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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 162261**

*DSM*

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) **20-73122** 2. DATE BLOOD DRAWN **5/3/2020** 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 **Emilie Brennan Stable** 7a. NAME AND ADDRESS OF OWNER **Emilie Brennan**

5b. PHYSICAL STREET ADDRESS **7926 State Rd 67** 7b. MAILING ADDRESS **1416 W Diversey Pkwy**

5c. CITY, STATE, ZIP CODE **Clinton, WI 53525** 7c. CITY, STATE, ZIP CODE **Chicago, IL 60614**

5d. TELEPHONE NUMBER **ROCK CO, WI** 6. COUNTY OF EQUINE AT BLOOD DRAW **Chicago, IL 60614** 7d. TELEPHONE NUMBER **847-477-3220**

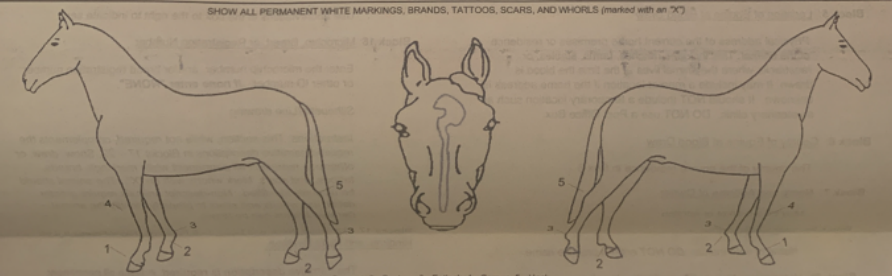
I CERTIFY I AM A CATEGORY B FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8. ACCREDITED VETERINARIAN 8a. VETERINARIAN NAME **P R Kapraun DVM** 8b. NATIONAL ACCREDITATION NUMBER **039887** 8c. VETERINARIAN SIGNATURE *P R Kapraun DVM* 8d. SIGNATURE DATE **5/7/2020**

8e. PHYSICAL STREET ADDRESS OF VETERINARIAN **19117 Altenburg Rd** 8f. CITY, STATE, ZIP CODE **Harvard, IL 60033** 8g. TELEPHONE NUMBER **815 943-3577**

9. Tube Number <b>4</b>	10. Tag/Tattoo/Brand Number	11. Name of Animal <b>"Loredana"</b>	12. Color <b>Bay</b>	13. Breed (or species if not a horse) <b>TB</b>	14. Age or DOB <b>12yr</b>	15. Sex <b>Fe</b>	M - Male Intact F - Female Intact G - Gelding PS - Female Spayed
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16. MICROCHIP, BREED, OR REGISTRATION NUMBER



REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes Head, Heels, Coronet/L Half Pastern, Pastern(s), Fetlock(s), Hock Coronet, Carpus/Hock(s) above Carpus/Hock

17. HEAD **Thin Blaze** 18. NECK AND BODY (include coat color patterns, if any) **none**

19. LEFT FORELIMB **none** 20. RIGHT FORELIMB **none**

21. LEFT HINDLIMB **Partial Coronet LB** 22. RIGHT HINDLIMB **2 little white on Partial Coronet RR hind legs**

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME **JTC** 24. DATE SAMPLE RECEIVED **5/1/20** 25. DATE RESULTS REPORTED **5/1/20** 26. OFFICIAL TEST RESULT  Negative  Positive  AGID  ELISA

27. TEST TYPE USED **ELISA** 28. LABORATORY REMARKS

29a. CITY **Clinton** 29b. STATE **WI** 29. SIGNATURE OF IVSL - APPROVED ISA TECHNICIAN *Dianna* 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**

20 MAY 18 PM 1:29