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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 321805

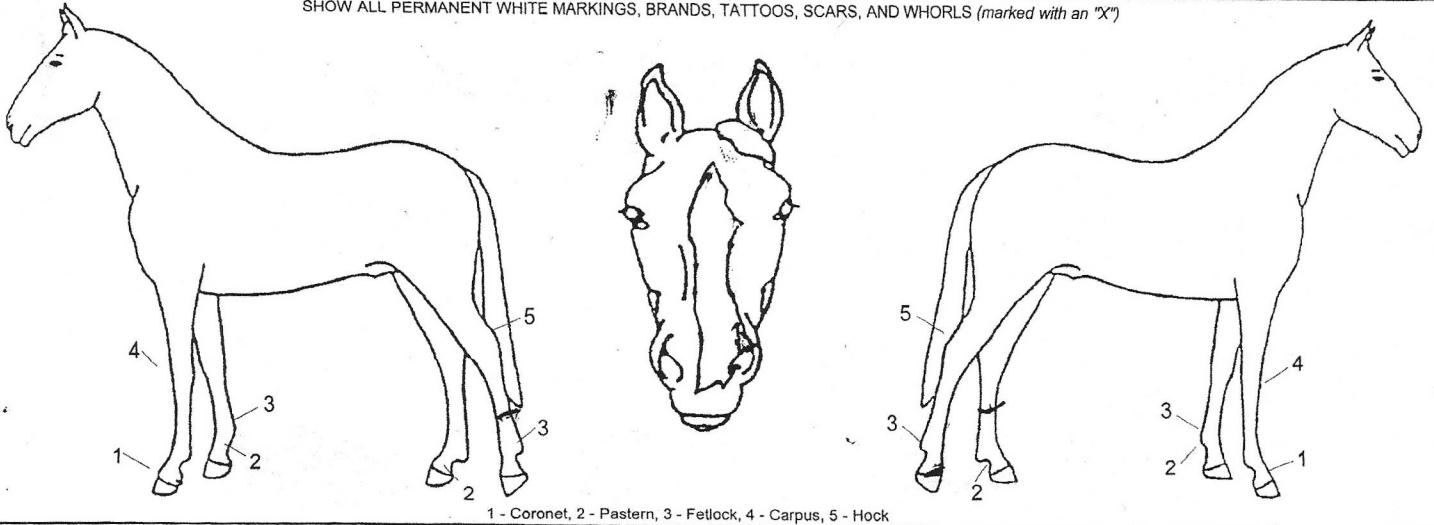
COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

1. LABORATORY ACCESSION NUMBER (for laboratory use only) J19-00835		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 Samacue			7. NAME AND ADDRESS OF OWNER 7a. NAME Same		
5b. PHYSICAL/STREET ADDRESS 605 GIBSON VECK			7b. MAILING ADDRESS Same		
5c. CITY, STATE, ZIP CODE SUNLAND PARK NM 88063			7c. CITY, STATE, ZIP CODE		
5d. TELEPHONE NUMBER 575 644 1953		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 MR PIRNANE		8b. NATIONAL ACCREDITATION NUMBER 035964		8c. VETERINARIAN SIGNATURE <i>[Signature]</i>		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 11	10. Tag/Tattoo/Brand Number 007574	11. Name of Animal DE-SLOW MAN	12. Color CHEST	13. Breed (or species if not a horse) TB	14. Age or DOB 2009	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")



17. HEAD STRIPE SNIP		18. NECK AND BODY (include coat color patterns, if any)	
19. LEFT FORELIMB		20. RIGHT FORELIMB	
21. LEFT HINDLIMB STOCKING		22. RIGHT HINDLIMB FRONT PASTERN	

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 <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).