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OMB 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  
**1119871**

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

1. ACCESSION NUMBER (For laboratory use only) R2308338		2. DATE BLOOD DRAWN 02/24/2023		3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID				
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input checked="" type="checkbox"/> Within State Use/Annual <input type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure								
5. NAME AND MAILING ADDRESS OF OWNER 5a. NAME Mary Coker 5b. MAILING ADDRESS 258 Riley Ridge			7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market) 7a. NAME Mary Coker 7b. PHYSICAL/STREET ADDRESS 258 Riley Ridge					
5c. CITY Waynesville	5d. STATE NC	5e. ZIP CODE 28785	7c. CITY Waynesville	7d. STATE NC	7e. ZIP CODE 28785			
5f. OWNER TELEPHONE NUMBER (828) 421-0030		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Haywood		7f. PREMISES TELEPHONE NUMBER (828) 421-0030				
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 Mary M. Coker		8b. NATIONAL ACCREDITATION NUMBER 048745		8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED North Carolina				
8d. VETERINARIAN SIGNATURE DR. MARY COKER			8e. SIGNATURE DATE 02/27/2023 04:21 PM EST		Electronically signed through USDA VSPS			
8f. MAILING ADDRESS OF VETERINARIAN 258 Riley Ridge		8g. CITY Waynesville		8h. STATE NC	8i. ZIP CODE 28785	8j. TELEPHONE NUMBER (828) 421-0030		
9. TUBE # Voodoo	10. NAME OF ANIMAL Voodoo		11. COLOR Chestnut		12. BREED OF HORSE (or Species of Equid) Thoroughbred		13. SEX <input type="checkbox"/> MALE INTACT <input type="checkbox"/> FEMALE INTACT <input checked="" type="checkbox"/> GELDING <input type="checkbox"/> FEMALE SPAYED	
14. AGE OR DOB 02/16/2012	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: line through box fully or write "none")

19. HEAD Star		20. NECK AND BODY (include coat color patterns if any) Large Hair Whorl-Forehead / Chestnut with large forehead whorl and a star			
21. LEFT FORELIMB No Markings		22. RIGHT FORELIMB No Markings			
23. LEFT HINDLIMB No Markings		24. RIGHT HINDLIMB No Markings			
<b>FOR LABORATORY USE ONLY</b>					
25. EIA LABORATORY NAME Rollins Animal Disease Diag, Lab (919) 733-3986		26. DATE SAMPLE RECEIVED 03/03/2023	27. DATE RESULTS REPORTED 03/06/2023	28. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	29. TEST TYPE USED <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
25a. CITY Raleigh		30. LABORATORY REMARKS			
25b. STATE NC		31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Kimberly Howle		32. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>	

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).