



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

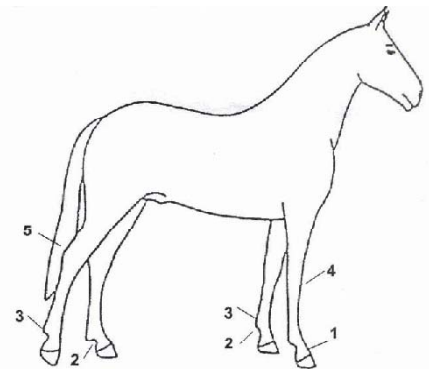
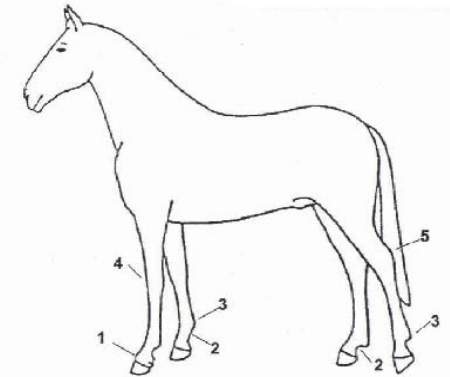
MIKE STRAIN DVM, COMMISSIONER

Animal Health & Food Safety, 5825 Florida Blvd., Suite 4000, Baton Rouge, LA 70806, (225) 925-3980, FAX (225) 925-4103

EQUINE PIROPLASMOSIS LABORATORY TEST

2017

NAME AND ADDRESS OF OWNER (Please type or print) <input type="checkbox"/> <input type="checkbox"/> Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____		DATE BLOOD DRAWN _____	ACCESSION NUMBER _____
NAME AND ADDRESS OF STABLE / MARKET (Please type or print) Name _____ Address _____ Parish/County _____ Zip _____		REASON FOR TESTING <input type="checkbox"/> Annual <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Track <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export	
CERTIFICATION OF FEDERAL ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.		CERTIFICATION OF OWNER OR 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	
NAME AND ADDRESS OF VETERINARIAN (Please type or print) Name _____ Address _____ City _____ State _____ Zip _____		Signature of Federally Accredited Veterinarian _____ Telephone Number _____ USDA Accreditation Number _____ Signature Date _____ Veterinarian e-mail _____	
Tube No.	Permanent ID: Brand/Microchip/Tattoo _____		
Breed	Color	DOB (y,m) or Age	Sex <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare
NARRATIVE DESCRIPTION AND REMARKS			
Head		Other markings and brands	
Left Forelimb		Right Forelimb	
Left Hindlimb		Right Hindlimb	



SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS AND SCARS

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

Laboratory Name/city/state		Date received	Date Reported out	<input type="checkbox"/> C-ELISA
		Signature of Technician _____		Results T. equi Results B. caballi <input type="checkbox"/> Positive <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Negative

Falsification of this form, or false representation of a material fact or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$5,000 or imprisonment or not more than 5 years or both (LA. R.S. 14:133).