Idaho State Department of Agriculture
Division of Animal Industries
2270 Old Penitentiary Road
Boise, ID 83712

EQUINE VIRAL ARTERITIS TEST AND VACCINATION CERTIFICATE

DATE BLOOD DRAWN	ISDA Animal Health Laboratory Accession Number

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

REASON FOR TESTING	TEST TYPE	VACCINATION STATUS
☐ PRE-VACCINATION ☐ DIAGNOSTIC ☐ Acute ☐ Convlalescent	SERUM NUTRALIZATION	☐ 1ST VACCINATION ☐ BOOSTER ☐ UNKNOWN

NAIS PREMISES ID	NAME AND ADDRESS OF STABLE / MARKET (*Please print or type*)	
		Zip Code
	Tel No.	County

NAME AND ADDRESS OF OWNER (*Please print or type*)		NAME AND ADDRESS OF VETERINARIAN (*Please print or type*)		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

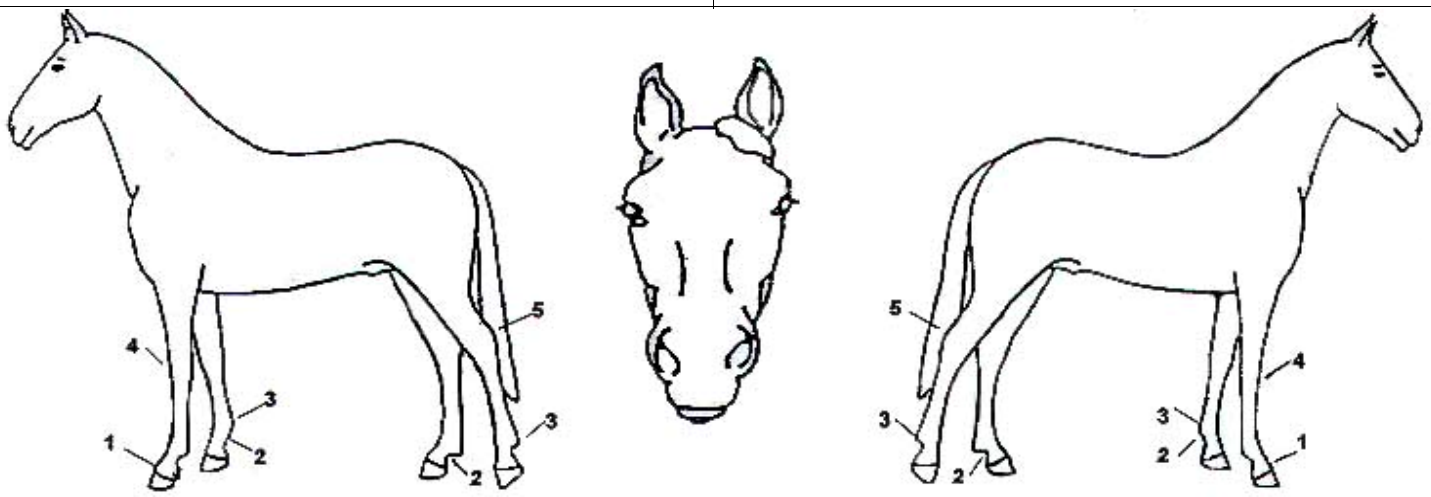
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

Tube No.	ANIMAL IDENTIFICATION Registered Name	Tattoo / Electronic I.D.	Registration No.	Breed	Color	Age or DOB	Sex	S-Stallion 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

OFFICIAL EVA VACCINATION (Within 14 Days of Sample Collection) - FOR VETERINARIAN USE ONLY

VACCINE USED	SERIAL NUMBER OF VACCINE	EXPIRATION DATE OF VACCINE	DATE OF VACCINATION
I certify: ***That I have vaccinated and properly identified all animals listed hereon, and recorded all information as prescribed by regulations.***		SIGNATURE OF ACCREDITED VETERINARIAN	LICENSE NO.

ALL VACCINATIONS MUST BE PROMPTLY REPORTED TO THE STATE VETERINARIAN'S OFFICE

ADMFRM11.01

PART 1-STATE VETERINARIAN (After Completion) - P.O. Box 7249, Boise, ID 83707