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 0MB control number. The valid 0MB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0MB Approved
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AC 0461457

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

1. ACCESSION NUMBER *(For laboratory use only)*

2. DATE BLOOD DRAWN

3. TEST REQUESTED BY VETERINARIAN
☐ ELISA ☐ AGID

4. REASON FOR TESTING
☐ Interstate Movement ☐ Within State Use/Annual ☐ Change Ownership/Sale ☐ International Import/Export ☐ Illness/Clinical Suspect ☐ Investigation/Exposure

5. NAME AND MAILING ADDRESS OF OWNER
5a. NAME
5b. MAILING ADDRESS
5c. CITY | 5d. STATE | 5e. ZIP CODE
5f. OWNER TELEPHONE NUMBER

7. CURRENT HOME PREMISES OF EQUINE */ranch, farm, stable, or market)*
7a. NAME
7b. PHYSICAL/STREET ADDRESS
7c. CITY | 7d. STATE | 7e. ZIP CODE

6. COUNTY OF CURRENT HOME PREMISES OF EQUINE

7f. PREMISES TELEPHONE NUMBER

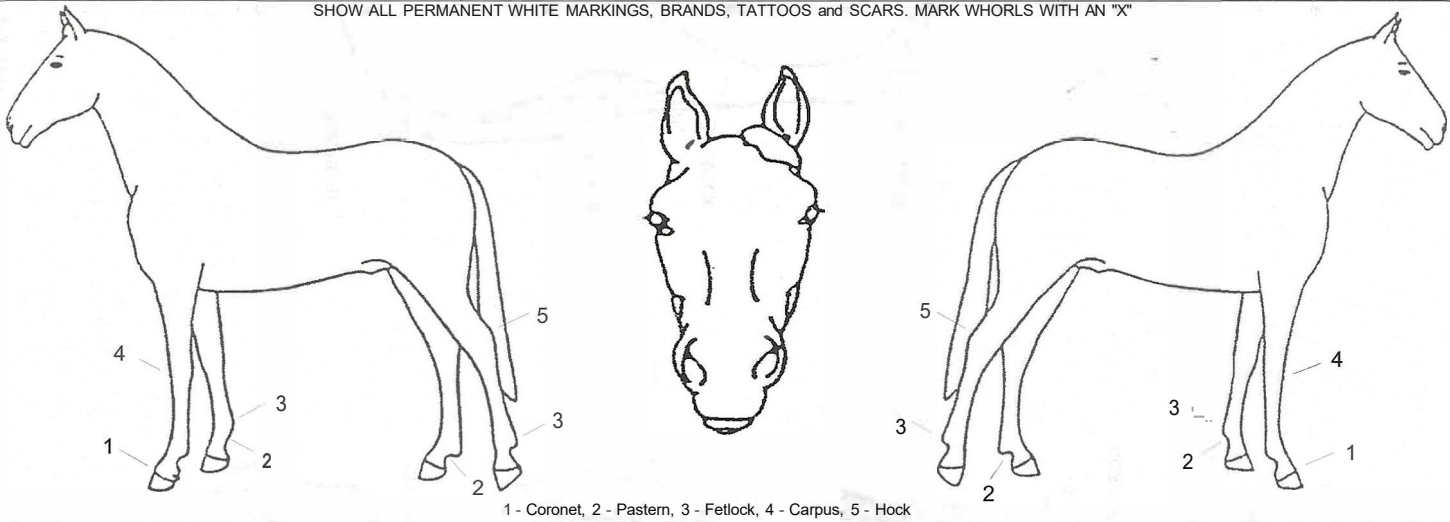
I CERTIFY I AM A CATEGORY II, FEDERALLY ACCREDITED, VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

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 *(or Species of Equid)*
13. SEX
☐ MALE INTACT
☐ FEMALE INTACT
☐ GELDING
☐ 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: fine through box fully or write "none')*

19. HEAD
20. NECK AND BODY *(include coat color patterns if any)*
21. LEFT FORELIMB
22. RIGHT FORELIMB
23. LEFT HINDLIMB
24. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

25. EIA LABORATORY NAME
26. DATE SAMPLE RECEIVED
127. DATE RESULTS REPORTED
128. OFFICIAL TEST RESULT ☐ NEGATIVE ☐ POSITIVE
129. TEST TYPE USED ☐ AGID ☐ ELISA
30. LABORATORY REMARKS
25a. CITY
25b. STATE
31. SIGNATURE OF NVSL -APPROVED EIA TECHNICIAN
132. INTERIM RESULT REFERRED FOR CONFIRMATION ☐

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).

VSFORM10-11
DEC 2020

PART 1 - VETERINARIAN/ SUBMITTER