

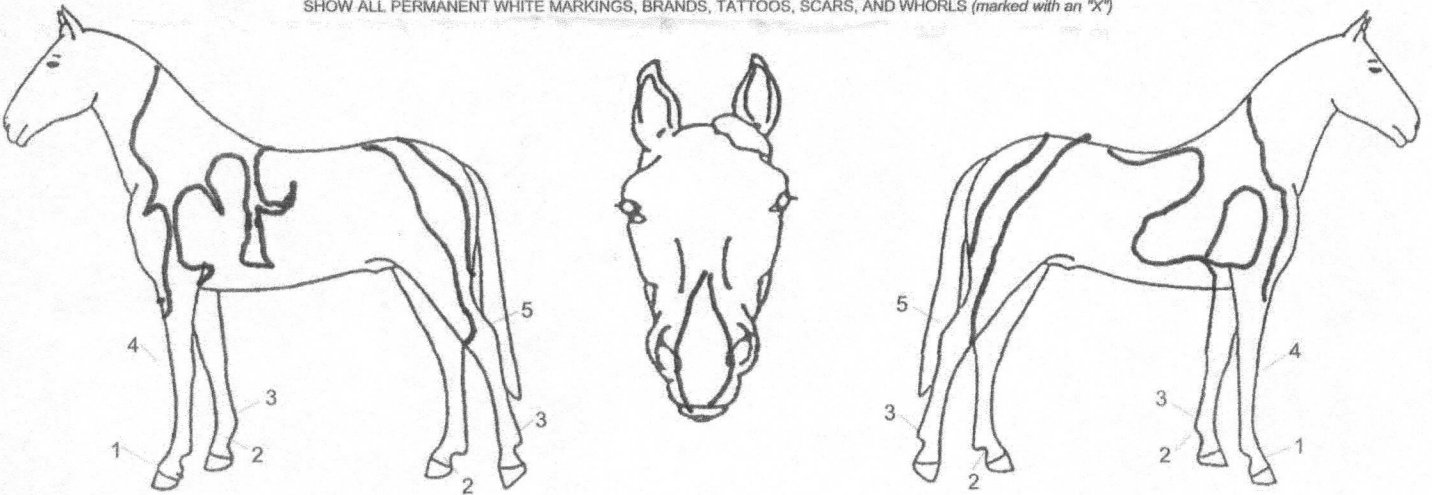
UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA TEST FORM**

FORM SERIAL NUMBER  
**AB 1434690**

COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

1. LABORATORY ACCESSION NUMBER (for laboratory use only) <b>RR24-381 3681</b>		2. DATE BLOOD DRAWN <b>3-27-24</b>		3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <b>EOD</b> <input type="checkbox"/> AGID	
4. REASON FOR TESTING <input checked="" 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. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)			7. NAME AND ADDRESS OF OWNER		
5a. NAME <b>Rick Schnelker</b>			7a. NAME <b>Same</b>		
5b. PHYSICAL/STREET ADDRESS <b>993 Mildred Rd</b>			7b. MAILING ADDRESS <b> </b>		
5c. CITY, STATE, ZIP CODE <b>McKee, KY 40447</b>			7c. CITY, STATE, ZIP CODE <b> </b>		
5d. TELEPHONE NUMBER <b>N/A</b>		6. COUNTY OF EQUINE AT BLOOD DRAW <b>Jackson</b>		7d. TELEPHONE NUMBER <b>N/A</b>	
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.					
8. ACCREDITED VETERINARIAN					
8a. VETERINARIAN NAME <b>David Moore</b>		8b. NATIONAL ACCREDITATION NUMBER <b>091938</b>		8c. VETERINARIAN SIGNATURE <i>David Moore</i>	
8d. SIGNATURE DATE <b>3-27-24</b>		8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN <b>1043 Grand Ave</b>		8f. CITY, STATE, ZIP CODE <b>Beattyville, KY 41311</b>	
8g. TELEPHONE NUMBER <b>606-464-1155</b>		9. Tube Number <b>5</b>		10. Tag/Tattoo/Brand Number <b>N/A</b>	
11. Name of Animal <b>Ben</b>		12. Color <b>Tri Color</b>		13. Breed (or species if not a horse) <b>SSH</b>	
14. Age or DOB <b>8y</b>		15. Sex <b>G</b>		M - Male Intact F - Female Intact G - Gelding FS - Female Spayed	
16. MICROCHIP, BREED, OR REGISTRATION NUMBER <b>N/A</b>					

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked 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 write none) Suggested nomenclature includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD <b>Snip</b>		18. NECK AND BODY (include coat color patterns, if any) <b>Black in mane + tail</b>	
19. LEFT FORELIMB <b>Stocking</b>		20. RIGHT FORELIMB <b>Stocking</b>	
21. LEFT HINDLIMB <b>Stocking</b>		22. RIGHT HINDLIMB <b>Stocking</b>	

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME <b>Rood and Riddle Equine Hospital Laboratory</b>		24. DATE SAMPLE RECEIVED <b>3/29/2024</b>		25. DATE RESULTS REPORTED <b>3/29/2024</b>		26. OFFICIAL TEST RESULT Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/>		27. TEST TYPE USED <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
23a. CITY <b>Lexington, KY 40511</b>		26. LABORATORY REMARKS							
23b. STATE		29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>[Signature]</i>				30. 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 (18 U.S.C. SECTION 1001).



