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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

1. CASE ID

2. LAB ACCESSION NO.

**EQUINE INFECTIOUS ANEMIA SUPPLEMENTAL INVESTIGATION**

(VS Memorandum 555.8)

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

Yes  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

In stable (%)

0

25

50

75

100

On pasture (%)

0

25

50

75

100

Type of Stable

Open

Closed

Maintenance

Poor

Good

Moderate

Is there Water Runoff in Vicinity of Stable

Yes

No

Size of Pasture Area Where Case Animal was Kept (acres)

Condition of Pasture Grasses

.24"

12-24"

6-12"

<6"

Water Sources on Pasture

None

Well

Irrigation

Lake

Stream

Other \_\_\_\_\_

Stock Pond

Natural Pond

**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

Yes

No

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
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This Location is  Front gate  Stable  Pasture  Other (please identify) \_\_\_\_\_

