According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection

OMB Approved 0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE FORM SERIAL NUMBER ANIMAL AND PLANT HEALTH INSPECTION SERVICE **EQUINE INFECTIOUS ANEMIA TEST FORM** COMPLETETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBL 2. DATE BLOOD DRAWN 3. TEST REQUESTED BY VETERINARIAN ELISA EOD AGID Illness/Clinica Investigation/Exposure Use/Annual Ownership/Sale Import/Expor Suspect 5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market) 7. NAME AND ADDRESS OF OWNER 7a NAME 6. COUNTY OF EQUINE AT BLOOD DRAW 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 8b. NATIONAL ACCREDITATION NUMBER 8d. SIGNATURE DATE 3-27-24 Grand 10. Tag/Tattoo/Brand Breed Tube Number Name of Animal Colo Age or DOB Sex Number F - Female Intact G - Gelding FS - Female Spayed 16. MICROCHIP, BREED, OR REGISTRATION NUMBER SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X") 3 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

18. NECK AND BODY (include coat color patterns, if any) 17. HEAD mane Stocking Stocking FOR LABORATORY USE ONLY 23. EIA LABORATORY NAME 25 DATE RESULTS REPORTED 26. OFFICIAL TEST RESULT 24. DATE SAMPLE RECEIVED 27. TEST TYPE USED **Rood and Riddle** 28. LABORATORY REMARKS **Equine Hospital Laboratory** Lexington, KY 40511 29. SIGNATURE OF NVSL JAPPROVED EIA CONNCIAN 23b. STATE 30. INTERIM RESULT REFERRED FOR CONFIRMATION FALSIFICATION OF THIS FORM OR KNOWINGLY USING 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)

Other: Breeding Training Racing Intra-state Z PURPOSE OF MOVEMENT Show Sale Trail Ride Inter-state

EQUINE ONLY

Certificate

Kentucky Department of Agriculture • Office of the State Veterinarian KY- 1125 109 Corporate Drive, Frankfort, KY 40601 • (502) 573-0282 • Fax (502) 573-1020 • Form KYSV-73 (Rev. 2-20) CERTIFICATE OF VETERINARY INSPECTION

	1004)	number	
RAIL	AIR	TRUCK		
			CARF	

OTHER:

Other:		PLE	PLEASE PRINT	PRIN	7			C HEX:
Owner or Agent (Consignor) Rick Schnelker	Consignee	0 1		64 to 1	~		COMMENTS	
Address 993 Mildred Rd	Address	r			•			
City, State, ZIP McKec, KY 40447	City, State, ZIP	State	9	47				
으	Destination of Horse (address)	f Horse (add	dress)		à			
Address line 2	Address line 2	2.				Permit number (if applcable)		
TATTOO HORSE'S NAME BREED	D COLOR	AGE	SEX	TEMP	EIA TEST DATE	RESULT	LABORATORY	ACCESSION NUMBER
W/A Ben SSH	Tri-Gler	, 00 00	9	8.001	3-27-24	*. Neg	Road +	RR24-368
						ert.		
		3						
Tip.								
\$								
100								
								/
VETERINARIAN CERTIFICATION: I certify, as an accredited veterinarian, that the above described animals have been inspected by me on this date and that they are not showing signs of infection, and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on the Certificate. To the best of my knowledge, the animals listed on this Certificate meet the state of destination and federal interstate requirements. No warranty is made or implied	rinarian, that the abo except where noted) neet the state of des	ove describe . The vaccina stination and	d animals hations and federal into	nave been results of to	inspected by me on thi ests are as indicated or sirements. No warranty	me on this date and that they dicated on the Certificate. warranty is made or implied.	State Certification	State Certification / Date Received
Date examined 3-27-24	Veterinarian's Signature	e s	K	1	1/4			
Veterinarian's PRINTED Name David Moore			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Accreditation #	120	938		
Business Name Minter + Moore Vet	r							

City, State, ZIP Scattyville, KY 41311

Email

DISTRIBUTION: White - State Veterinarian (origin); Canary - Owner, Pink - State Veterinarian (destination); Goldenrod - Issuing Veterinarian.

Phone 606-464-1155

Address 1043 Grand Ave