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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
1191513-1

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

| | | | | | |
|---|----------------------------|--|--|--|--|
| 1. ACCESSION NUMBER (For laboratory use only) A24-26239 | | 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 # Cash | 10. NAME OF ANIMAL Cash | | 11. COLOR Black | 12. BREED OF HORSE (or Species of Equid) Kentucky Mountain Horse | 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 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 Star | 20. NECK AND BODY (include coat color patterns if any) -- | |
| 21. LEFT FORELIMB No Markings | 22. RIGHT FORELIMB No Markings | |
| 23. LEFT HINDLIMB No Markings | 24. RIGHT HINDLIMB No Markings | |

FOR LABORATORY USE ONLY

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|---|--|---|--|---|
| 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 | 29. TEST TYPE USED <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA |
| 25a. CITY Athens | 30. LABORATORY REMARKS | | | |
| 25b. STATE GA | 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).