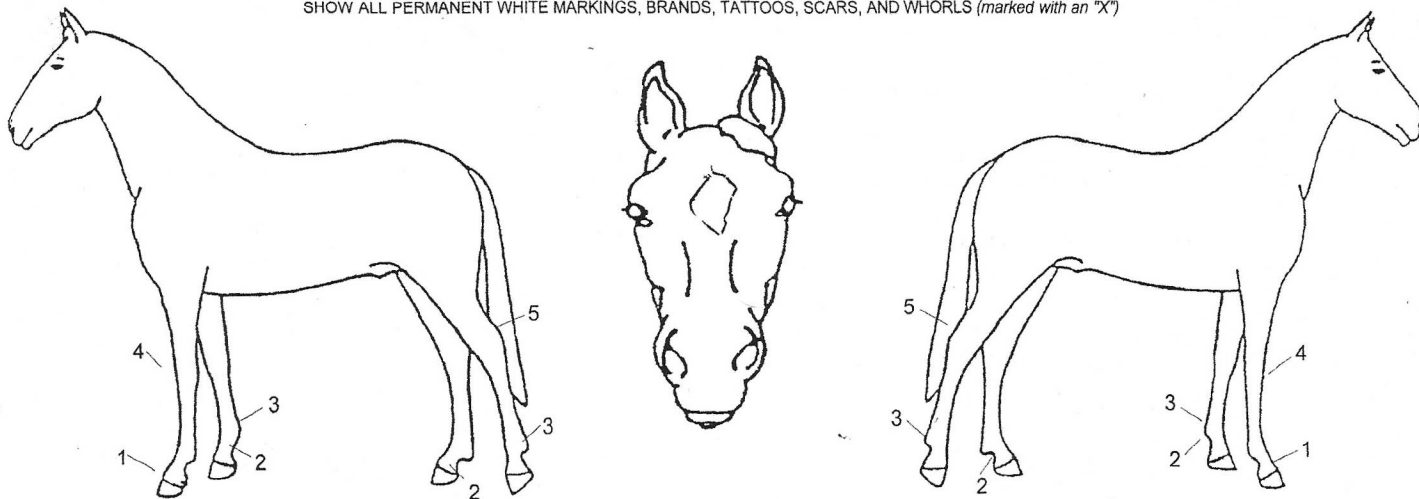
FORM SERIAL NUMBER

**AA 321807**

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) <b>579-00836</b>		2. DATE BLOOD DRAWN <b>9-28-19</b>		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 <b>ESTATE OF Henry DOMINGUEZ</b> 5b. PHYSICAL/STREET ADDRESS <b>605 GIBSON VECIL Rd</b> 5c. CITY, STATE, ZIP CODE <b>SUNLAND PARK, NM 88063</b> 5d. TELEPHONE NUMBER <b>575-644-1453</b>			7. NAME AND ADDRESS OF OWNER 7a. NAME <b>Same</b> 7b. MAILING ADDRESS <b>Same</b> 7c. CITY, STATE, ZIP CODE <b>Same</b> 7d. TELEPHONE NUMBER <b>575-644-1453</b>		
6. COUNTY OF EQUINE AT BLOOD DRAW <b>DONA ANA</b>					
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 <b>MR Pirime</b> 8b. NATIONAL ACCREDITATION NUMBER <b>035964</b> 8c. VETERINARIAN SIGNATURE <b>MR Pirime</b> 8d. SIGNATURE DATE <b>9-28-19</b>		8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN <b>579 SHILOH Rd</b> 8f. CITY, STATE, ZIP CODE <b>MESILLA PARK NM, 88047</b> 8g. TELEPHONE NUMBER <b>575-312 9684</b>			
9. Tube Number <b>10</b>	10. Tag/Tattoo/Brand Number <b>Q24600</b>	11. Name of Animal <b>MARKER</b>	12. Color	13. Breed (or species if not a horse) <b>TB</b>	14. Age or DOB
15. Sex <b>M - Male Intact</b> 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 <b>STAR</b>	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 <b>Jenson Equine Hospital</b>	24. DATE SAMPLE RECEIVED <b>10-2-19</b>	25. DATE RESULTS REPORTED <b>10-3-19</b>	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 <b>Sunland Park</b>	28. LABORATORY REMARKS			
23b. STATE <b>New Mexico</b>	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 		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).