

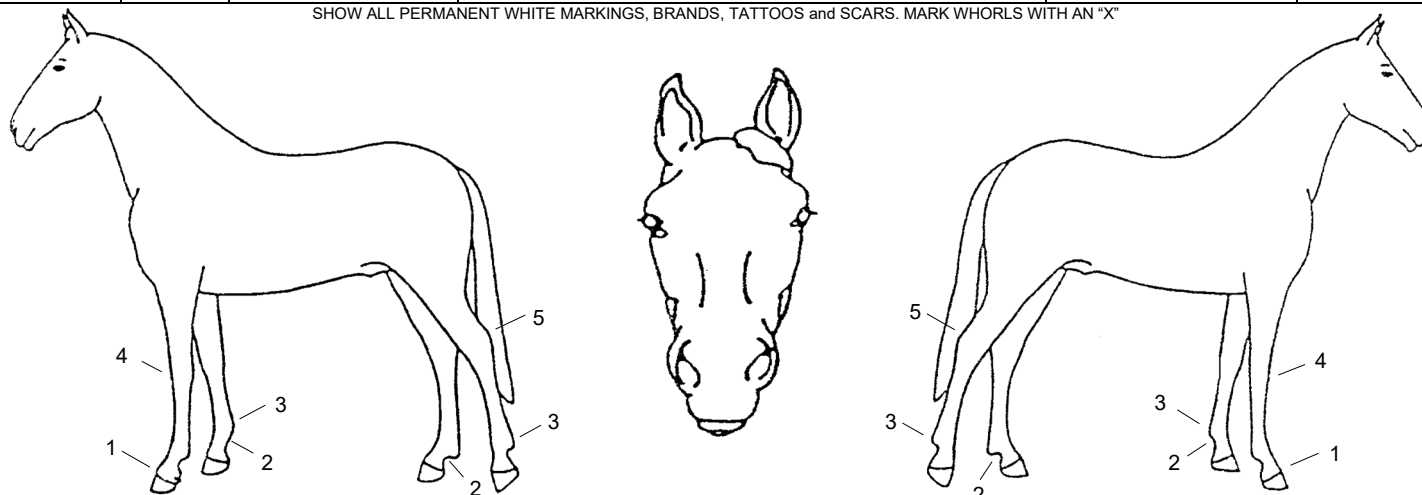
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER

COMPLETION OF FIELDS #2 - #24 IS REQUIRED. IF NONE: LINE THROUGH BOX FULLY OR WRITE "NONE".

1. ACCESSION NUMBER <i>(For laboratory use only)</i>		2. DATE BLOOD DRAWN		3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input type="checkbox"/> AGID				
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input type="checkbox"/> Within State Use/Annual <input type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure								
5. NAME AND MAILING ADDRESS OF OWNER				7. CURRENT HOME PREMISES OF EQUINE <i>(ranch, farm, stable, or market)</i>				
5a. NAME				7a. NAME				
5b. MAILING ADDRESS				7b. PHYSICAL/STREET ADDRESS				
5c. CITY		5d. STATE	5e. ZIP CODE		7c. CITY		7d. STATE	7e. ZIP CODE
5f. OWNER TELEPHONE NUMBER			6. COUNTY OF CURRENT HOME PREMISES OF EQUINE			7f. PREMISES TELEPHONE NUMBER		
<i>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.</i>								
8a. VETERINARIAN NAME			8b. NATIONAL ACCREDITATION NUMBER		8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED			
8d. VETERINARIAN SIGNATURE					8e. SIGNATURE DATE			
8f. MAILING ADDRESS OF VETERINARIAN				8g. CITY	8h. STATE	8i. ZIP CODE	8j. TELEPHONE NUMBER	
9. TUBE #	10. NAME OF ANIMAL			11. COLOR		12. BREED OF HORSE <i>(or Species of Equid)</i>	13. SEX <input type="checkbox"/> MALE INTACT <input type="checkbox"/> FEMALE INTACT <input type="checkbox"/> GELDING <input type="checkbox"/> FEMALE SPAYED	
14. AGE OR DOB	15. TAG #	16. TATTOO #		17. MICROCHIP #		18. BREED REGISTRATION #		

