

**INSTRUCTIONS FOR COMPLETING VETERINARY SERVICES (VS) FORM 17-31 and 17-31A  
(Equine Import Testing Submission Form)**

The purpose of this form is to submit blood testing for all equine imports (including stray horses) from land border ports (LBPs), Animal Import Centers (AICs), or other approved locations that accept equines for import. All information must be printed legibly, if submitting non-electronically, or typed and submitted electronically. Use a separate form for each broker and importer combination rather than combining multiple brokers and importers on a single submission form. Veterinary Medical Officers (VMOs) at the approved import locations must complete all required fields.

Follow recommended biosecurity and chain of custody protocols to package serum samples in the STP 210 blood collection kit. Place a copy of this form inside the collection kit, with the serum samples, before closing and sealing.

If the number of equines in the consignment exceeds the available space on the VS Form 17-31, continue listing samples on the supplemental VS Form 17-31A (continuation sheet), while ensuring that the total number of pages and page order is denoted appropriately on all parts of the submission request. For example, if multiple VS Form 17-31A forms are used, the page numbers must appear in the upper right corner of the VS Form 17-31.

**Box 1: PORT OF ARRIVAL**

Enter the airport (i.e. JFK, LAX, MIA, etc.), LBP (i.e. Del Rio, Nuevo Leon, etc.), or other approved location of which the consignment entered the United States.

**Box 2: DATE OF ARRIVAL**

Enter the date (mm/dd/yyyy) the consignment was presented for entry at the approved port.

**Box 3: COUNTRY OF ORIGIN/COUNTRY OF EMBARKATION**

Enter the country of origin where the official health certificate(s) was issued and endorsed for the equine(s) or, if there is more than one country of origin, enter the port of embarkation (port in the country of which the equine(s) were located) prior to importation.

**Box 4: PORT OR ANIMAL IMPORT CENTER CONTACT INFORMATION**

Enter the name and contact information of the approved port or AIC (complete physical address or mailing address, if different, fax number, and shared email address). The National Veterinary Services Lab (NVSL) will use the information to deliver test results. If a fax or email is not available, test reports can be mailed but it will delay delivery.

**Box 5: IMPORTER CONTACT INFORMATION**

Enter the business name and contact information of the importer. If a new submitter, include the business name, business mailing address, business email address, telephone contact number, and fax number.

**Box 6: BROKER CONTACT INFORMATION**

Enter the name and address of the broker. If a new submitter, include the business name, business mailing address, business email address, telephone contact number, and fax number.

**Box 7: NVSL SUBMITTER ID**

Enter the NVSL submitter identification number, which is affiliated with the LBP, AIC, or other approved port. This number is unique for each port and is assigned by NVSL.

**Box 8: PAYMENT METHOD**

Check the applicable method of payment used (User Fee Account / Check/Money Order/ Credit Card) as well as the party to be billed (Port or Broker/Agent).

**Box 9: TEST PURPOSE**

Check the appropriate box to indicate whether the VS Form 17-31 request is for the first test to determine eligibility for entry or a subsequent retest in the importation protocol due to reporting of non-negative test result. If not an INITIAL request, indicate if the VS Form 17-31 request is for an IMMEDIATE RETEST of non-negative equine(s), a RETEST FOLLOW-UP of a non-negative equine(s), or a FINAL rebleed of the cohorts or individual in a shipment. If requesting a RETEST FOLLOW-UP, enter the current number test requests for this purpose. All previous NVSL accession numbers can be included in the comments section in box 18 (Additional Data), if needed for clarity.

The cohorts of a non-negative equine will have the initial test and the final test after the requisite holding period, depending on the protocol for each disease. This can be clarified in box 18 (Additional Data), if needed.

At the discretion and direction of the National Animal Import Center Director, non-negative equines may have an initial test, immediate retest, and/or one for more follow up retests.

**Box 10: TEST(S) REQUESTED**

For samples submitted for an INITIAL test, check the appropriate diseases that need to be tested, according to country the equine(s) arrived from. If the VS Form 17-31 submission is for an IMMEDIATE RETEST, FOLLOW-UP RETEST, or FINAL, only check the appropriate box to specify which disease(s) tests are needed. NVSL will determine which test types for the different disease are appropriate for the different test purposes, according to current testing protocols.

**Box 11: PRIOR ACCESSION NUMBERS**

If the submission is for an IMMEDIATE RETEST, FOLLOW-UP RETEST, or FINAL retest, enter the accession number of the most recent submission to NVSL in this box. If multiple submissions have occurred, the previous accession numbers can be included in block 18 (Additional Data), if needed for clarity.

**Box 12: COLLECTED BY**

Enter the name of the accredited veterinarian or VMO who physically drew the blood sample. This will depend on the approved port of entry and whether the samples were drawn at a private or federal quarantine. This person may be the same as the port veterinarian in box 17.

