



Maryland Department of Agriculture

Animal Health Section

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**EQUINE EVENT REPORT
(EQUIDAE WITH OFFICIAL EIA TEST)**

EVENT NAME:	
EVENT LOCATION:	
DATE(S) OF EVENT:	
SALE/SHOW CHAIRMAN/MANAGER NAME:	
SALE/SHOW CHAIRMAN/MANAGER PHONE NUMBER:	
I hereby certify that all equidae (horses, mules, etc.) assembled for this event and listed on this Equine Event Report were accompanied by an official negative test for Equine Infectious Anemia (EIA) conducted within 12 months prior to the date of this event, and that any equine denied entry have been reported on the accompanying Equine Denied Entry Form.	
Were any Equine Denied Entry? YES NO	
SALE/SHOW CHAIRMAN/ MANAGER SIGNATURE:	
DATE:	

ENTER HORSE INFORMATION ON NEXT PAGE

