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OMB Approved
0579-0127

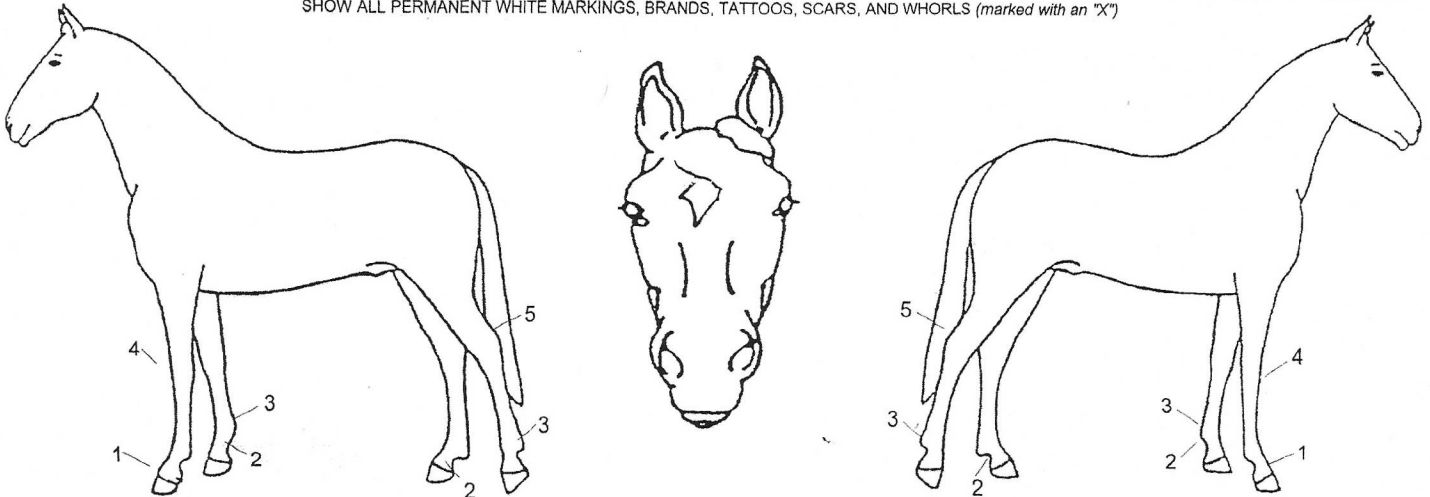
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 321808

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) 519-00833		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 5b. PHYSICAL/STREET ADDRESS 685 Gibson Hill Rd 5c. CITY, STATE, ZIP CODE Scandia Park, NM 88063 5d. TELEPHONE NUMBER 575-644-1453			7. NAME AND ADDRESS OF OWNER 7a. NAME SAME 7b. MAILING ADDRESS SAME 7c. CITY, STATE, ZIP CODE Scandia Park, NM 88063 7d. TELEPHONE NUMBER 575-644-1453		
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 MR PARRA		8b. NATIONAL ACCREDITATION NUMBER 035964		8c. VETERINARIAN SIGNATURE MR PARRA	
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 575-3129684		9. Tube Number 13		10. Tag/Tattoo/Brand Number	
11. Name of Animal Pony 2		12. Color DB		13. Breed (or species if not a horse)	
14. Age or DOB 11		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		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 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 Scandia 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).