

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

FORM SERIAL NUMBER

AB 0623012



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

1. LAB (only use only)	2. DATE BLOOD DRAWN 3/8/2024	3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID
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4. REASON FOR TESTING
 Interstate Movement Within State Use/Annual Change Ownership/Sale International Import/Export Illness/Clinical Suspect Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)		7. NAME AND ADDRESS OF OWNER	
5a. NAME Curtis Performance Horses		7a. NAME Julia Fryling	
5b. PHYSICAL/STREET ADDRESS 4346 Fillmore Street		7b. MAILING ADDRESS 4346 Fillmore Street	
5c. CITY, STATE, ZIP CODE Jenison, MI 49428		7c. CITY, STATE, ZIP CODE Jenison MI 49428	
5d. TELEPHONE NUMBER 616-822-6652	6. COUNTY OF EQUINE AT BLOOD DRAW Ottawa	7d. TELEPHONE NUMBER 616-822-6652	

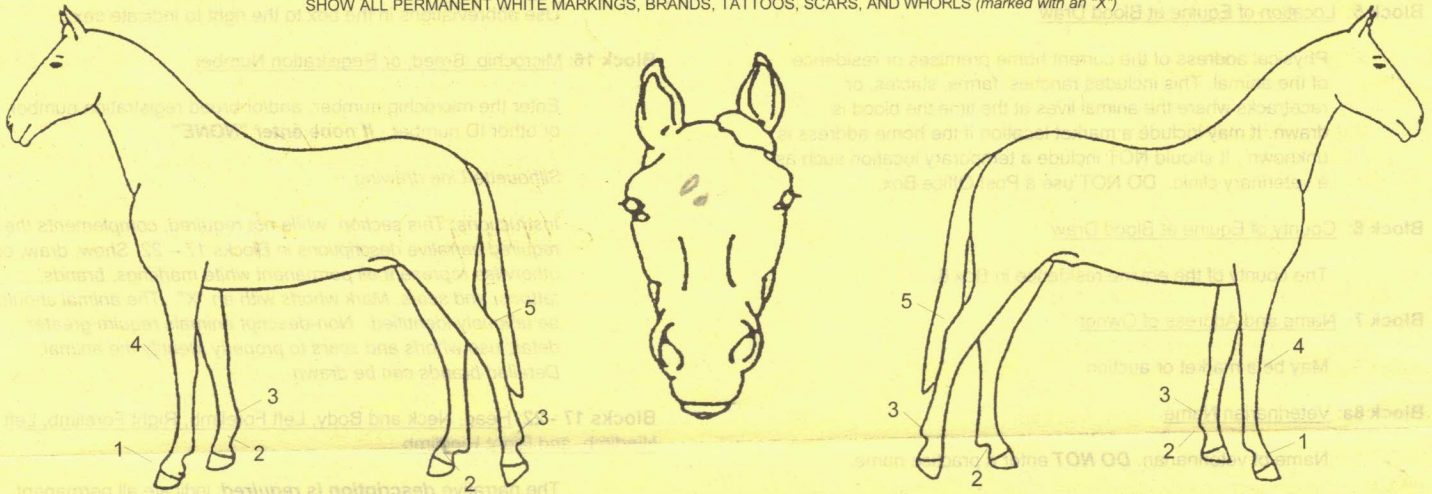
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8. ACCREDITED VETERINARIAN		8d. SIGNATURE DATE	
8a. VETERINARIAN NAME Todd E Shaarda DVM	8b. NATIONAL ACCREDITATION NUMBER 051457	8c. VETERINARIAN SIGNATURE T E Shaarda	8d. SIGNATURE DATE 3/8/2024
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 5000 Tiffany Ave NE		8g. TELEPHONE NUMBER 616-496-2506	
8f. CITY, STATE, ZIP CODE Rockford MI 49341			

9. Tube Number 119	10. Tag/Tattoo/Brand Number NA	11. Name of Animal Estes Park PMA	12. Color Dark Bay	13. Breed (or species if not a horse) 1/2 Arab	14. Age or DOB 19 yrs	15. Sex 6	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
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16. MICROCHIP, BREED, OR REGISTRATION NUMBER
NA

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 Double small stars	18. NECK AND BODY (include coat color patterns, if any) None
19. LEFT FORELIMB None	20. RIGHT FORELIMB None
21. LEFT HINDLIMB None	22. RIGHT HINDLIMB Inside pastern & heel bulbs

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME MSU VOL-LAN MI MAR 18 24	24. DATE SAMPLE RECEIVED	25. DATE RESULTS REPORTED	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
23a. CITY	28. LABORATORY REMARKS			
23b. STATE	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN		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).