



**Colorado Department of Agriculture**  
**Animal Industry Division**  
**700 West Kipling Street Suite 4000**  
**Lakewood CO 80215-5894**

# EQUINE VIRAL ARTERITIS LABORATORY TEST

SERIAL NO. **COLORADO NO. 84-EVA-** DATE BLOOD DRAWN

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

REASON FOR TESTING <input type="checkbox"/> INITIAL TEST <input type="checkbox"/> RETEST	TEST TYPE <input type="checkbox"/> SEROLOGY (BLOOD) <input type="checkbox"/> VIRUS ISOLATION(SEMEN)	VACCINATION STATUS <input type="checkbox"/> 1 <sup>ST</sup> VACCINATION <input type="checkbox"/> BOOSTER <input type="checkbox"/> UNKNOWN
---	--	--

NAIS PREMISES ID	NAME AND ADDRESS OF STABLE/MARKET <i>(Please print or type)</i>	
		Zip Code
	Tel No.	County
NAME AND ADDRESS OF OWNER <i>(Please print or type)</i>	NAME AND ADDRESS OF VETERINARIAN <i>(Please print or type)</i>	LICENSE NO.
	Zip Code	Zip Code
Tel No.	County	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.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	TYPE OR PRINT SIGNATURE NAME	SIGNATURE DATE
--	------------------------------	----------------

### CERTIFICATION OF OWNER OR OWNER'S AGENT

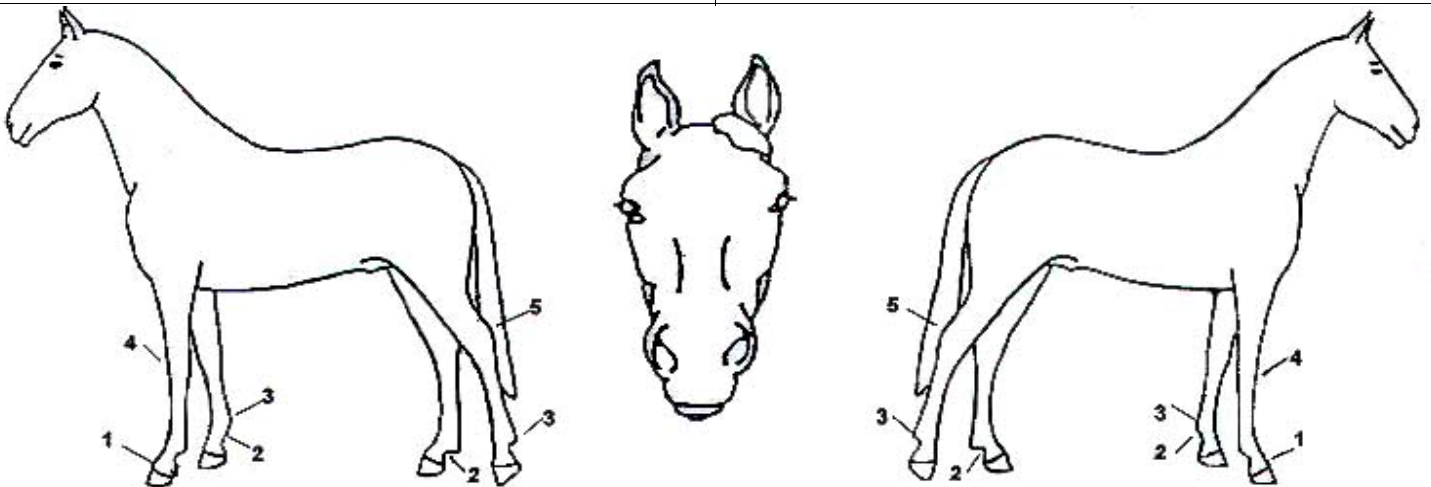
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT	TYPE OR PRINT SIGNATURE NAME	SIGNATURE DATE
-------------------------------------	------------------------------	----------------

Tube No.	Electronic I.D. No.	Tattoo/Brand	Name of Horse	Registration No.	Color	Breed	Age or DOB	Sex	M- Male F- Female G- Gelding NF- Neutered Female

### NARRATIVE DESCRIPTION AND REMARKS

HEAD	OTHER MARKS AND BRANDS
LEFT FORELIMB	RIGHT FORELIMB
LEFT HINDLIMB	RIGHT HINDLIMB



### FOR LABORATORY USE ONLY

LABORATORY NAME/CITY/STATE	DATE RECEIVED	DATE REPORTED OUT	TEST RESULTS
	SIGNATURE OF TECHNICIAN		REMARKS

### FOR VETERINARIAN USE ONLY

VACCINE USED	SERIAL NUMBER OF VACCINE	EXPIRATION DATE OF VACCINE	DATE OF VACCINATION
--------------	--------------------------	----------------------------	---------------------

<i>I certify: That I have vaccinated and properly identified all animals listed hereon, and recorded all information as prescribed by regulations.</i>	SIGNATURE OF ACCREDITED VETERINARIAN	LICENSE NO.
--	--------------------------------------	-------------

**ALL VACCINATIONS MUST BE PROMPTLY REPORTED**