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OMB Approved  
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM SERIAL NUMBER

OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM

1250838-6

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

1. ACCESSION NUMBER (For laboratory use only) A25-00969		2. DATE BLOOD DRAWN 06/28/2024		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    5d. STATE GA    5e. ZIP CODE 30543			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    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 07/03/2024 07:37 AM 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 # Leboux	10. NAME OF ANIMAL Leboux		11. COLOR Black	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 01/01/2012	15. TAG # -	16. TATTOO # -	17. MICROCHIP # -	18. BREED REGISTRATION # -	



REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none: line through box fully or write "none")

19. HEAD No Markings		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

25. EIA LABORATORY NAME Athens Diagnostic Laboratory, College of Vet. Medicine (706) 542-5568 25a. CITY Athens	26. DATE SAMPLE RECEIVED 07/08/2024	27. DATE RESULTS REPORTED 07/09/2024	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
25b. STATE GA	30. LABORATORY REMARKS		31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Robert Ethan Cooper Electronically signed through USDA VSPS	
			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).