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| U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16) | SERIAL NO. K | 1. ACCESSION NUMBER | 2. DATE BLOOD DRAWN |
|---|------------------------|---------------------|---------------------|

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

| | | | |
|--|--|---|--|
| 3. REASON FOR TESTING <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export | | 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) | |
| 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG: | 5. VETERINARY LICENSE OR ACCREDITATION NO. | 6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID | |
| 8. NAME AND ADDRESS OF OWNER (Please print or type) | | 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) | |
| Zip Code | | Zip Code | |
| Tel No. | | Tel No. | |
| County | | County | |

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

| | | |
|--|----------------------------------|--------------------|
| 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN | 11. TYPE OR PRINT SIGNATURE NAME | 12. SIGNATURE DATE |
|--|----------------------------------|--------------------|

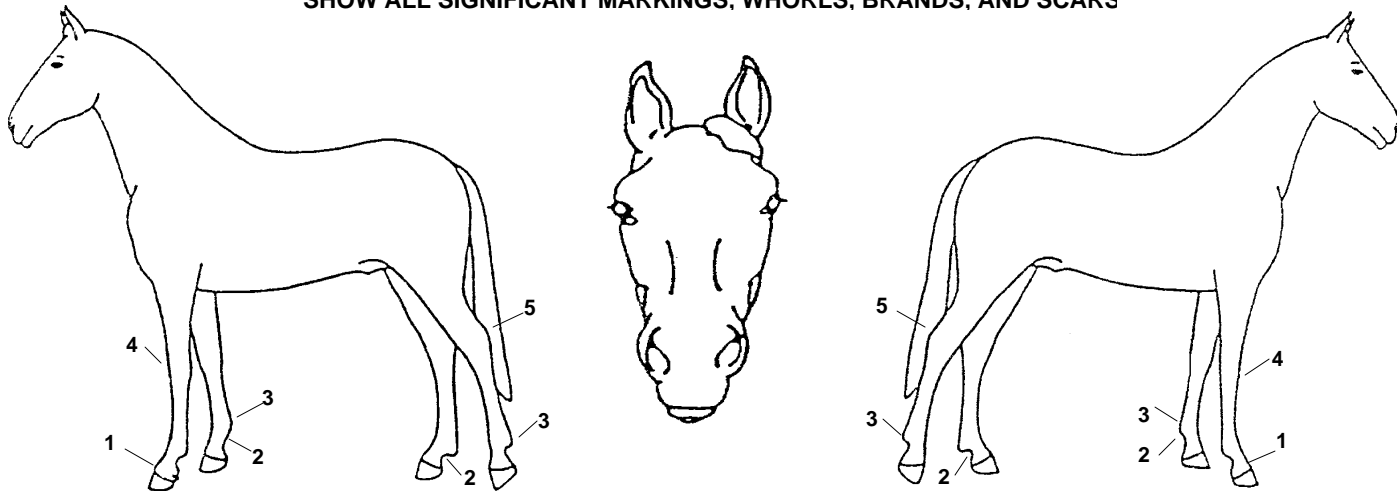
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

| | | |
|---|----------------------------------|--------------------|
| 13. SIGNATURE OF OWNER OR OWNER'S AGENT | 14. TYPE OR PRINT SIGNATURE NAME | 15. SIGNATURE DATE |
|---|----------------------------------|--------------------|

| 16. Tube No. | Official Tag | 18. Tattoo/Brand | 19. Name of Horse | 20. Color | 21. Breed | 22. Electronic I.D. No. | 23. Age or DOB | 24. Sex | M - Male F - Female G - Gelding N - Neuter |
|--------------|--------------|------------------|-------------------|-----------|-----------|-------------------------|----------------|---------|---|
| | | | | | | | | | |

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

| | |
|-------------------|----------------------------|
| 25. HEAD | 26. OTHER MARKS AND BRANDS |
| 27. LEFT FORELIMB | 28. RIGHT FORELIMB |
| 29. LEFT HINDLIMB | 30. RIGHT HINDLIMB |

FOR LABORATORY USE ONLY

| | | | |
|--------------------------------|-------------------|-----------------------|--|
| 31. LABORATORY NAME/CITY/STATE | 32. DATE RECEIVED | 33. DATE REPORTED OUT | 34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA |
| 36. SIGNATURE OF TECHNICIAN | | | 35. REMARKS |

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 (U.S.C. Section 1001).

COPY DESIGNATIONS

PART. 1 - OWNER

PART. 2 - LABORATORY OFFICE

PART. 3 - VETERINARIAN/SUBMITTER

PART. 4 - AREA VETERINARIAN-IN-CHARGE

PART. 5 - STATE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

TOP STUB INSTRUCTIONS

USE TYPEWRITER OR PRINT CLEARLY - PRESS HARD - YOU ARE MAKING 5 COPIES