UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES

EQUINE IMPORT TESTING SUBMISSION

(NVSL accession sticker)

INSTRUCTIONS : Use a separate form for each importer/broker. Consult instructions for help with completing Form VS 17-31 and for necessary definitions. PORT VETERINARIAN : Place a copy in the serum sample carton before sealing closed. SEROLOGIST : Notify appropriate staff when results are other than negative and distribute results as necessary.									
1. PORT OF ARRIVAL		2. DATE OF ARRIVAL (mm/dd/yyyy)			3. COUNTRY OF ORIGIN/PORT OF EMBARKATION				
4. PORT OR ANIMAL IMPORT CENTER CONTACT INFORMATION (name, address, ZIP code, phone number, fax number, email address)		5. IMPORTER CONTACT INFORMATION (name, address, ZIP code, phone number)			6.BROKER CONTACT INFORMATION (name, address, ZIP code, phone number)				
7. NVSL SUBMITTER ID		BLOOD SAMPLES							
8. PAYMENT METHOD		1	PURPOSE AL RETEST (IMMEDIATE or FOLLOW-UP#)	11. PRIOR ACCESSION NUMBER(S)					
☐ USER FEE ACCOUNT ☐ CHECK/MONEY ORDER ☐ CREDIT CARD NUMBER EXPIRATION DATE (mm/yyyy)		10. TEST(S) REQUESTED EQUINE PIROPLASMOSIS T. EQUI B. CABALLI DOURINE			12. COLLECTED BY 13. DATE COLLECTED 14. DATE SHIPPED (mm/dd/yyyy) (mm/dd/yyyy)				
BILL TO: ☐ PORT ☐ BROKER / AGENT		☐ GLANDERS ☐ EQUINE INFECTIOUS ANEMIA			(mm/dd/yyyy) (mm/dd/yyyy)				
15. SAMPLE DATA									
SAMPLE NUMBER	IDENTIFICATION 1 (registered name/barn name)		IDENTIFICATION 2 (<i>RFID</i> #, tattoo, tags, markings, other)	ANIMAL COUNTRY OF ORIGIN CODE	AGE	SEX	BREED	COLOR	
A	В		С	D	E	F	G	Н	
16.TOTAL NUMBER OF EQUINES			17. PORT VETERINARIAN SUBMITTING SAMPLES						
CONTINUATION SHEET (17-31A) USED? □YES □NO			PRINT NAME SIGNATURE						