



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

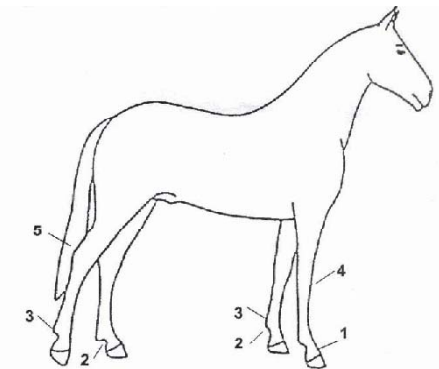
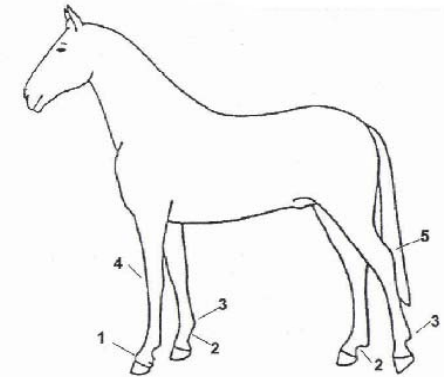
MIKE STRAIN DVM, COMMISSIONER

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)		DATE BLOOD DRAWN	ACCESSION NUMBER
<input type="checkbox"/> <input type="checkbox"/> Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____		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 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 STABLE / MARKET (Please type or print) Name _____ Address _____ Parish/County _____ Zip _____			
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.			
NAME AND ADDRESS OF VETERINARIAN (Please type or print)		Signature of Federally Accredited Veterinarian	
Name _____ Address _____ City _____ State _____ Zip _____		Telephone Number _____ USDA Accreditation Number _____ Signature Date _____ Veterinarian e-mail _____	
Tube No.	Permanent ID: Brand/Microchip/Tattoo		
Breed	Color	DOB (y,m) or Age	<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

FOR LABORATORY USE ONLY

Laboratory Name/city/state	Date received	Date Reported out	<input type="checkbox"/> C-ELISA
Louisiana Animal Disease Diagnostic Laboratory Baton Rouge, LA 70803	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).