

Breadcrumb

1. [Home](#)
2. Print
3. Pdf
4. Node
5. Entity Print

Tips for Accredited Veterinarians - Do's and Don'ts

Last Modified:

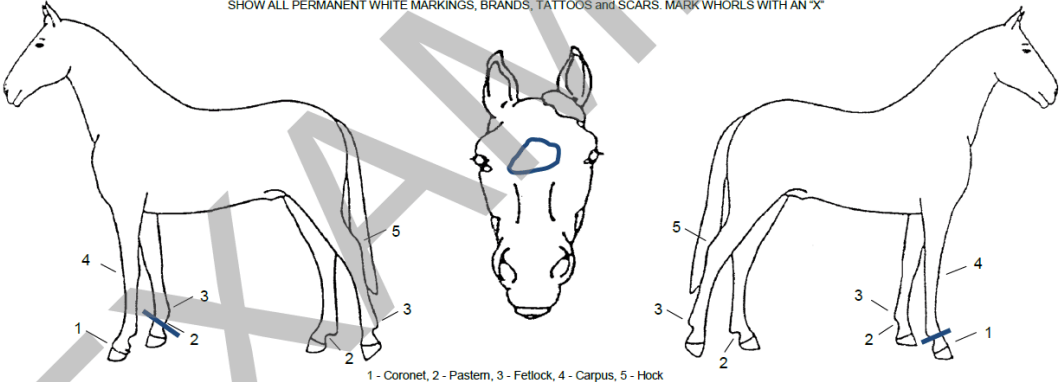
Performing Equine Infectious Anemia (EIA) testing

1. **Do** ensure you are a Category II accredited veterinarian and authorized in the state where you obtain the blood sample for testing. You can check your status on the [National Veterinary Accreditation Program website](#).
2. **Do** submit the blood sample to an [APHIS-approved EIA testing laboratory](#) (160.35 KB).
3. **Do** use approved testing forms.
 - Consult this [list of currently approved EIA testing forms](#).
 - Obtain paper VS 10-11 forms by contacting the [NVAP Coordinator](#) for your state.
4. **Do** ensure the blood sample is obtained from the horse described on the form.
 - Your signature on the VS 10-11 form verifies: "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."
5. **Do** FULLY complete the VS 10-11 form, except for blocks marked "For laboratory use only."
 - Refer to these instructions:
 - [Instructions for completing the VS 10-11 \(version DEC 2020\)](#)
 - [Instructions for completing the VS 10-11 \(version FEB 2018\)](#)
 - **Don't** leave blocks blank. If the response is none, enter NONE, or line through box fully.

- **Do** provide the physical address of the current home premises of the equine in Block 7. This should be where the animal normally lives. It may be a market location if the home premises is unknown.
 - **Don't** list a veterinary clinic, unless the equine resides there.
 - **Don't** list a Post Office Box.
 - **Do** use this date format: MM/DD/YYYY.
6. **Do** accurately identify the equine.
- **Do** provide color, breed, and sex.
 - **Do** enter an age, either known date of birth or approximate age in years or months.
 - **Don't** enter ADULT or FOAL. For guidance on age estimation, please see [NVAP Reference Guide: Appendix G: Equine Teeth and Aging](#)
 - **Do** enter tag number, tattoo number, microchip, or breed registration number or NONE/complete line through of the appropriate blocks.
 - **Do** scan all equines for the presence of microchips. While not mandatory, this is best practice. Veterinarians can obtain scanners capable of reading microchips conforming to ISO/ICAR¹ 11784/11785 standards from commercial sources. If a microchip is reported by the owner, verify the number provided.
 - **Do** complete the narrative description of permanent white markings, brands, tattoos, scars, and whorls.
 - Please see [NVAP Reference Guide: Equine Identification](#) for additional information about equine identification.

Please see the included example of a VS 10-11 and instructions for completing the form. Please see [Equine Infectious Anemia](#) for more information about EIA.

¹International Organization for Standardization/International Committee for Animal Recording

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.						OMB Approved 0579-0127	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE						FORM SERIAL NUMBER AA 000000	
OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM							
COMPLETION OF FIELDS #2-#24 IS REQUIRED. IF NONE: LINE THROUGH BOX FULLY OR WRITE "NONE"							
1. ACCESSION NUMBER (For laboratory use only) 123456-0			2. DATE BLOOD DRAWN 03/01/2024		3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input 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 Example Owner 5b. MAILING ADDRESS 123 Main Street 5c. CITY Austin 5d. STATE TX 5e. ZIP CODE 50010				7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market) 7a. NAME Example Stables 7b. PHYSICAL/STREET ADDRESS 456 First Street 7c. CITY Austin 7d. STATE TX 7e. ZIP CODE 50010			
5f. OWNER TELEPHONE NUMBER 000-000-0000		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Travis		7f. PREMISES TELEPHONE NUMBER 000-000-0000			
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 Dr. Example O. Veterinarian			8b. NATIONAL ACCREDITATION NUMBER 00000		8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED TX		
8d. VETERINARIAN SIGNATURE Example O. Veterinarian			8e. SIGNATURE DATE 03/01/2024				
8f. MAILING ADDRESS OF VETERINARIAN 789 Second Street			8g. CITY Austin		8h. STATE TX		8i. ZIP CODE 50010
					8j. TELEPHONE NUMBER 000-000-0000		
9. TUBE # 1234-1		10. NAME OF ANIMAL Example Horse		11. COLOR Bay		12. BREED OF HORSE (or Species of Equid) Quarter Horse	
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 05/22/2016		15. TAG # None		16. TATTOO # None	
17. MICROCHIP # 9000000000000000		18. BREED REGISTRATION # 111111					
SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS and SCARS. MARK WHORLS WITH AN "X"							
							
REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none: line through box fully or write "none")							
19. HEAD Star				20. NECK AND BODY (include coat color patterns if any) None			
21. LEFT FORELIMB None				22. RIGHT FORELIMB Pastern Sock			
23. LEFT HINDLIMB None				24. RIGHT HINDLIMB None			
FOR LABORATORY USE ONLY							
25. EIA LABORATORY NAME Example Laboratory 123 Third Street		26. DATE SAMPLE RECEIVED 03/04/2024		27. DATE RESULTS REPORTED 03/05/2024		28. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	
25a. CITY Austin		25b. STATE TX		29. TEST TYPE USED <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA			
30. LABORATORY REMARKS				31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Example Technician			
				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 (18 U.S.C. SECTION 1001).							
VS FORM 10-11 MAY 2023				PART 1 - VETERINARIAN/SUBMITTER			

Sample of completed VS Form 10-11.

[Print](#)