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

## EQUINE IMPORT TESTING SUBMISSION

(NVSL accession sticker)

	a separate form for each importer/broker. Consult ins .OGIST: Notify appropriate staff when results are other		help with completing Form VS 17-31 and for necessary ative and distribute results as necessary.	definitions. POF	RT VETERINARIA	N: Place a cop	by in the serum sa	mple carton before	
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 ( <i>name, address, ZIP code, phone number</i> )			6.BROKER CONTACT INFORMATION (name, address, ZIP code, phone number)				
7. NVSL SUBMITTER ID		BLOOD SAMPLES							
8. PAYMENT METHOD		9. TEST	9. TEST PURPOSE 11. PRIOR ACCESSION NUMBER(S)						
PAYMENT METHOD     USER FEE ACCOUNT     CHECK/MONEY ORDER     CREDIT CARD NUMBER			AL RETEST (IMMEDIATE or FOLLOW-UP #						
		10. TEST(S) REQUESTED EQUINE PIROPLASMOSIS  T. EQUI  B. CABALLI			12. COLLECTED BY				
EXPIRATION DATE (mm/yyyy)					13. DATE COLLECTED14. DATE SHIPPED(mm/dd/yyyy)(mm/dd/yyyy)				
		□ GLANDERS □ EQUINE INFECTIOUS ANEMIA							
BILL I	O: OPORT DBROKER / AGENT		15. SAMPLE DATA						
SAMPLE NUMBER	IDENTIFICATION 1 (registered name/barn name)		IDENTIFICATION 2 (RFID#, tattoo, tags, markings, other)	ANIMAL COUNTRY OF ORIGIN CODE		SEX	BREED	COLOR	
A	В		C	D	E	F	G	Н	
16.TOTAL NUMBER OF EQUINES 17. F			17. PORT VETERINARIAN SUBMITTING SAMPLES						
CONTINUATION SHEET (17-31A) USED?			INT NAME SIGNATURE						

18. ADDITIONAL DATA (history, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions)

VS Form 17-31 JUNE 2017

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