See reverse for more OMB information. Self-explanatory - S/E

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
I 0188851	must match	coggins

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING one must be checked ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) Can be left blank
LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. S/E

6. TEST TYPE ☐ ELISA See Blk 34 ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)* S/E

Zip Code

Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)* S/E

Zip Code

Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)* S/E

Zip Code

Tel No. County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
Original Signature	S/E	S/E

CERTIFICATION OF OWNER OR OWNER'S AGENT

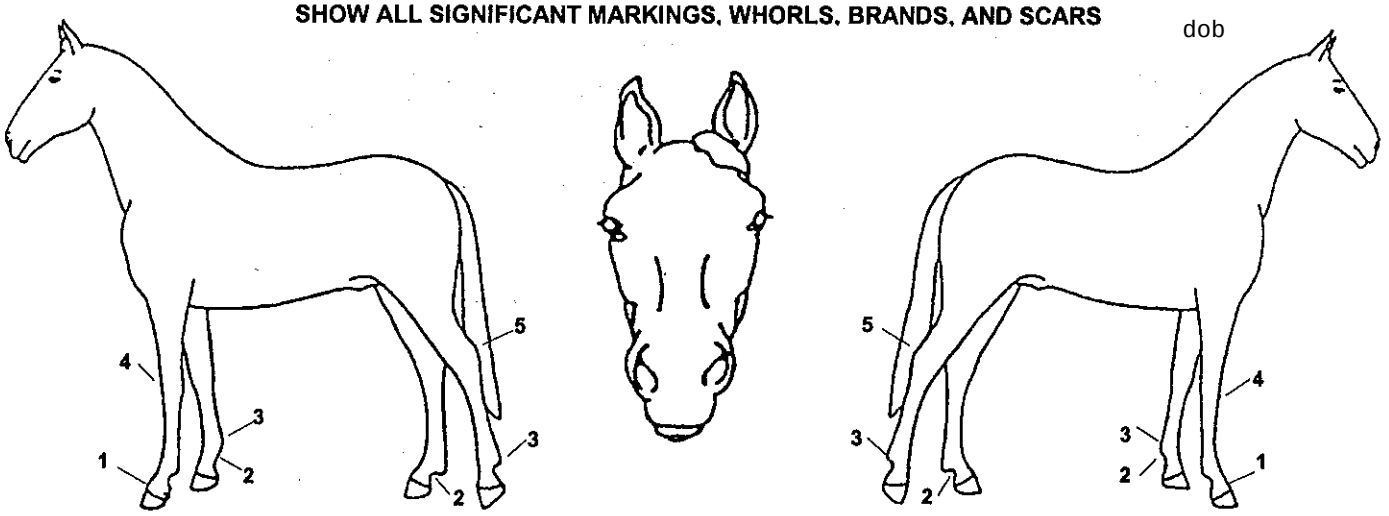
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
S/E	S/E	S/E

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Must	match	health	certificate----------	---------	---------	----------	yrs or months	S/E	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

dob



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
All descriptions must match health certificates	
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**

