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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 558770

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) W20 31528		2. DATE BLOOD DRAWN 8/12/20		3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
4. REASON FOR TESTING <input checked="" type="checkbox"/> Interstate Movement <input 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			7. NAME AND ADDRESS OF OWNER		
5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)			7a. NAME		
5a. NAME Frazer Hendrick			7a. NAME SAME		
5b. PHYSICAL/STREET ADDRESS 3521 Ingram Dr.			7b. MAILING ADDRESS		
5c. CITY, STATE, ZIP CODE Haymarket Va 20169			7c. CITY, STATE, ZIP CODE		
5d. TELEPHONE NUMBER 703-220-7711		6. COUNTY OF EQUINE AT BLOOD DRAW Prince William		7d. TELEPHONE NUMBER 703-220-7711	

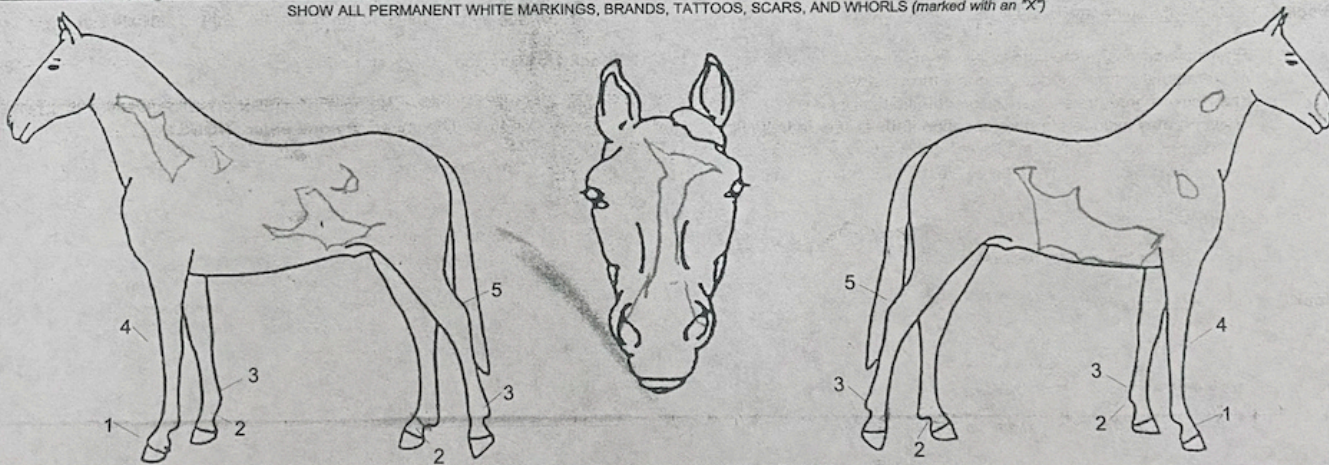
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8. ACCREDITED VETERINARIAN		8b. NATIONAL ACCREDITATION NUMBER		8c. VETERINARIAN SIGNATURE		8d. SIGNATURE DATE	
8a. VETERINARIAN NAME Ellen T. Stephens		044943		ETM		8/12/20	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 525 Randalston Ln				8f. CITY, STATE, ZIP CODE Bluemont Va. 20135			
8g. TELEPHONE NUMBER 540-905-52		9. Tube Number 1		10. Tag/Tattoo/Brand Number 10		11. Name of Animal Maximum	
12. Color Pard		13. Breed (or species if not a horse) TB		14. Age or DOB 2019		15. Sex M	

M - Male Intact
F - Female Intact
G - Gelding
FS - Female Spayed

16. MICROCHIP, BREED, OR REGISTRATION NUMBER
TB maximum

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 Blaze		18. NECK AND BODY (include coat color patterns, if any) multiple white patches as show	
19. LEFT FORELIMB Ø		20. RIGHT FORELIMB Ø	
21. LEFT HINDLIMB white patch pastern		22. RIGHT HINDLIMB Ø	

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME VDACS ANIMAL HEALTH LABORATORY		24. DATE SAMPLE RECEIVED 8-12-2020		25. DATE RESULTS REPORTED AUG 14 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 272 ACADEMY HILL RD WARRENTON, VA 20183		28. LABORATORY REMARKS							
23b. STATE (540) 318-6543		29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 				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).