

**U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555.16)

SERIAL NO.

**G 2500058**

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"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <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)	
Tel No. _____ County _____ Zip Code _____		Tel No. _____ County _____ Zip Code _____	

**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
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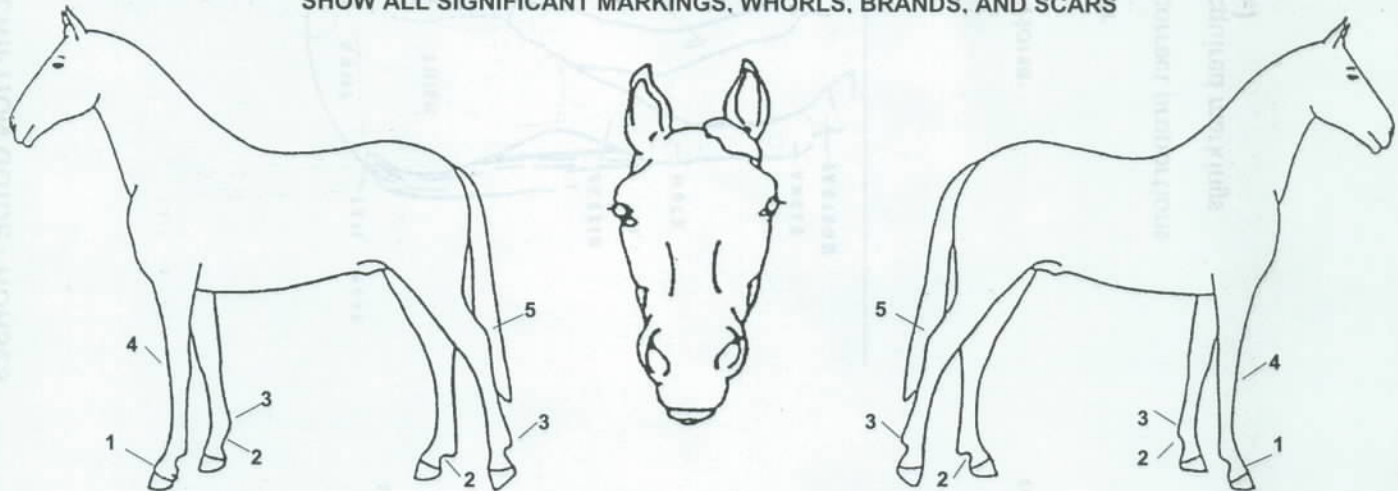
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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
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16. Tube No.	17. Official Tag No.	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
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**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).

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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, searching existing data sources, gathering and maintain the data needed, and completing and reviewing the collection information.