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OMB Approved
0579-0127
Exp.: XX/XXXX

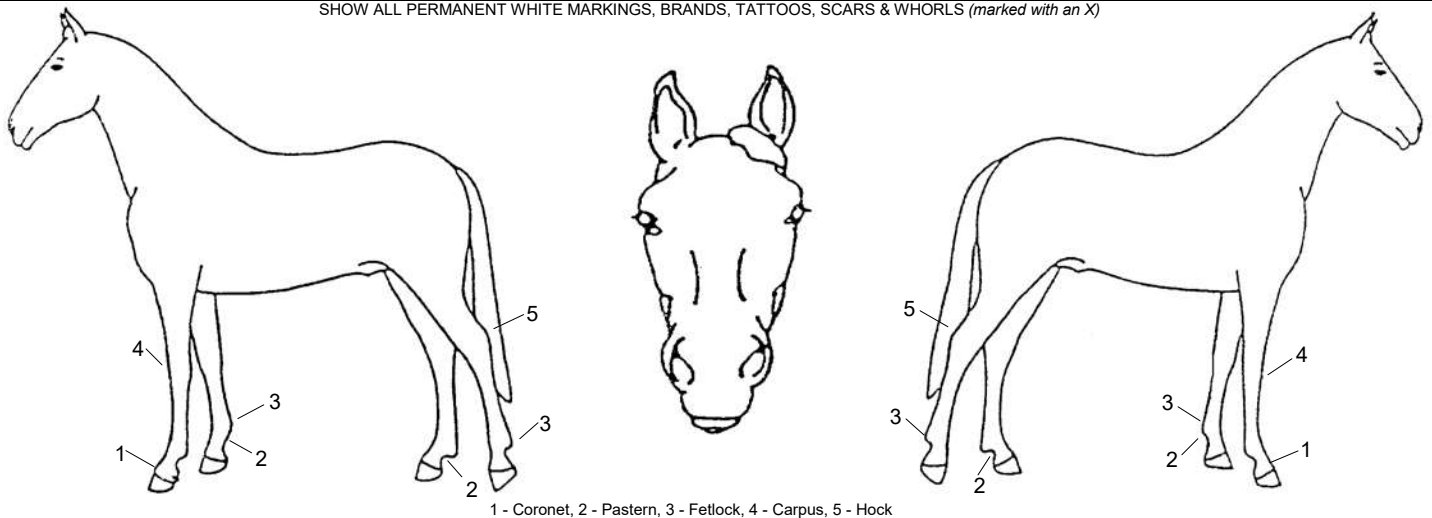
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM

1. FORM SERIAL NUMBER

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

2. LABORATORY ACCESSION NUMBER (For laboratory use only)		3. DATE BLOOD DRAWN		4. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input type="checkbox"/> AGID			
5. REASON FOR TESTING <input 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 <input type="checkbox"/> Investigation/Exposure							
6. EQUINE RESIDENCE AT BLOOD DRAW; (Ranch, Farm, Stable, or Market)			8. NAME AND ADDRESS OF OWNER				
6a. NAME			8a. NAME				
6b. PHYSICAL/STREET ADDRESS			8b. MAILING ADDRESS				
6c. CITY, STATE, ZIP CODE			8c. CITY, STATE, ZIP CODE				
6d. TELEPHONE NUMBER		7. COUNTY OF EQUINE RESIDENCE AT BLOOD DRAW:		8d. TELEPHONE NUMBER			
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							
9. VETERINARIAN SIGNATURE		10. VETERINARIAN NAME		11. NATIONAL ACCREDITATION NUMBER	12. SIGNATURE DATE		
10a. PHYSICAL/STREET ADDRESS OF VETERINARIAN			10b. CITY, STATE, ZIP CODE		10c. TELEPHONE NUMBER		
13. Tube Number	14. Tag/Tattoo/Brand Number	15. Name of Animal	16. Color	17. Breed of Horse (or Species of Equid)	18. Age or DOB (write M for months)	19. Sex	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
20. MICROCHIP, BREED OR REGISTRATION NUMBER							

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS & 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

