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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
894131


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) 7701752173	2. DATE BLOOD DRAWN 07/21/2020	3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID
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4. REASON FOR TESTING
 Interstate Movement Within State Use/Annual Change Ownership/Sale International Import/Export Illness/Clinical Suspect Investigation/Exposure

5. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market) 5a. NAME Mira Vista Ranch	7. NAME AND ADDRESS OF OWNER 7a. NAME Mira Vista Ranch
5b. PHYSICAL/STREET ADDRESS 10881 Lookout Road	7b. MAILING ADDRESS 10881 Lookout Road
5c. CITY, STATE, ZIP CODE Longmont, CO 80504	7c. CITY, STATE, ZIP CODE Longmont, CO 80504
5d. TELEPHONE NUMBER (303) 652-1658	7d. TELEPHONE NUMBER (303) 652-1658
6. COUNTY OF HOME PREMISES OF EQUINE	

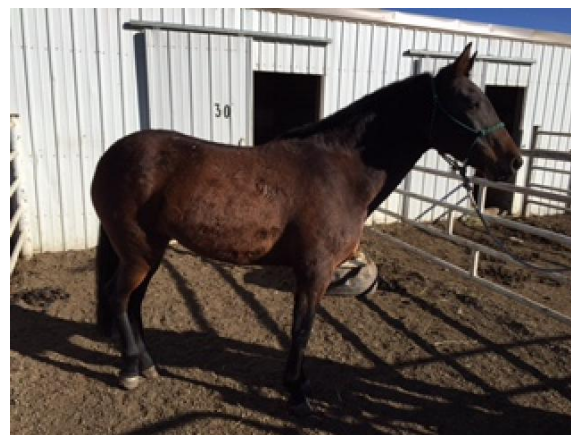
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW

8. ACCREDITED VETERINARIAN			
8a. VETERINARIAN NAME Grant A. Finley	8b. NATIONAL ACCREDITATION NUMBER 007707	8c. VETERINARIAN SIGNATURE 	8d. SIGNATURE DATE 07/21/2020
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 9350 Cottonwood Circle		8f. CITY, STATE, ZIP CODE Longmont, CO 80504	8g. TELEPHONE NUMBER (303) 569-4828

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
2	--	Clasica	Bay	Andalusian	01/01/2011	F	

16. MICROCHIP, BREED, OR REGISTRATION NUMBER
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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 Star	18. NECK AND BODY (include coat color patterns, if any) --
19. LEFT FORELIMB --	20. RIGHT FORELIMB --
21. LEFT HINDLIMB --	22. RIGHT HINDLIMB --

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME IDEXX Veterinary Diagnostics, Inc (916) 372-4200	24. DATE SAMPLE RECEIVED 07/22/2020	25. DATE RESULTS REPORED 07/23/2020	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 West Sacramento	28. LABORATORY REMARKS			
23b. STATE CA	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Amanda Thompson Emery		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).