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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 354355

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) **IEL 19 1437**

2. DATE BLOOD DRAWN **9/06/2019**

3. TEST REQUESTED BY VETERINARIAN
 ELISA AGID

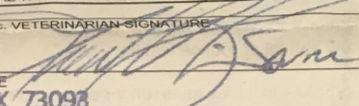
4. REASON FOR TESTING
 Interstate Movement Within State Use/Annual Change Ownership/Sale International Import/Export Illness/Clinical Suspect Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)
 5a. NAME **SAME AS OWNER**
 5b. PHYSICAL/STREET ADDRESS
 5c. CITY, STATE, ZIP CODE

6. COUNTY OF EQUINE AT BLOOD DRAW **MCCLAIN CO.**

7. NAME AND ADDRESS OF OWNER
 7a. NAME **JENNA & JOSH BAXTER**
 7b. MAILING ADDRESS **14059 STATE HWY 39**
 7c. CITY, STATE, ZIP CODE **BLANCHARD, OK 73010**
 7d. TELEPHONE NUMBER **405-245-5655**

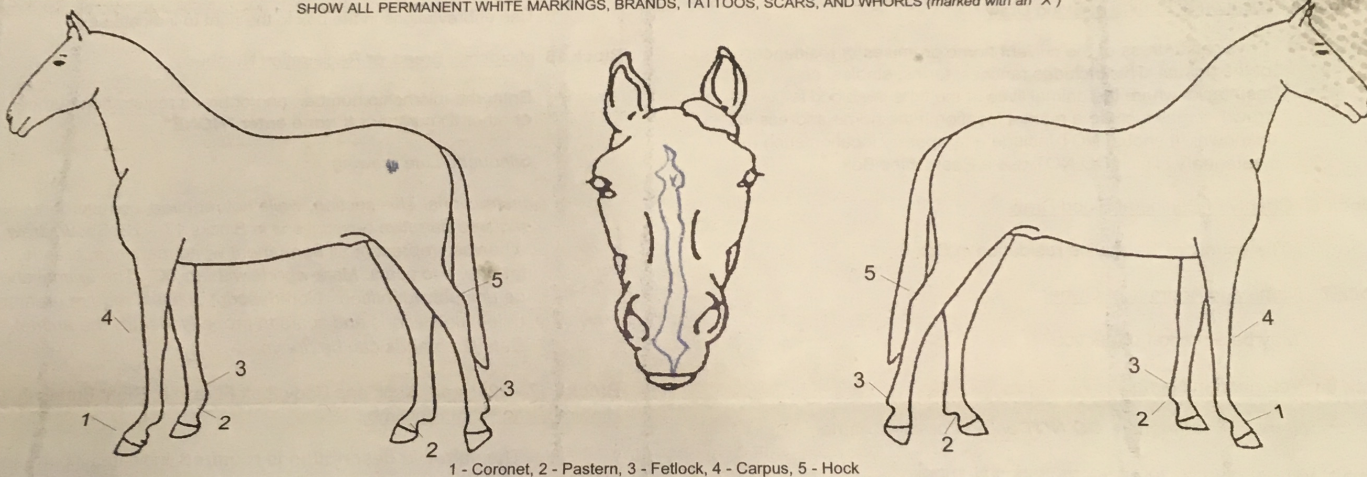
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8. ACCREDITED VETERINARIAN
 8a. VETERINARIAN NAME **TRENT BLISS DVM**
 8b. NATIONAL ACCREDITATION NUMBER **4836 /060504**
 8c. VETERINARIAN SIGNATURE 
 8d. SIGNATURE DATE **09/06/2019**
 8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN **2536 S LADD AVE.**
 8f. CITY, STATE, ZIP CODE **GOLDSBY, OK 73098**
 8g. TELEPHONE NUMBER **405-288-6267**

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
		SANTAS LITTLE HELPER	PALOMINO	HAFLINGER	2005	G	

16. MICROCHIP, BREED, OR REGISTRATION NUMBER

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 **ISTAR, STRIP, SNIP**

18. NECK AND BODY (include coat color patterns, if any) **WHITE SPOT ON LEFT HIP**

19. LEFT FORELIMB **NONE**

20. RIGHT FORELIMB **NONE**

21. LEFT HINDLIMB **NONE**

22. RIGHT HINDLIMB **NONE**

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME **INTERSTATE EQUINE LAB**

24. DATE SAMPLE RECEIVED **09/10/2019**

25. DATE RESULTS REPORTED **9/10/2019**

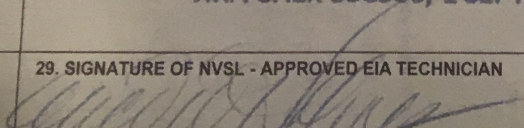
26. OFFICIAL TEST RESULT
 Negative Positive

27. TEST TYPE USED
 AGID ELISA

28. LABORATORY REMARKS
VIRA CHEK 358539, 1 SEPT 20

23a. CITY **GOLDSBY**

23b. STATE **OK**

29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 

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).