**Box13: DATE OF BLOOD COLLECTION**

Enter the date (mm/dd/yyyy) the blood specimens were collected.

**Box 14: DATE SHIPPED**

Enter the date (mm/dd/yyyy) the blood samples were packaged and sent to NVSL.

## Box 15: SAMPLE DATA

A. SAMPLE NUMBER (FY-PREFIX-####)

Identify blood sample tubes with a standard that identifies that a specimen is from a specific port or quarantine center, using the fiscal year, a location prefix, and unique animal identification number. Ensure that the sample identification number on the form matches the sample identification number placed on the blood tube.

The initial identifier must state the fiscal year of sample submission (i.e. FY 2016 = 16, FY 2017 = 17, etc.). The second identifier must correlate to the AIC or LBP submitting the sample, (i.e. NYAIC = NBG; Chicago = CHI; MIAIC = MIA; Del Rio, TX = DEL; Laredo, TX = LAR; etc.) and must be consistent and unique for submissions from that center. The third identifier would be the consecutive number sequence used by the submitting facility to uniquely identify an equine while on the premises, during that fiscal year. For example, 16-DER-0001, 16-DER-0002...16-DER-1022.

B. IDENTIFICATION 1

Enter the registered name as written on the health certificate and put the barn (call) name as well, if both are provided.

C. IDENTIFICATION 2

Enter the RFID # and/or the tattoo if available. If neither are available or illegible indicate a brand or distinguishable markings. Scan to verify that the microchip matches the passport RFID. Indicate if more than one microchip are placed.

D. COUNTRY OF ORIGIN CODE

Enter the Country of Origin Code (codes listed below) for each equine. An equine may arrive with more than one health certificate due to residence in more than one country in the last 60 days. If this occurs write the country of origin code of the country that the quine most recently resided in

Argentina (AR), Australia (AS), Austria(AU), Belgium (BE), Bermuda (BD), Brazil (BR), Canada (CA), Chile (CI), Columbia (CO), Costa Rica (CS), Cyprus (CY), Czech Republic (CZ), Denmark (DA), Estonia (EN), Finland (FI), France (FR), Germany (GM), Greece (GR), Hong Kong (HK), Hungary (HU), Iceland (IC), Ireland (EI), Israel (IS), Italy (IT), Latvia (LG), Lithuania (LH), Luxembourg (LU), Malta (MT), Mexico (MX), Netherlands (NL), New Zealand (NZ), Poland (PL), Portugal (PO), Saudi Arabia (SA), Slovakia (LO), South Korea (KS), Spain (SP), Sweden (SW), United Arab Emirates(TC), United Kingdom (UK), Uruguay (UY).

E. AGE

Enter the age of the equine either by birth year (yyyy) or by age at the date of import (in years). If by months, add "mos" after the number.

F. SEX

Enter accordingly: "F" for Female, "G" for Gelding, or "S" for Stallion.

G. BREED

Enter the appropriate breed (selected abbreviations listed below) of the equine, if known, or write in the type of equidae if a burro, donkey, mule, or zebra.

American Saddlebred (AS), Andalusian (AND), Appaloosa (AP), Arabian (AB), Azteca (AZ), Belgian (BL), Clydesdale (CL), Connemara (CN), Dartmoor Pony (DP), Dutch Warmblood (KWPN), Fell Pony (FP), Fjord (FJ), Friesian (FR), Gypsy Cobb (GC), Gypsy Vanner (GV), Hackney (HK), Icelandic (IC), Irish Sport (IS), Lipizzaner (LIP), Mixed Breed (MXB), Morgan (MN), Mustang (MS), Palomino (APL), Paso Fino (PF), Percheron (PE), Pinto (PN), Polo Pony (PP), Pony (PO), Quarter Horse (QH), Selle

Francais (SF), Shetland Pony (SE), Shire (SH), Spanish Purebred (PRE), Standardbred (SN), Tennessee Walker (TW), Thoroughbred (TB), Warmblood (WB), Welsh Cobb (WE), Zweibrucker (ZW)

H. COLOR

Enter appropriate color of the equine (i.e. Bay, Chestnut, White, Grey, Black, etc.).

**Box 16: TOTAL NUMBER OF EQUINES**

Enter the total number of equine entries entered in box 15, including any entries made on the VS Form 17-31A (if used). Also check the "Yes" or "No" box to indicate whether or not a VS Form 17-31A is being used.

**Box 17: PORT VETERINARIAN SUBMITTING SAMPLES**

The authorizing VMO must print and sign his/her name. A digital signature option is available if submitting electronically.

**Box 18: ADDITIONAL DATA**

This field is open-ended and may be used to enter any additional information deemed necessary to elaborate on history, equine condition, ownership status (stray), additional testing recommended, observations, or special instructions. This field may also be used for notes or requests to NVSL.