



Help Us Protect Your Horses' Health: The Coggins Test and Yellowstone National Park

In an effort to prevent the spread of equine infectious anemia (EIA) all stock (horses, burros or mules) within Yellowstone National Park must have a negative EIA or Coggins test within the last 12 months.

If you are anywhere in Yellowstone your stock must be tested and you must carry proof of a negative Coggins test for each animal.

You must carry and be able to provide proof of negative Coggins even if you are:

- not crossing state lines
- not passing through an entrance station
- just driving through and not stopping
- entering the park from a backcountry trailhead

Planning on riding in the park?

Whether on a day ride or overnight horse trip you will need to carry proof of negative Coggins with you in the backcountry. Photocopies of Coggins tests are acceptable in the backcountry.

Individuals wishing to stay overnight in the backcountry must also obtain a backcountry permit. You can obtain a free permit at any backcountry office.

For more information on horseback riding in the park contact the Central Backcountry Office at 307-344-2160.

Please make sure the following information is legible on your Coggins forms:

- 1 Date blood drawn**
Within 12 months of current date
- 2 Identifying features of each animal**
Name, brand, identifying markings or scars
- 3 Laboratory name & negative test results**

See reverse for more CIEE information. FORM APPROVED: CIEE MEMBER 5075 5/07

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (V5 Monograph 100-5)		FORM NO. B	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Petrol <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
6. GEOGRAPHIC INFORMATION SYSTEMS (485) (continued)		8. TEST TYPE <input type="checkbox"/> AGED <input type="checkbox"/> ELISA		
5. VETERINARY LICENSE OR ACCREDITATION NO.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)		
8. NAME AND ADDRESS OF OWNER (Please print or type)		10. NAME AND ADDRESS OF VETERINARIAN (Please print or type)		
Tel No. _____ Zip Code _____ County _____		Tel No. _____ Zip Code _____ County _____		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify the specimen submitted with this Form was drawn by me from the horse described here on page 1 of this application.

14. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	15. TYPE OR PRINT NAME	16. SIGNATURE DATE
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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 correct and complete.

17. SIGNATURE OF OWNER OR OWNER'S AGENT	18. TYPE OR PRINT NAME	19. SIGNATURE DATE
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20. Tail Official No.	21. Tail Tag No.	22. Faltail/Brand	23. Name of Horse	24. Sex	25. Breed	26. Domestic I.D. No.	27. Age at DOB	28. Wt. (Lbs.)	29. Height (H) (Inches)	30. Color	31. Number
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SHOW ALL TAILGAIN, MARKINGS, SPOTLS, BRANDS, AND SCARS

1 - Cornea, 2 - Pastern, 3 - Faltail, 4 - Knee, 5 - Hoof

NARRATIVE DESCRIPTION AND REMARKS	
32. HEAD	33. OTHER MARKS AND BRANDS
37. LEFT FORELIMB	38. RIGHT FORELIMB
39. LEFT HINDLIMB	40. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

41. LABORATORY NAME/ADDRESS	42. DATE RECEIVED	43. DATE REPORTED OUT	44. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGED <input type="checkbox"/> ELISA
45. SIGNATURE OF TECHNICIAN	46. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 3 years or both (5 U.S.C. Section 1007).

V5 FORM 10-11 (MAY 2000) (Replaces the V5 10-11 (4-00) and V5 10-117 (10-97), which may be used.)