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS and SCARS. MARK WHORLS WITH AN "X"



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

REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. *(If none: line through box fully or write "none")*

19. HEAD		20. NECK AND BODY <i>(include coat color patterns if any)</i>					
21. LEFT FORELIMB		22. RIGHT FORELIMB					
23. LEFT HINDLIMB		24. RIGHT HINDLIMB					
FOR LABORATORY USE ONLY							
25. EIA LABORATORY NAME		26. DATE SAMPLE RECEIVED		27. DATE RESULTS REPORTED		28. OFFICIAL TEST RESULT <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	29. TEST TYPE USED <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
25a. CITY		30. LABORATORY REMARKS					
25b. STATE							
31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN				32. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>			

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).

VS Form 10-11 Instructions Sheet

(Completion of Fields 2 - 24 is required; if none, line through box fully or write "none")

Field 1: Accession Number *Leave blank.*

Field 2: Date Blood Drawn

Indicate the date the veterinarian obtained the sample from the animal. This is the official test date.

Field 3: Test Requested by Veterinarian

The veterinarian determines which test should be run by the laboratory - based on the reason for the testing.

Field 4: Reason for Testing

If more than one option applies, mark the most compelling reason for performing the test.

Interstate Movement = movement between States.

Within State Use/Annual = movement within a State (intrastate), shows/events, or any annual or routine testing.

Change Ownership/Sale = includes tests run for private sales, markets or auctions whether required by state law or otherwise.

International Import/Export = international movement into or out of the USA.

Illness/Clinical Suspect = diagnostic testing of sick animals.

Investigation/Exposure = official investigations by authorities.

Field(s) 5: Name & Mailing Address of Owner

May be a market or auction. This section was designed for use in a window envelope. For best results you should use ALL CAPS, dark ink, print clearly and follow USPS guidance.

Field 6: County of Current Home Premises of Equine

The county of the current home premises equine residence in Field 7.

Field(s) 7: Current Home Premises of Equine

Physical address of the current home premises or residence of the animal. This includes farms, stables or racetracks - where the animal normally lives. It may include a market location if the home premises is unknown. It should NOT include a temporary location such as a veterinary clinic. DO NOT use a Post Office Box.

Field 8a: Veterinarian Name

Name of veterinarian who drew sample. **DO NOT** enter a practice name.

Field 8b: Veterinarian National Accreditation Number

National Veterinary Accreditation Number of Cat II accredited veterinarian who drew the blood sample.

Field 8c: State in Which the Blood Sample Was Obtained

Use the 2 letter code for the State in which the blood sample was obtained.

Field 8d: Veterinarian Signature

Signature of the accredited veterinarian who drew the blood sample.

Field 8e: Signature Date The date the veterinarian signed the form.

Fields 8f, g, h, i, j: Mailing address & Phone Number of Veterinarian

Mailing address and phone number of veterinarian.

Field 9: Tube Number (#) If *applicable*, per accredited veterinarian.

Field 10: Name of Animal

If the animal does not have a name **enter NONE** however, a unique identifying number associated with the animal will be required in Field 16, 17 or 18.

Field 11: Color Enter coat or hair color(s).

Field 12: Breed of Horse (or species of equid)

Enter the horse's breed(s). If equid is not a horse enter the species. Ex: donkey, mule, hinny or zebra.

Field 13: Sex Check the box to indicate sex.

Field 14: Age or DOB

Record the animal's age (XX) in years (Y); use months (M) if less than one year (Example: **01Y** or **12M**) or indicate the date of birth: **MM/DD/YYYY**.