FOR LABORATORY USE ONLY

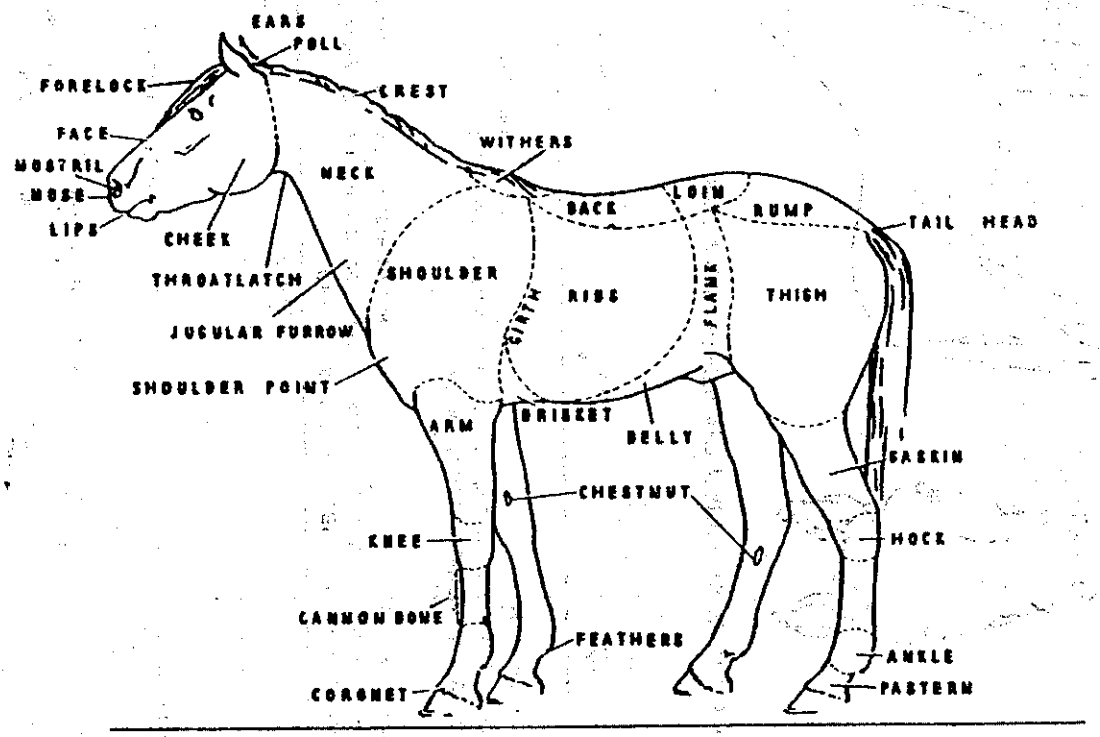
31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS must match block 6
S/E	must be completed		☐ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF TECHNICIAN S/E If this is an electronic coggins the original signature is required		35. REMARKS

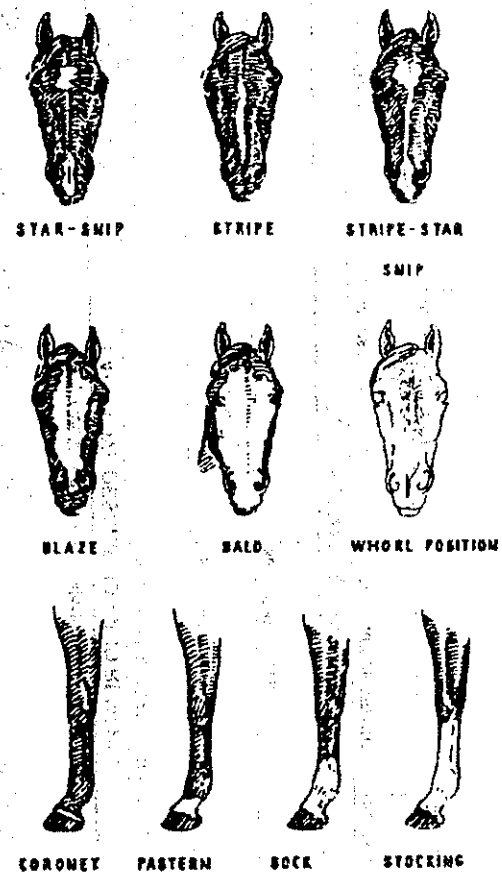
Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

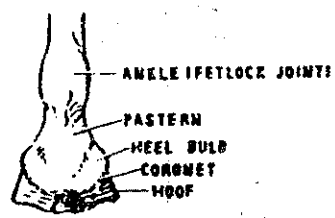
VS FORM 10-11 (MAY 2003)

PART 1 VETERINARIAN/SUBMITTER

DESCRIPTION GUIDE - HORSES







Points and Nomenclature of the Horse

1. Description should be: accurate, brief, clear
2. Mark location of all white areas clearly in correct proportions
3. Show all identifying variations including acquired markings (scars, saddle or harness marks, brands, etc.)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.