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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
883852

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

1. LABORATORY ACCESSION NUMBER (For laboratory use only) RR20-4648		2. DATE BLOOD DRAWN 06/09/2020		3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID			
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input checked="" 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. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market)				7. NAME AND ADDRESS OF OWNER			
5a. NAME Fantasia Farm				7a. NAME Fantasia Farm			
5b. PHYSICAL/STREET ADDRESS 7895 Tates Creek Road				7b. MAILING ADDRESS 7895 Tates Creek Road			
5c. CITY, STATE, ZIP CODE Lexington, KY 40515				7c. CITY, STATE, ZIP CODE Lexington, KY 40515			
5d. TELEPHONE NUMBER (859) 233-0371		6. COUNTY OF HOME PREMISES OF EQUINE Fayette		7d. TELEPHONE NUMBER (859) 233-0371			
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 Emily Guest		8b. NATIONAL ACCREDITATION NUMBER 088984		8c. VETERINARIAN SIGNATURE		8d. SIGNATURE DATE 06/10/2020	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 2150 Georgetown Road				8f. CITY, STATE, ZIP CODE Lexington, KY 40511		8g. TELEPHONE NUMBER (859) 233-0371	
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
1	--	Poptart		Red Roan	Pony	01/01/2009	F
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 No Markings	18. NECK AND BODY (include coat color patterns, if any) --
19. LEFT FORELIMB No Markings	20. RIGHT FORELIMB No Markings
21. LEFT HINDLIMB No Markings	22. RIGHT HINDLIMB No Markings

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME Rood & Riddle Equine Hospital (859) 233-0331	24. DATE SAMPLE RECEIVED 06/10/2020	25. DATE RESULTS REPORTED 06/11/2020	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
28. LABORATORY REMARKS				
23a. CITY Lexington	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Sharon Richardson		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>	
23b. STATE KY				

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).