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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.

6. OWNER'S LOCATION

7. NAME OF CONTACT PERSON (e.g. stable manager)

Name

Contact 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

Yes 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.)

Pleasure Show Work Other (Please Describe)

11. SOURCE OF ANIMAL

Was the Animal Born on Owner's Premises

Yes No If No, Please Give Location Where Born _____

Was the Animal Purchased

Yes 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"/> 6-12" <input type="checkbox"/> <6"	<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"/> 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.

14. PREMISES INFECTION HISTORY

Date of the First Test Yielding a Positive Response	Date of the Last Negative EIA Test	Are Other Animals with EIA Positive Tests Present on the Premises <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Other Animals with EIA Positive Tests Present on Neighboring Premises <input type="checkbox"/> Yes <input type="checkbox"/> No
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List Other Infections Diagnosed on Premises for All Animals within the Past Three Years

15. VACCINATION HISTORY

List Vaccines and Dates Administered to EIA Test-Positive Animal	List Vaccines and Dates Administered to Equids on Premises Other than Those Given to the EIA Test Positive Animal	Who Administered the Vaccines (check all that apply) <input type="checkbox"/> Owner <input type="checkbox"/> Neighbor <input type="checkbox"/> Farm Worker <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other _____
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16. INJECTABLE MEDICATION HISTORY

List Injectable Medication and Dates Administered to EIA Test Positive Animal	Who Injected the Medication <input type="checkbox"/> Owner <input type="checkbox"/> Farm Worker <input type="checkbox"/> Neighbor <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other _____
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17. VETERINARY MEDICAL ACTIVITIES

Other than EIA Testing, were the Services of a Veterinarian Used within the Past Six Months
 Yes No If Yes, Please Indicate the Dates and the Nature of the Services Performed _____

Were Any of These Services Performed on the EIA-positive Animal Yes No If yes, specify _____

18. FLY CONTROL

Have Fly Control Measures Been Applied within the Past Six Months Yes No

If yes, Were the Treatments

Repellents applied to animals <input type="checkbox"/> Yes <input type="checkbox"/> No	Repellents applied on or near animal housing <input type="checkbox"/> Yes <input type="checkbox"/> No
Insecticides applied generally to the pasture areas <input type="checkbox"/> Yes <input type="checkbox"/> No	Insecticides applied in or near animal housing areas <input type="checkbox"/> Yes <input type="checkbox"/> No

19. ENVIRONMENT SURROUNDING PREMISES

Describe the Area Surrounding the Premises in Ecological Terms

Marsh	Shrubland	Grassland
Swamp	Desert	Coniferous Forest
Upland Deciduous Forest	Flood Plain Deciduous Forest	Other

20. SKETCH OF THE PREMISES RELATIVE TO ROADS, WATER SOURCES, AND LANDMARKS

Site Sketch



(Show in sketch with an X mark where the coordinates were obtained.)

Latitude (ddmmss)	Longitude (ddmmss)	Datum Used, if Known
This Location is <input type="checkbox"/> Front gate <input type="checkbox"/> Stable <input type="checkbox"/> Pasture <input type="checkbox"/> Other (please identify) _____		

21. COMMENTS

Comments section containing faint, illegible text. The text appears to be organized into several paragraphs or sections, but the characters are too light to transcribe accurately. Some faint words like "The following" and "It is" are visible.