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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  
**905317**

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) RR20-7802		2. DATE BLOOD DRAWN 09/10/2020		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) 5a. NAME Cold Spring Run				7. NAME AND ADDRESS OF OWNER 7a. NAME Lauren Welsh			
5b. PHYSICAL/STREET ADDRESS 135 Holladay Lane				7b. MAILING ADDRESS 217 Stonehedge Street			
5c. CITY, STATE, ZIP CODE Waco, KY 40385				7c. CITY, STATE, ZIP CODE Frankfort, KY 40601			
5d. TELEPHONE NUMBER (859) 233-0371		6. COUNTY OF HOME PREMISES OF EQUINE		7d. TELEPHONE NUMBER (859) 223-0371			
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 Woodrow M. Friend		8b. NATIONAL ACCREDITATION NUMBER 042741		8c. VETERINARIAN SIGNATURE		8d. SIGNATURE DATE 09/16/2020	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN P.O. Box 12070				8f. CITY, STATE, ZIP CODE Lexington, KY 40580		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	--	UPTOWN FUNK		Bay	Warmblood	01/01/2020	M
16. MICROCHIP, BREED, OR REGISTRATION NUMBER RFID: 981020033559016							

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 Cannon, Cannon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD No Markings		18. NECK AND BODY (include coat color patterns, if any) / ERMINES ON RIGHT HIND FETLOCK, FEW WHITE HAIRS ON FACE	
19. LEFT FORELIMB No Markings		20. RIGHT FORELIMB No Markings	
21. LEFT HINDLIMB No Markings		22. RIGHT HINDLIMB Fetlock	

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME Rood & Riddle Equine Hospital (859) 233-0331		24. DATE SAMPLE RECEIVED 09/10/2020	25. DATE RESULTS REPORTED 09/17/2020	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	
23a. CITY Lexington		28. LABORATORY REMARKS					
23b. STATE KY							
29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Sharon Richardson				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).