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OMB Approved  
0579-0127

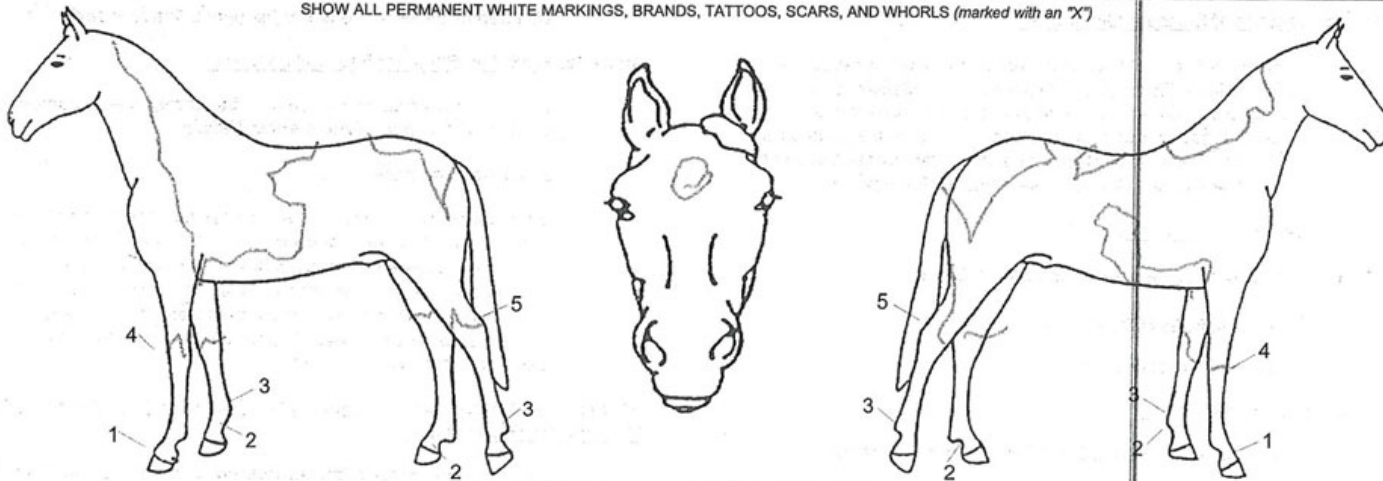
UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA TEST FORM**

FORM SERIAL NUMBER  
**AA 037944**

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) <i>20K002765</i>		2. DATE BLOOD DRAWN <i>4/18/20</i>		3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
4. REASON FOR TESTING <input 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 checked="" type="checkbox"/> Investigation/Exposure					
5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market) 5a. NAME <i>Same as # 7</i>			7. NAME AND ADDRESS OF OWNER 7a. NAME <i>Lisa Cerra</i>		
5b. PHYSICAL/STREET ADDRESS			7b. MAILING ADDRESS <i>4251 NE 136th Ave</i>		
5c. CITY, STATE, ZIP CODE			7c. CITY, STATE, ZIP CODE <i>Williston FL 32696</i>		
5d. TELEPHONE NUMBER		6. COUNTY OF EQUINE AT BLOOD DRAW <i>Levy</i>		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 <i>Adam S Cayot</i>		8b. NATIONAL ACCREDITATION NUMBER <i>VM8379/NANO23575</i>		8c. VETERINARIAN SIGNATURE <i>[Signature]</i>	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN <i>4747 SW 60th Ave</i>		8f. CITY, STATE, ZIP CODE <i>Ocala FL 34474</i>		8d. SIGNATURE DATE <i>4/18/20</i>	
8g. TELEPHONE NUMBER <i>352-237-6151</i>					
9. Tube Number <i>4</i>	10. Tag/Tattoo/Brand Number	11. Name of Animal <i>FLORENCE</i>	12. Color <i>White</i>	13. Breed (or species if not a horse) <i>Welsh</i>	14. Age or DOB <i>6</i>
		15. Sex <i>F</i>	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 <i>STAR</i>	18. NECK AND BODY (include coat color patterns, if any)
19. LEFT FORELIMB <i>STOCKING</i>	20. RIGHT FORELIMB <i>STOCKING</i>
21. LEFT HINDLIMB <i>STOCKING</i>	22. RIGHT HINDLIMB <i>STOCKING</i>

FOR LABORATORY-USE ONLY

23. EIA LABORATORY NAME <i>Mid Florida Veterinary Lab</i>	24. DATE SAMPLE RECEIVED <i>4/19/20</i>	25. DATE RESULTS REPORTED <i>4/10/20</i>	26. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	27. TEST TYPE USED <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
23a. CITY <i>Ocala</i>	28. LABORATORY REMARKS			
23b. STATE <i>Florida 34474</i>	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN <i>D Lynn Keach</i>		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>	

**MID FLORIDA VET LAB**  
**CERTIFIED LAB COPY**

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).