OMB Approved 0579-0040 EXP: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

EQUINE IMPORT TESTING SUBMISSION

(*NVSL accession sticker*)

INSTRUCTIONS: Use a separate form for each importer/broker. Consult instructions for help with completing Form VS 17-31 and for necessary definitions. **PORT VETERINARIAN**: Place a copy in the serum sample carton before sealing closed. **SEROLOGIST**: Notify appropriate staff when results are other than negative and distribute results as necessary.

1. PORT OF ARRIVAL	2. DATE OF ARRIVAL (*mm/dd/yyyy*)	3. COUNTRY OF ORIGIN/PORT OF EMBARKATION
4. PORT OR ANIMAL IMPORT CENTER CONTACT INFORMATION (*name, address, ZIP code, phone number, fax number, email address*)	5. IMPORTER CONTACT INFORMATION (*name, address, ZIP code, phone number*)	6.BROKER CONTACT INFORMATION (*name, address, ZIP code, phone number*)

7. NVSL SUBMITTER ID

8. PAYMENT METHOD

☐ USER FEE ACCOUNT
☐ CHECK/MONEY ORDER
☐ CREDIT CARD NUMBER
EXPIRATION DATE (*mm/yyyy*)

BILL TO: ☐ PORT ☐ BROKER / AGENT

BLOOD SAMPLES

9. TEST PURPOSE

☐ INITIAL ☐ RETEST (IMMEDIATE **or** FOLLOW-UP #) ☐ FINAL

10. TEST(S) REQUESTED

EQUINE PIROPLASMOSIS ☐ T. EQUI ☐ B. CABALLI
☐ **DOURINE**
☐ **GLANDERS**
☐ **EQUINE INFECTIOUS ANEMIA**

11. PRIOR ACCESSION NUMBER(S)

12. COLLECTED BY

13. DATE COLLECTED (*mm/dd/yyyy*)

14. DATE SHIPPED (*mm/dd/yyyy*)

15. SAMPLE DATA

SAMPLE NUMBER	IDENTIFICATION **1** (*registered name/barn name*)	IDENTIFICATION **2** (*RFID#, tattoo, tags, markings, other)*	ANIMAL COUNTRY OF ORIGIN CODE	AGE	SEX	BREED	COLOR
A	B	C	D	E	F	G	H

16.TOTAL NUMBER OF EQUINES

CONTINUATION SHEET (*17-31A*) USED? ☐ YES ☐ NO

17. PORT VETERINARIAN SUBMITTING SAMPLES

PRINT NAME SIGNATURE

18. ADDITIONAL DATA (*history, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions*)