

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

FORM SERIAL NUMBER
AA 296667

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) 20EE0271		2. DATE BLOOD DRAWN 11/28/2020		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 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 Angela Kew			7. NAME AND ADDRESS OF OWNER 7a. NAME Same		
5b. PHYSICAL STREET ADDRESS 2828 Keeln NE			7b. MAILING ADDRESS same		
5c. CITY, STATE, ZIP CODE Kuizer OR 97303			7c. CITY, STATE, ZIP CODE same		
5d. TELEPHONE NUMBER 971-304-5258		6. COUNTY OF EQUINE AT BLOOD DRAW Marion		7d. TELEPHONE NUMBER same	

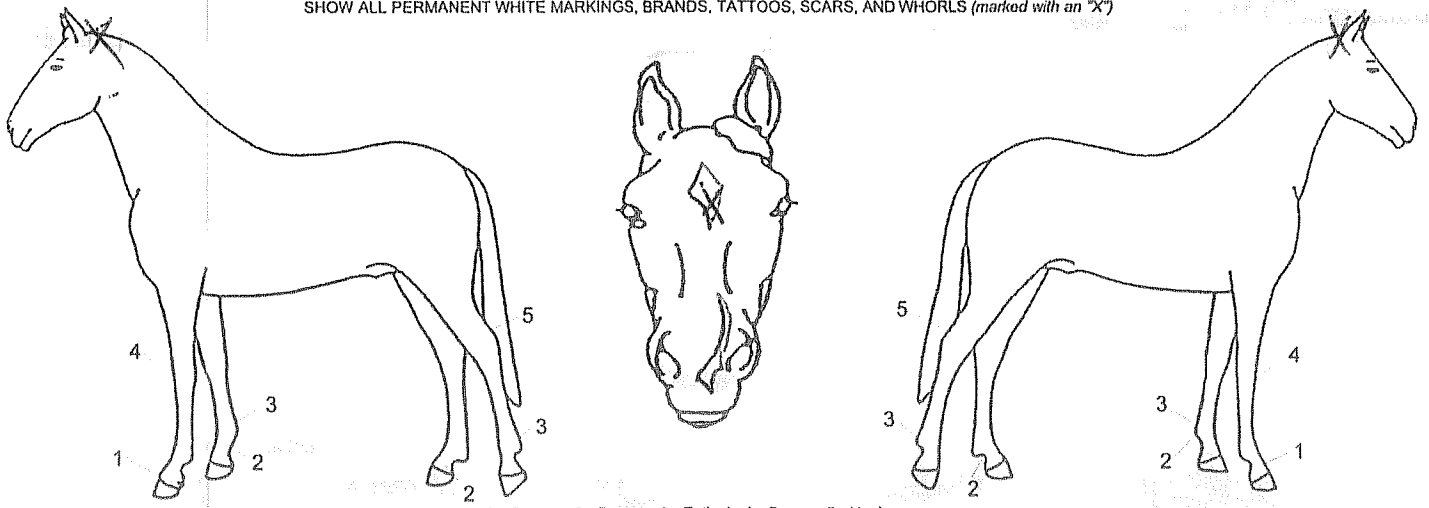
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8. ACCREDITED VETERINARIAN			
8a. VETERINARIAN NAME Michael Stewart	8b. NATIONAL ACCREDITATION NUMBER 062824	8c. VETERINARIAN SIGNATURE Michael Stewart	8d. SIGNATURE DATE 11/28/2020
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 874 McClaine St.		8f. CITY, STATE, ZIP CODE Silverton OR 97381	8g. TELEPHONE NUMBER 503-967-4400

9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal	12. Color	13. Breed (or species if not a horse)	14. Age or DOB	15. Sex	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
		Vinny Zee	Bay	TR	2yr	G	

16. MICROCHIP, BREED, OR REGISTRATION NUMBER
9810200 27310800

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); Fellock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock			
17. HEAD star whorl	18. NECK AND BODY (include coat color patterns, if any) strip snip		
19. LEFT FORELIMB §	20. RIGHT FORELIMB §		
21. LEFT HINDLIMB §	22. RIGHT HINDLIMB §		

FOR LABORATORY USE ONLY				
23. LABORATORY NAME Animal Health Laboratory 635 Capitol St NE Salem, OR 503-986-4686 ANTIGEN: VMRD	24. DATE SAMPLE RECEIVED 01/30/2020	25. DATE RESULTS REPORTED 01/30/2020	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	28. LABORATORY REMARKS			
23b. STATE	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).