



Texas Animal Health Commission

EQUINE PIROPLASMOSIS LABORATORY TEST

TVMDL or NVSL Account Number
ACCESSION NUMBER

Incomplete forms will not be processed.

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

name _____

address _____

city _____ zip code _____

REASON FOR TESTING

TVMDL: Change of Ownership Interstate Breed / Race / Show

NVSL: Export Retest of Positive (TAHC only) Clinical Signs Epi

TEST(S) REQUESTED T. equi B. caballi

DATE BLOOD DRAWN (MM / DD / YYYY) _____

NAME AND ADDRESS OF STABLE / MARKET *(Please type or print)*

name _____

address _____ county _____ zip code _____

COMMENTS

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN: I certify the specimen submitted with this form was drawn by me or under my direct supervision from the horse described below on the date indicated above.

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

name _____

address _____

city _____ zip code _____

Signature / Date: _____

Telephone number: () _____

USDA Accreditation number: _____

Tube No.	Official Tag No.	Permanent ID: Brand / Microchip / Tattoo	Name of Horse
Color	Breed	DOB (y, m) or Age	Sex
			<input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

NARRATIVE DESCRIPTION AND REMARKS

Head	Other markings and brands
Left Forelimb	Right Forelimb
Left Hindlimb	Right Hindlimb

FOR LABORATORY USE ONLY

Laboratory Name	Date received	T. equi	B. caballi
		cELISA	
Date reported out		CF	
		PCR / WB	
		IFA	
		Blood Smear	