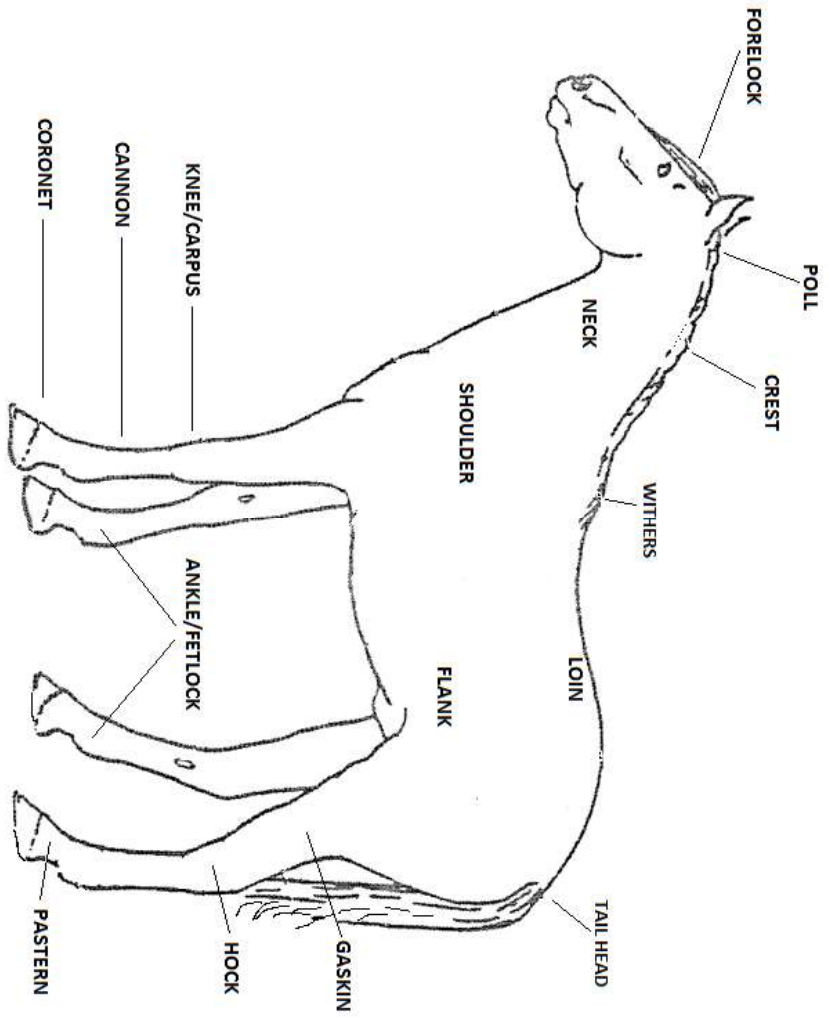
21. HEAD		22. NECK AND BODY (include coat color patterns if any)	
23. LEFT FORELIMB		24. RIGHT FORELIMB	
25. LEFT HINDLIMB		26. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

27. EIA LABORATORY NAME		28. DATE SAMPLE RECEIVED	29. DATE RESULTS REPORTED	30. OFFICIAL TEST RESULT <input type="checkbox"/> Negative <input type="checkbox"/> Positive		31. TEST TYPE USED <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
27a. CITY		32. LABORATORY REMARKS					
27b. STATE							
33. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN				34. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>			

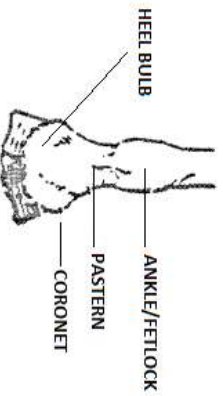
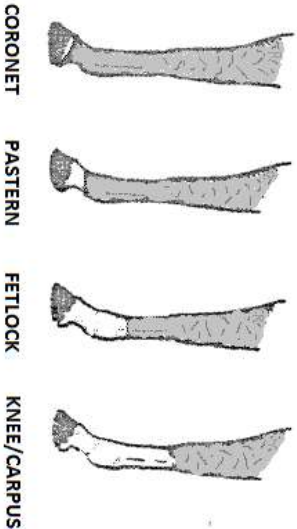
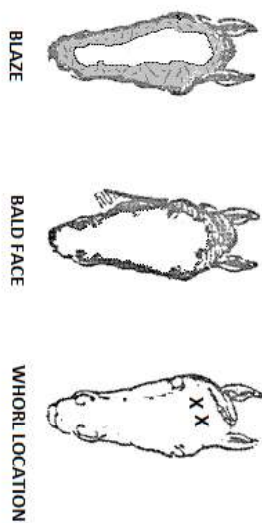
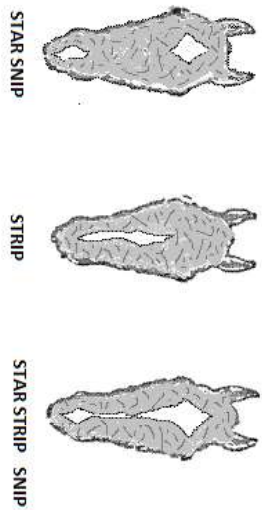
FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (U.S.C. SECTION 1001).

