

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

FORM SERIAL NUMBER
1412146-1

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

1. ACCESSION NUMBER (For laboratory use only) 26-2682		2. DATE BLOOD DRAWN 05/06/2026		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			7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market)		
5a. NAME Michael Newman			7a. NAME Danielle Veasy		
5b. MAILING ADDRESS 16 Nason Hill La.			7b. PHYSICAL/STREET ADDRESS 926 Ashemont Rd		
5c. CITY Sherborn	5d. STATE MA	5e. ZIP CODE 01770	7c. CITY Aberdeen	7d. STATE NC	7e. ZIP CODE 28315
5f. OWNER TELEPHONE NUMBER (617) 821-4608		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Moore		7f. PREMISES TELEPHONE NUMBER (910) 281-0591	
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 James M. Hamilton		8b. NATIONAL ACCREDITATION NUMBER 050842		8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED North Carolina	
8d. VETERINARIAN SIGNATURE DR. JAMES HAMILTON			8e. SIGNATURE DATE 05/06/2026 09:08 AM EDT		Electronically signed through USDA VSPS
8f. MAILING ADDRESS OF VETERINARIAN 635 Valley View Road		8g. CITY Southern Pines	8h. STATE NC	8i. ZIP CODE 28387	8j. TELEPHONE NUMBER (910) 692-8640
9. TUBE # Monty	10. NAME OF ANIMAL Montague, Monty		11. COLOR Black	12. BREED OF HORSE (or Species of Equid) Friesian	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 01/01/2013	15. TAG # --	16. TATTOO # --	17. MICROCHIP # --		18. BREED REGISTRATION # Friesian/ Percheron 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) --			
21. LEFT FORELIMB No Markings		22. RIGHT FORELIMB No Markings			
23. LEFT HINDLIMB No Markings		24. RIGHT HINDLIMB No Markings			
FOR LABORATORY USE ONLY					
25. EIA LABORATORY NAME NC State Veterinary Hospital EIA Lab (919) 513-6564		26. DATE SAMPLE RECEIVED 05/06/2026	27. DATE RESULTS REPORTED 05/07/2026	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 Raleigh		30. LABORATORY REMARKS			
25b. STATE NC		31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Leah M. Scarborough Electronically signed through USDA VSPS		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).