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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
1175776-1

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

1. ACCESSION NUMBER (For laboratory use only) A24-11818		2. DATE BLOOD DRAWN 09/12/2023		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				7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market)				
5a. NAME Double S Ranch				7a. NAME Double S Ranch				
5b. MAILING ADDRESS 4812 Bryant Quarter Rd				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 09/13/2023 02:29 PM EDT				
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 # Patrick	10. NAME OF ANIMAL Patrick			11. COLOR Palomino	12. BREED OF HORSE (or Species of Equid) Tennessee Walker		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 01/01/2015	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 Bald Face		20. NECK AND BODY (include coat color patterns if any) Paint markings				
21. LEFT FORELIMB Stocking		22. RIGHT FORELIMB Stocking				
23. LEFT HINDLIMB Stocking		24. RIGHT HINDLIMB Stocking				
FOR LABORATORY USE ONLY						
25. EIA LABORATORY NAME Athens Diagnostic Laboratory, College of Vet. Medicine (706) 542-5568		26. DATE SAMPLE RECEIVED 09/15/2023	27. DATE RESULTS REPORTED 09/18/2023	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).