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OMB Approved  
0579-0127

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

FORM SERIAL NUMBER  
**987828**

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

1. ACCESSION NUMBER (For laboratory use only) A22-03614		2. DATE BLOOD DRAWN 07/16/2021		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			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		
5d. STATE GA		5e. ZIP CODE 30543		7d. STATE GA	
5f. OWNER TELEPHONE NUMBER (678) 524-5204		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Hall		7e. ZIP CODE 30543	
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 				8e. SIGNATURE DATE 07/23/2021	
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 # Prince	10. NAME OF ANIMAL Prince		11. COLOR Black/White Paint	12. BREED OF HORSE (or Species of Equid) Pony	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 01/01/2008	15. TAG # --	16. TATTOO # --	17. MICROCHIP # --		18. BREED REGISTRATION # --

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS and SCARS. MARK WHORLS 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: line through box fully or write "none")

19. HEAD No Markings		20. NECK AND BODY (include coat color patterns if any) Paint Pattern	
21. LEFT FORELIMB Sock		22. RIGHT FORELIMB Stocking	
23. LEFT HINDLIMB Stocking		24. RIGHT HINDLIMB Stocking	

FOR LABORATORY USE ONLY

25. EIA LABORATORY NAME Athens Diagnostic Laboratory, College of Vet. Medicine (706) 542-5568		26. DATE SAMPLE RECEIVED 07/26/2021		27. DATE RESULTS REPORTED 07/29/2021		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	
25a. CITY Athens		30. LABORATORY REMARKS							
25b. STATE GA		31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Jillian Fishburn Laboratory Manager II				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).