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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 321804

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)

519-00844

2. DATE BLOOD DRAWN

9-28-19

3. TEST REQUESTED BY VETERINARIAN



ELISA



AGID

4. REASON FOR TESTING



Interstate Movement



Within State  
Use/Annual



Change  
Ownership/Sale



International  
Import/Export



Illness/Clinical  
Suspect



Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)

5a. NAME

ESTATE OF Henry Dominguez

5b. PHYSICAL/STREET ADDRESS

605 Gibson Veech Rd

5c. CITY, STATE, ZIP CODE

SUNLAND PARK, NM 88063

5d. TELEPHONE NUMBER

575-644-1453

6. COUNTY OF EQUINE AT BLOOD DRAW

CONTAHUA

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 PIRANNE

8b. NATIONAL ACCREDITATION NUMBER

035964

8c. VETERINARIAN SIGNATURE

MR Piranne

8d. SIGNATURE DATE

9-28-19

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN

519 SHILOH Rd

8f. CITY, STATE, ZIP CODE

MESILLA PARK, NM 88047

8g. TELEPHONE NUMBER

575-312 9684

9. Tube Number

3

10. Tag/Tattoo/Brand Number

BAY

11. Name of Animal

Pony 1

12. Color

BAY

13. Breed  
(or species if not a horse)

QH

14. Age or DOB

14 yrs

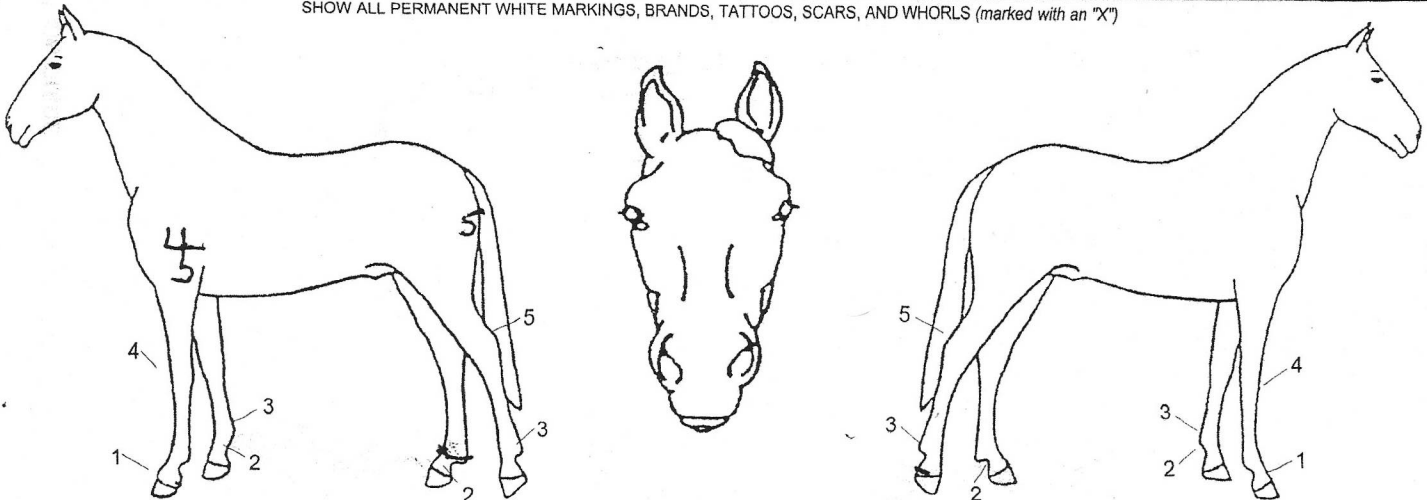
15. Sex

G

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

19. LEFT FORELIMB

21. LEFT HINDLIMB

18. NECK AND BODY (include coat color patterns, if any)

5 (D) SHOULD 5 (D) HP

20. RIGHT FORELIMB

22. RIGHT HINDLIMB

OUTSIDE BULB PASTERNA

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

☒ Negative

☐ Positive

27. TEST TYPE USED

☐ AGID

☒ ELISA

28. LABORATORY REMARKS

23a. CITY

Sunland Park

23b. STATE

NM

29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN

[Signature]

30. INTERIM RESULT REFERRED FOR CONFIRMATION



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).