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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 1370931**

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) 21-7611

2. DATE BLOOD DRAWN 10-13-2020

3. TEST REQUESTED BY VETERINARIAN  
 ELISA  AGID

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

5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)  
 5a. NAME MANDY BJERKE  
 5b. PHYSICAL/STREET ADDRESS 1319 EAST 8TH ST  
 5c. CITY, STATE, ZIP CODE LAUREL MT 59044  
 5d. TELEPHONE NUMBER 406 860-2455

6. COUNTY OF EQUINE AT BLOOD DRAW YELLOWSTONE

7. NAME AND ADDRESS OF OWNER  
 7a. NAME MANDY BJERKE  
 7b. MAILING ADDRESS 1319 EAST 8TH ST  
 7c. CITY, STATE, ZIP CODE LAUREL MT 59044  
 7d. TELEPHONE NUMBER 406 860-2455

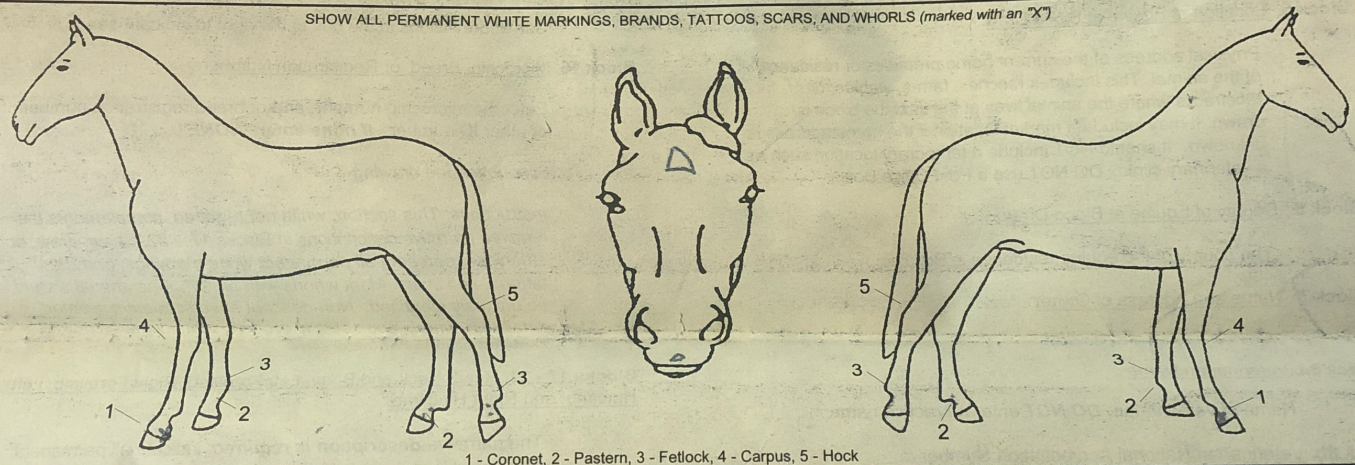
8. ACCREDITED VETERINARIAN  
 I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8a. VETERINARIAN NAME STACEY WETTERDORF  
 8b. NATIONAL ACCREDITATION NUMBER 011386  
 8c. VETERINARIAN SIGNATURE Stacey Wetterdorf own  
 8d. SIGNATURE DATE 10/14/2020  
 8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 5 EAGLE POINT LANE  
 8f. CITY, STATE, ZIP CODE BREAGER MT 59014  
 8g. TELEPHONE NUMBER 406 591 9008

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
<u>1</u>	<u>NO BRAND</u>	<u>MR JONES</u>	<u>BULK</u>	<u>DUTCH WAPLE</u>	<u>22y</u>	<u>G</u>	

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 <u>STAR SWIRL</u>	18. NECK AND BODY (include coat color patterns, if any) <u>NONE</u>
19. LEFT FORELIMB <u>SCAR</u>	20. RIGHT FORELIMB <u>SCAR</u>
21. LEFT HINDLIMB <u>BRANDING ON HEELS</u>	22. RIGHT HINDLIMB <u>BRANDING ON HEELS</u>

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME <u>MT VETERINARY DIAGNOSTIC</u> <u>1911 WEST LINCOLN ST</u> <u>BOZEMAN, MT 59718</u> <u>406-994-4885</u>	24. DATE SAMPLE RECEIVED <u>10/10/20</u>	25. DATE RESULTS REPORTED <u>10/16/20</u>	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
23b. STATE <u>MT</u>	28. LABORATORY REMARKS		29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN <u>[Signature]</u>	
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 OF NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).