



ction Act of 1995, an agency may not conduct or sponsor, and a person is not re
OMB control number for this information collection is 0579-0127. The time requir
time for reviewing instructions, searching existing data sources, gathering and n

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ation unless it displays a valid
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ng and reviewing the collection

OMB Approved
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 483831

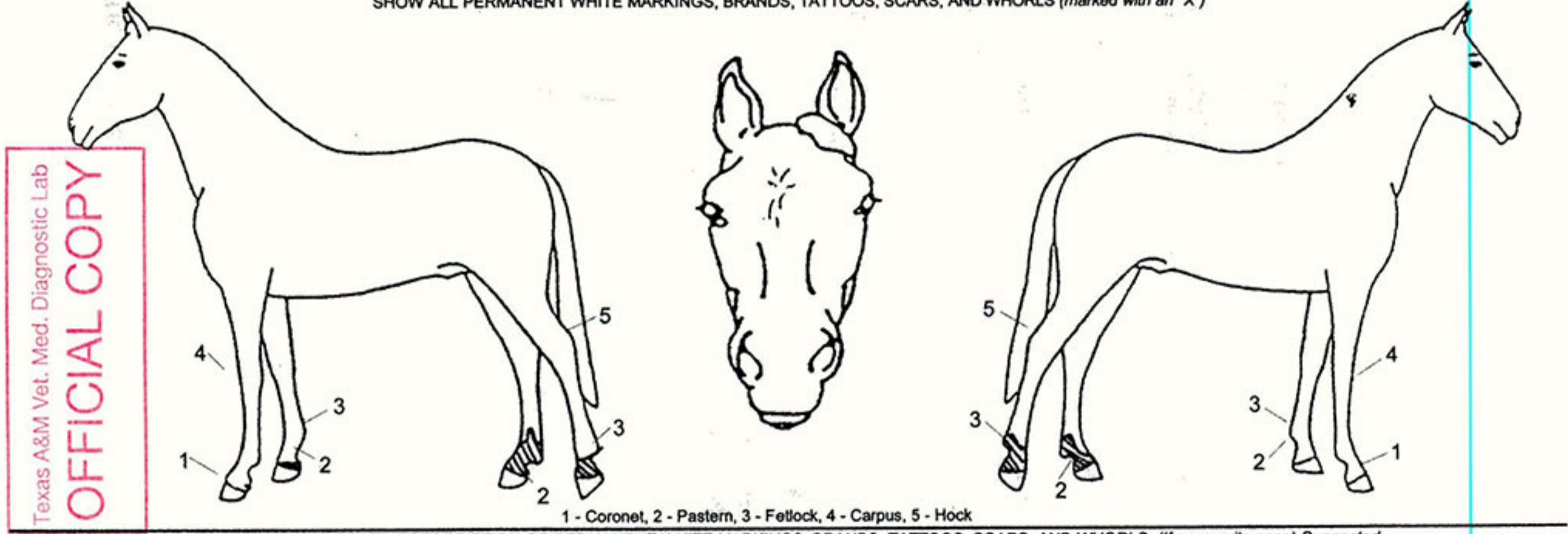
COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

1. LABORATORY ACCESSION NUMBER (for laboratory use only)		2. DATE BLOOD DRAWN 3/1/20	3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input 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. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)			7. NAME AND ADDRESS OF OWNER	
5a. NAME JENNIFER WIGGINS			7a. NAME SAME AS #6	
5b. PHYSICAL STREET ADDRESS 548 CR 119 E			7b. MAILING ADDRESS	
5c. CITY, STATE, ZIP CODE Overton, TX 75604			7c. CITY, STATE, ZIP CODE	
5d. TELEPHONE NUMBER		6. COUNTY OF EQUINE AT BLOOD DRAW SANTA FE	7d. TELEPHONE NUMBER	

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 Emily Hood, DVM		8b. NATIONAL ACCREDITATION NUMBER 072901	8c. VETERINARIAN SIGNATURE <i>[Signature]</i>	8d. SIGNATURE DATE 3/1/20
8e. PHYSICAL STREET ADDRESS OF VETERINARIAN 10004 CR 291 E			8f. CITY, STATE, ZIP CODE Kelgore, TX 75602		8g. TELEPHONE NUMBER (409) 651-3532	
9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal CHAMPAGNE SUPERNOVA	12. Color BAY ROAN	13. Breed (or species if not a horse) WELSH X	14. Age or DOB 2/8/18	15. Sex F M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
16. MICROCHIP, BREED, OR REGISTRATION NUMBER 933000320025163						

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



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 FEW WHITE HAIRS @ STAR	18. NECK AND BODY (include coat color patterns, if any) NONE
19. LEFT FORELIMB NONE	20. RIGHT FORELIMB PARTIAL CORONET
21. LEFT HINDLIMB SOLE	22. RIGHT HINDLIMB SOLE

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME Texas A&M Vet. Med. Diagnostic Lab 483 Agronomy Road College Station, TX 77840	24. DATE SAMPLE RECEIVED MAR 13 2020	25. DATE RESULTS REPORTED MAR 13 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	28. LABORATORY REMARKS <i>NEG</i>			
23b. STATE	29. SIGNATURE OF NVSL-APPROVED EIA TECHNICIAN <i>[Signature]</i>	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).