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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 957748

1. LABORATORY ACCESSION NUMBER (for laboratory use only) **2007070217** 2. DATE BLOOD DRAWN **3/13/2020** 3. TEST REQUESTED BY VETERINARIAN
 ELISA AGO

4. REASON FOR TESTING
 Interstate Movement Within State Use/Annual Change Ownership/State International Import/Export Breed/Clinical Suspect Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW (county, town, state, or market) **COLUMBIANA FARM** 7. NAME AND ADDRESS OF OWNER
7a. NAME **SAME AS LOCATION**

7b. MAILING ADDRESS

7c. CITY, STATE, ZIP CODE

8. CITY, STATE, ZIP CODE **PARIS, KY 40361** 9. COUNTY OF EQUINE AT BLOOD DRAW **BOURBON** 10. TELEPHONE NUMBER **859-987-4300**

I CERTIFY I AM A CATEGORY 3 FEDERALLY ACCREDITED VETERINARIAN AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED BY ME, FROM THE ANIMAL DESCRIBED BELOW

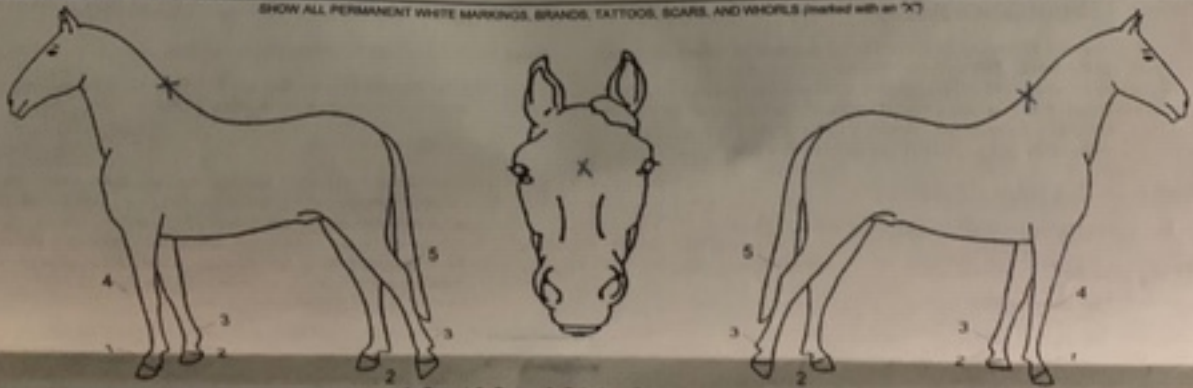
8. ACCREDITED VETERINARIAN
8a. VETERINARIAN NAME **CAITLIN FLETCHER, D.V.M.** 8b. NATIONAL ACCREDITATION NUMBER **073480** 8c. VETERINARIAN SIGNATURE *[Signature]* 8d. SIGNATURE DATE **7/13/2020**

9. PERSONAL STREET ADDRESS OF VETERINARIAN **4750 IRON WORKS PIKE** 10. CITY, STATE, ZIP CODE **LEXINGTON, KY 40511** 11. TELEPHONE NUMBER **859-255-0741**

12. Tube Number	13. Tap/Tattoo/Brand Number	14. Name of Animal	15. Color	16. Breed (or species if not a horse)	17. Age or DOB	18. Sex	19. M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
-	-	UPTOWN RYTHEM/ LOOKINFOR MR RIGHT	RAY	TH	2/11/2020	M	

10. MICROCHIP, BREED, OR REGISTRATION NUMBER
MICROCHIP #: 981020033616297

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 Head, Neck, Corolla, Neck Pastern, Pasterns, Fetlocks, Fore Cannon, Cannon, Carpus/Hock(s) above Carpus/Hock

17. HEAD
X=WHORLS: NO WHITE

18. NECK AND BODY (include coat color patterns, if any)
X=WHORLS: NO WHITE

19. LEFT FORELIMS
NO WHITE

20. RIGHT FORELIMS
NO WHITE

21. LEFT HINDLIMS
NO WHITE

22. RIGHT HINDLIMS
NO WHITE

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME **HEM LAB** 24. DATE SAMPLE RECEIVED **7/13/2020** 25. DATE RESULTS REPORTED **7/18/2020** 26. OFFICIAL TEST RESULT Negative Positive 27. TEST TYPE USED AGO ELISA

28. LABORATORY REMARKS

29a. CITY **LEXINGTON** 29b. STATE **KY**

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)

VS FORM 10-11
FEB 2018

Previous editions may be used.

PART 3 - OWNER