EQUINE DESCRIPTION GUIDE



IN GENERAL, THE MORE NON-DESCRIPT THE ANIMAL THE MORE DETAIL IS REQUIRED TO UNIQUELY AND PROPERLY IDENTIFY THE ANIMAL. DESCRIBE, DRAW OR INDICATE ALL WHORLS, SCARS, BRANDS OR MARKS.

ON THE LIMBS, DESCRIBE, DRAW OR INDICATE THE MOST PROXIMAL ANATOMICAL EXTENT OF THE WHITE MARKINGS.



VS Form 10-11 Instructions Sheet
(Completion of Blocks 3 - 26 is required)

Blocks 1 - 2: Serial & Accession Numbers **Leave blank.**

Block 3: Date Blood Drawn

Indicate the date the veterinarian obtained the sample from the animal. This is the official test date.

Block 4: Test Requested by Veterinarian

The veterinarian determines which test should be run by the laboratory - based on the reason for the testing.

Block 5: Reason for Testing

If more than one option applies, mark the most compelling reason for performing the test at this time.

Interstate Movement = movement between States.

Within State Use/Annual = movement within a State (intrastate), shows/events, or any annual or routine testing.

Change Ownership/Sale = includes tests run for private sales, markets or auctions whether required by state law or otherwise.

International Import/Export = international movement into or out of the USA.

Illness/Clinical Suspect = diagnostic testing of sick animals.

Investigation/Exposure = official investigations by authorities.

Block 6: Equine Residence at Blood Draw

Physical address of the current home premises or residence of the animal. This includes farms, stables or racetracks - where the animal lives at the time the blood is drawn. It may include a market location if the home address is unknown. It should NOT include a temporary location such as a veterinary clinic. DO NOT use a Post Office Box.

Block 7: County of Equine Residence at Blood Draw

The county of the equine residence in Box 6.

Block 8: Name and Address of Owner

May be a market or auction.

Block 9: Veterinarian Signature

Signature of the accredited veterinarian who drew the blood sample.

Block 10: Veterinarian Name

Name of veterinarian. **DO NOT** enter a practice name.

Blocks 10a, b, c.: Veterinarian Street Address, Phone Number

Physical address and phone number of veterinarian.

Block 11: National Accreditation Number

National Veterinary Accreditation Number of Cat II accredited veterinarian who drew the blood sample.

Block 12: Signature Date The date the veterinarian signed the form.

Block 13: Tube Number If **applicable**, per accredited veterinarian.

Block 14: Tag/Tattoo/Brand Number

Enter all tattoo numbers and brand(s) present and any tag number used for ID. **If none enter NONE.**

Block 15: Name of Animal

If the animal does not have a name **enter NONE** however, a unique identifying number associated with the animal will be required in Block 14 or 20.

Block 16: Color Enter coat or hair color(s).

Block 17: Breed of Horse

Enter the horse's breed(s). If equid is not a horse enter the species. Ex: donkey, mule, hinny or zebra.

Block 18: Age or DOB

Record the animal's age (XX) in years (Y); use months (M) if less than one year (Example: **01Y** or **12M**), or indicate the date of birth: **MM/DD/YYYY**.

Block 19: Sex Use abbreviations in the box to the right; indicate sex.

Block 20: Microchip, Breed or Registration Number

Enter the microchip number, and/or breed registration number or other ID number. **If none enter NONE.**

Silhouette/Line drawing

Instructions: This section, while not required, complements the required narrative descriptions in Blocks 21 – 26. Show, draw or otherwise represent all permanent white markings, brands, tattoos and scars. Mark whorls with an X. The animal should be uniquely identified. Non-descript animals require greater detail; use whorls and scars to properly identify the animal. Detailed brands can be drawn.

Blocks 21 – 26: Head, Neck & Body, Left Fore-limb, Right Fore-limb, Left Hind-limb, Right Hind-limb.

The narrative **description is required**; indicate all permanent white markings, brands, tattoos, scars & whorls. Blank blocks are not acceptable - **if none enter NONE**. The animal should be uniquely identified. Non-descript animals require greater detail; use whorls and scars to properly identify. For the head suggested nomenclature includes any combination of star, strip, snip, lip, chin, blaze, bald; modified by "connected" if applicable. For limb markings describe the most proximal extent of the white area. Suggested nomenclature includes none, heel, heels, coronet, half pastern, pastern, fetlock, half canon, canon, carpus/hock, above carpus/hock.

Blocks 27 – 34: *For Laboratory Use Only: Leave blank.*

COPY DESIGNATIONS

PART 1 - VETERINARIAN/SUBMITTER

PART 2 - LABORATORY OFFICE

PART 3 - OWNER

PART 4 - VETERINARY SERVICES ASSISTANT DIRECTOR

PART 5 - STATE