

Equine Infectious Anemia (EIA) Testing

I,, am the event sponso	r of	
which will be held on, 20 Sir	nce this event will have an assembly equine,	
per the Texas Administrative Code Title 4, Pa	art 2, Chapter 49.1 (o), as the event sponsor, I hav	'e
implemented a procedure for review of the re	ecords on each participating equine and can confir	m
that each equine included in this event has to	ested for negative for Equine Infectious Anemia	
(EIA) within the past 12 months.		
Sponsor Signature	Date	
Printed Name		
State of Texas County of		
Sworn to and subscribed before me on the (name of prin	eday of, 20, by ncipal signer).	
(seal)	Notary Public Signature	