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OMB Approved  
0579-0127

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

FORM SERIAL NUMBER

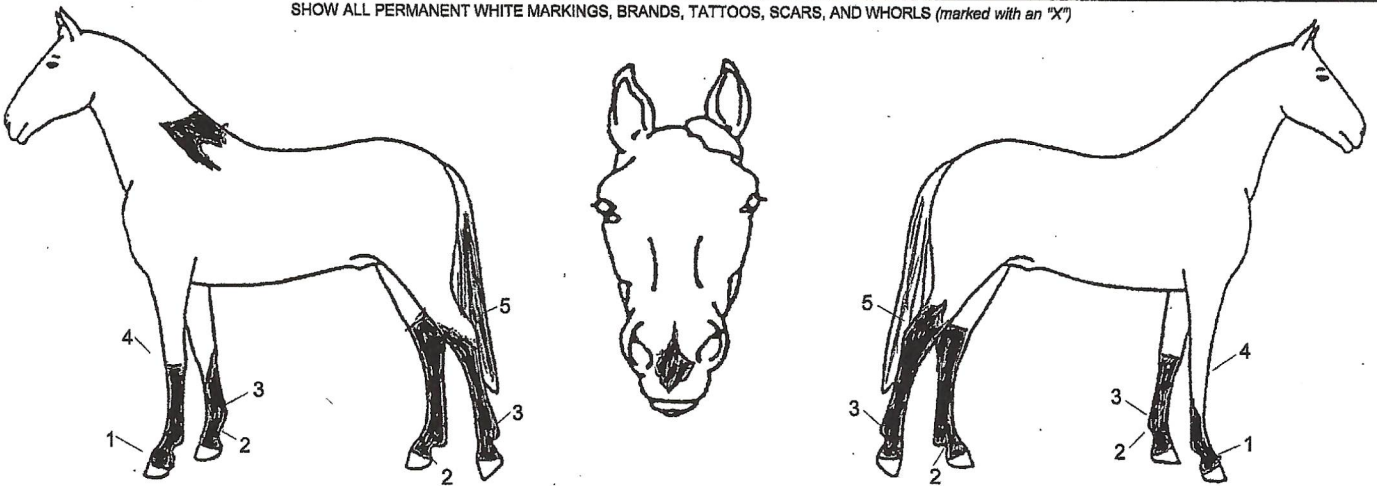
**AA 1252120**

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>F26-0035713</b>		2. DATE BLOOD DRAWN <b>4-3-26</b>		3. TEST REQUESTED BY VETERINARIAN: <input checked="" type="checkbox"/> ELISA	
4. REASON FOR TESTING <input checked="" type="checkbox"/> Interstate Movement <input type="checkbox"/> Within State Use/Annual <input type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect					
5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market) 5a. NAME <b>Last Resort Equestrian Center</b>			7. NAME AND ADDRESS OF OWNER 7a. NAME <b>Liz Dudley</b>		
5b. PHYSICAL/STREET ADDRESS <b>851 W. Co Rd 70</b>			7b. MAILING ADDRESS <b>23438 S.W. Pilot Point Rd</b>		
5c. CITY, STATE, ZIP CODE <b> Ft Collins CO 80524</b>			7c. CITY, STATE, ZIP CODE <b>Dougllass, KS 67039</b>		
5d. TELEPHONE NUMBER <b>970-690-1854</b>		6. COUNTY OF EQUINE AT BLOOD DRAW <b>Larimer</b>		7d. TELEPHONE NUMBER <b>316-259-7559</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>Ed Wrdallis DVM</b>		8b. NATIONAL ACCREDITATION NUMBER <b>008069</b>		8c. VETERINARIAN SIGNATURE <i>Ed Wrdallis DVM</i>	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN <b>PO Box 436</b>		8f. CITY, STATE, ZIP CODE <b>Wellington, CO 80549</b>		8d. SIGNATURE DATE <b>4-3-26</b>	
8g. TELEPHONE NUMBER <b>970-493-9195</b>					
9. Tube Number <b>—</b>	10. Tag/Tattoo/Brand Number <b>—</b>	11. Name of Animal <b>I'm Pechahavtus (Coco)</b>	12. Color <b>Black</b>	13. Breed (or species if not a horse) <b>Spotted Racking Horse</b>	14. Age or DOB <b>5-10-13</b>
		15. Sex <b>F</b>	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed		
16. MICROCHIP, BREED, OR REGISTRATION NUMBER <b>—</b>					

CSU VDL 04/04/2026 1:09PM  
F26-0035713

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



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	18. NECK AND BODY (include coat color patterns, if any) <b>white spot @ side of neck, white tail</b>
19. LEFT FORELIMB <b>ship stacking</b>	20. RIGHT FORELIMB <b>high sock</b>
21. LEFT HINDLIMB <b>stocking</b>	22. RIGHT HINDLIMB <b>stocking</b>

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME JL <b>2450 Gillette Dr Fort Collins, CO 80526</b>	24. DATE SAMPLE RECEIVED <b>4/14/26</b>	25. DATE RESULTS REPORTED <b>4/16/26</b>	26. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	27. TEST TYPE USED <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
28. LABORATORY REMARKS				
23a. CITY	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN <i>[Signature]</i>			
23b. STATE	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).