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USE TYPEWRITER OR PRINT CLEARLY				FORM APPROVED - OMB NO. 0579-0127				
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA SUPPLEMENTAL INVESTIGATION (VS Memorandum 555.8)				1. CASE ID		2. LAB ACCESSION NO.		
3. INVESTIGATOR'S NAME (last, first, & middle initial)				4. INVESTIGATOR'S AFFILIATION		5. INVESTIGATION DATE		
Area Code & Telephone No.				7. NAME OF CONTACT PERSON (e.g. stable manager)				
6. OWNER'S LOCATION				Contact Name				
Name				Street Address				
Street Address				City				
City				State				
State				Zip Code				
Zip Code				County				
County				Area Code & Telephone No.				
Area Code & Telephone No.				8. FARM OR RANCH OPERATION				
Type of Operation	Specialty	Acreage	No. of Buildings	Are There Other Adjacent Equine Operations				
				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Number _____				
9. ANIMAL POPULATIONS								
No. of Equids on Premises			No. of Equids having Possible Contact with Positive Case Animals			No. of Equids Sharing Pasture with Case Animal		
Other Livestock Animals on Premises (list total number by species)					Are Wild Equids Present within 200 yards of this Premises			
Cattle	Pigs	Sheep	Goats	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Number _____			
10. HISTORY OF CASE ANIMAL								
Name			Color			Registration Number		
Breed			Age (in months only)			Sex (male, female, gelding, neuter)		
Primary Use of animal (Please check one box.)								
<input type="checkbox"/> Pleasure <input type="checkbox"/> Show <input type="checkbox"/> Work <input type="checkbox"/> Other (Please Describe) _____								
11. SOURCE OF ANIMAL								
Was the Animal Born on Owner's Premises								
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please Give Location Where Born _____								
Was the Animal Purchased								
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Give the Seller's Name and the Address Where Animal Resided Prior to Purchase by Current Owner _____								
How Long Has the Case Animal Been at the Current Site Prior to the EIA Positive Test (in months only)								
12. ANIMAL HOUSING								
Proportion of Time Case Animal Spent					Type of Stable		Maintenance	Is there Water Runoff in Vicinity of Stable
In stable (%) <input type="checkbox"/> 0 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100					<input type="checkbox"/> Open		<input type="checkbox"/> Poor <input type="checkbox"/> Good	<input type="checkbox"/> Yes <input type="checkbox"/> No
On pasture (%) <input type="checkbox"/> 0 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100					<input type="checkbox"/> Closed		<input type="checkbox"/> Moderate	
Size of Pasture Area Where Case Animal was Kept (acres)		Condition of Pasture Grasses		Water Sources on Pasture				
		<input type="checkbox"/> .24" <input type="checkbox"/> 12-24"		<input type="checkbox"/> None <input type="checkbox"/> Well <input type="checkbox"/> Irrigation <input type="checkbox"/> Stock Pond <input type="checkbox"/> Natural Pond				
		<input type="checkbox"/> 6-12" <input type="checkbox"/> <6"		<input type="checkbox"/> Lake <input type="checkbox"/> Stream <input type="checkbox"/> Other _____				
13. TRAVEL HISTORY								
Dates of Off-premises Gathering of Equids Attended by Case Animal within Six Months of the EIA Positive Test			Types of Off-premises Gatherings of Equids Attended by the Case Animal within Six Months of the EIA Positive Test			Was the Case Animal within 200 Yards of Another Animal Known to be EIA-positive within Six Months of the EIA Positive Test		
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Certain		
IF YES, IDENTIFY PREMISE(S) AND ALL EXPOSED EQUIDS IN COMMENTS SECTION, PAGE 3.								