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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
1191513-3

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

1. ACCESSION NUMBER (For laboratory use only) A24-26241		2. DATE BLOOD DRAWN 12/11/2023		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 Double S Ranch 5b. MAILING ADDRESS 4812 Bryant Quarter Rd			7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market) 7a. NAME Double S Ranch 7b. PHYSICAL/STREET ADDRESS 4812 Bryant Quarter Rd		
5c. CITY Gillsville	5d. STATE GA	5e. ZIP CODE 30543	7c. CITY Gillsville	7d. STATE GA	7e. ZIP CODE 30543
5f. OWNER TELEPHONE NUMBER (678) 524-5204		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Hall		7f. PREMISES TELEPHONE NUMBER (678) 524-5204	
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 Donald R. Savage		8b. NATIONAL ACCREDITATION NUMBER 084975		8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED Georgia	
8d. VETERINARIAN SIGNATURE DR. DONALD SAVAGE			8e. SIGNATURE DATE 12/11/2023 06:20 PM EST		Electronically signed through USDA VSPS
8f. MAILING ADDRESS OF VETERINARIAN PO Box 319		8g. CITY Clermont	8h. STATE GA	8i. ZIP CODE 30527	8j. TELEPHONE NUMBER (770) 535-2446
9. TUBE # Adeline	10. NAME OF ANIMAL Adeline		11. COLOR Blue Roan	12. BREED OF HORSE (or Species of Equid) Tennessee Walker	13. SEX <input type="checkbox"/> MALE INTACT <input checked="" type="checkbox"/> FEMALE INTACT <input type="checkbox"/> GELDING <input type="checkbox"/> FEMALE SPAYED
14. AGE OR DOB 01/01/2011	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 Blaze		20. NECK AND BODY (include coat color patterns if any) Roan Pattern			
21. LEFT FORELIMB No Markings		22. RIGHT FORELIMB Sock			
23. LEFT HINDLIMB Sock		24. RIGHT HINDLIMB Coronet			
FOR LABORATORY USE ONLY					
25. EIA LABORATORY NAME Athens Diagnostic Laboratory, College of Vet. Medicine (706) 542-5568		26. DATE SAMPLE RECEIVED 12/15/2023	27. DATE RESULTS REPORTED 12/18/2023	28. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	
25a. CITY Athens		29. TEST TYPE USED <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA			
25b. STATE GA		30. LABORATORY REMARKS		31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Daniela Galeano Laboratory Technician	
				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).