Field 15: Tag Number (#) any tag number used for ID. **If none enter NONE.**

Field 16: Tattoo Number (#) Enter tattoo number. **If none enter NONE.**

Field 17: Microchip Number (#)

Enter the microchip number or **NONE DETECTED.**

Field 18: Breed Registration Number (#) enter number, **NONE** or **UNKNOWN**

Silhouette/Line drawing

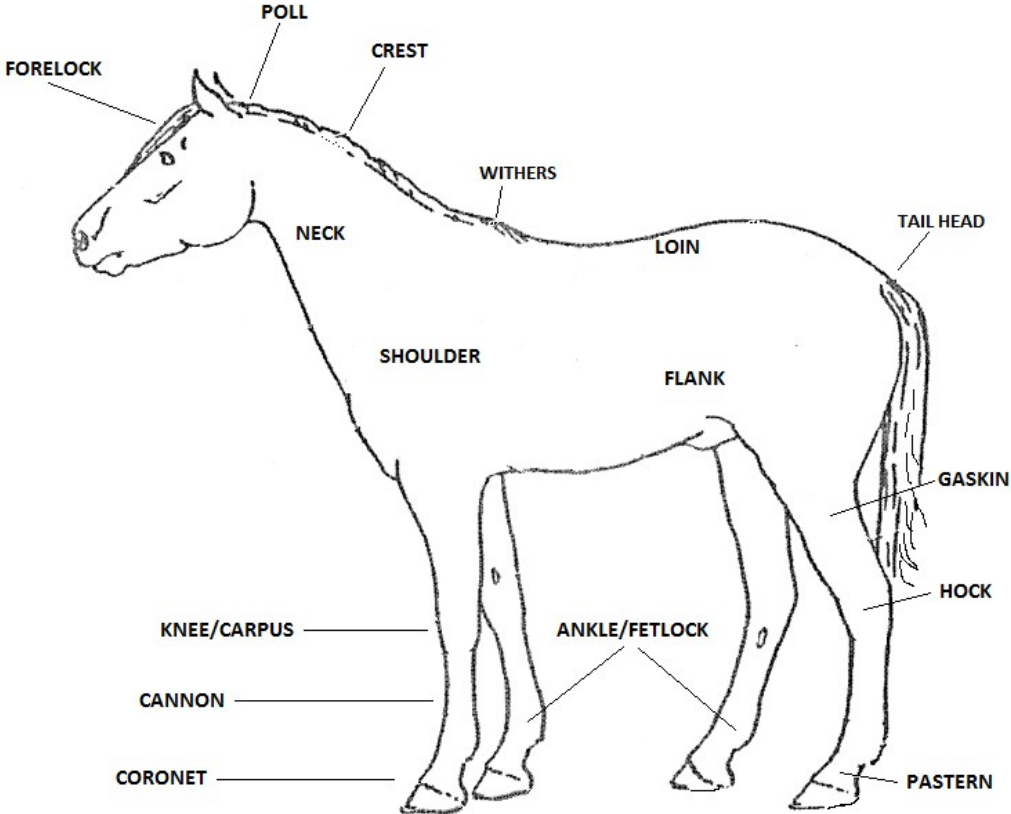
Instructions: This section, while not required, complements the required narrative descriptions in Fields 19 – 24. Show, draw or otherwise represent all permanent white markings, brands, tattoos, and scars. Mark whorls with an X. The animal should be uniquely identified. Non-descript animals require greater detail; use whorls and scars to properly identify the animal. Brands should be drawn.

Fields 19 - 24: Head, Neck & Body, Left Forelimb, Right Forelimb, Left Hindlimb, Right Hindlimb.

The narrative **description is required**; indicate all permanent white markings, brands, tattoos, scars, & whorls. Blank fields are not acceptable - **if none line through box fully or enter "NONE"**. The animal should be uniquely identified. Non-descript animals require greater detail; use whorls and scars to properly identify. For the head suggested nomenclature includes any combination of star, strip, snip, lip, chin, blaze, bald; modified by "connected" if applicable. For limb markings describe the most proximal extent of the white area. Suggested nomenclature includes none, heel, coronet, pastern, fetlock, cannon, carpus/hock, above carpus/hock.

Fields 25 - 32: *For Laboratory Use Only: Leave blank*

EQUINE DESCRIPTION GUIDE



STAR SNIP



STRIP



STAR STRIP SNIP



BLAZE



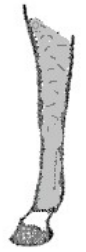
BALD FACE



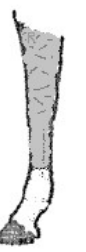
WHORL LOCATION



CORONET



PASTERN



FETLOCK



BELOW CARPUS

