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OMB Approved
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM SERIAL NUMBER

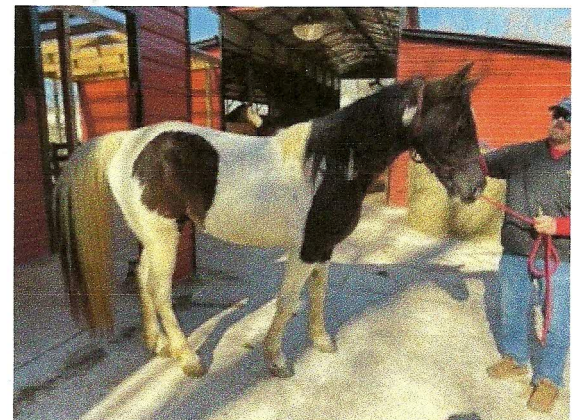
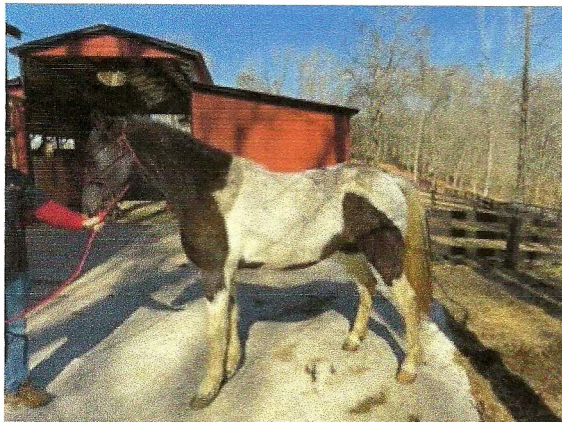
1107424

OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM

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

1. ACCESSION NUMBER (For laboratory use only) A23-26440		2. DATE BLOOD DRAWN 01/10/2023		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 5c. CITY Gillsville			7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market) 7a. NAME Double S Ranch 7b. PHYSICAL/STREET ADDRESS 4812 Bryant Quarter Rd 7c. CITY Gillsville		
5d. STATE GA		5e. ZIP CODE 30543		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		Electronically signed through USDA VSPS		8e. SIGNATURE DATE 01/10/2023 04:21 PM EST	
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 # Adam	10. NAME OF ANIMAL Adam		11. COLOR Black/White Paint	12. BREED OF HORSE (or Species of Equid) Spotted Saddle	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 01/01/2016	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 Snip, Star		20. NECK AND BODY (include coat color patterns if any) Right backlimb is all white Paint Pattern	
21. LEFT FORELIMB Stocking		22. RIGHT FORELIMB Stocking	
23. LEFT HINDLIMB Stocking		24. RIGHT HINDLIMB No Markings	

FOR LABORATORY USE ONLY

25. EIA LABORATORY NAME Athens Diagnostic Laboratory, College of Vet. Medicine (706) 542-5568	26. DATE SAMPLE RECEIVED 01/13/2023	27. DATE RESULTS REPORTED 01/17/2023	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).