

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 0579-0040. The time required to complete this information collection is estimated to average .5 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 of information.

**OMB APPROVED**  
 0579-0040  
 EXP: XX/XXXX

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

**EQUINE IMPORT TESTING SUBMISSION**  
**(continuation sheet to VS Form 17-31)**

**\*\*\*THIS FORM MUST BE USED IN CONJUNCTION WITH VS FORM 17-31. DO NOT SUBMIT ALONE\*\*\***

**15. SAMPLE DATA**

**PAGE:    OF**

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