

EQUINE VIRAL ARTERITIS STALLION REGISTRY FORM

Due to the outbreak of Equine Viral Arteritis (EVA) in Utah and other western states in 2006, the Utah Department of Agriculture and Food, Division of Animal Industry is setting up an EVA Stallion Registry. This voluntary registry will be available for horse owners to access to determine the EVA status of a given stallion. It will also provide a means by which stallion owners can provide a certification of the EVA status of their stallion(s) to potential clients. There will be four (4) classifications of stallions in the registry as listed below. If a stallion does not qualify for one of the classes below, it will not be registered in the EVA Stallion Registry. USDA Accredited veterinarians must be used for all EVA vaccinations and testing.

- Class 1 - serologically negative stallion
- Class 2 - serologically positive but negative for virus in the semen (non-shedder)
- Class 3 - serologically positive and positive for virus in the semen (carrier)
- Class 4 - serologically negative and subsequently vaccinated annually.

Class 1

A stallion that tests negative for EVA and the owner does not wish to vaccinate the stallion will be classified as a class 1 stallion. Owners who wish to maintain a stallion as a class 1 stallion will need to test the stallion and receive a negative (final) result prior to breeding season each year. Failure to test a stallion in any given year will drop the animal from the EVA Stallion Registry until it is retested.

Class 2

A stallion that tests positive on its first EVA test and does not have documentation that the animal was vaccinated against EAV previously as well as documentation that the animal was tested negative prior to the primary vaccination and documentation of yearly vaccination since the initial vaccine, will be classified as a class 2 stallion only after the stallion's semen has been tested negative for the virus.

Class 3

A stallion that tests positive for EVA and also cultures positive for EVA in the semen will be classified as a class 3 stallion. Class 3 stallions may be re-cultured yearly to see if they have cleared the virus from their semen. If a stallion tests negative with two successive cultures, then it will be re-classified as a class 2 stallion. Class 3 stallions will be subject to special rules and regulations on housing, movement and breeding (see Breeding of EVA Positive Stallions). Class 3 stallions may be castrated at which time these special rules and regulations will be terminated.

Class 4

A stallion that tests negative for EAV and the owner wishes to vaccinate the stallion may be classified as a class 4 stallion after the following has been complied with: 1) The stallion must be kept isolated from the time of the first EVA test. 2) Once a negative EVA test result has been received, a second EVA test will be drawn (no sooner than 10 days or later than 21 days) from the first EVA test - immediately after which the stallion will receive the EVA vaccine. The stallion should remain isolated for 21 days from the date of initial vaccination. 3) The second EVA test must also be negative. 4) The stallion must be vaccinated each and every year for EVA and the documentation of vaccination must be turned into the Division of Animal Industry by the accredited veterinarian. Exceptions to this procedure must be approved by the Utah State Veterinarian.

EQUINE VIRAL ARTERITIS STALLION REGISTRY FORM

USDA Accredited Veterinarian

Name: _____ National Accreditation #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number: _____ Other Phone Number(s): _____

Horse Owner

Name: _____ Premise Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number: _____ Other Phone Number(s): _____

Stallion Information

Registered Name: _____ Tattoo/Brand/Microchip Number: _____

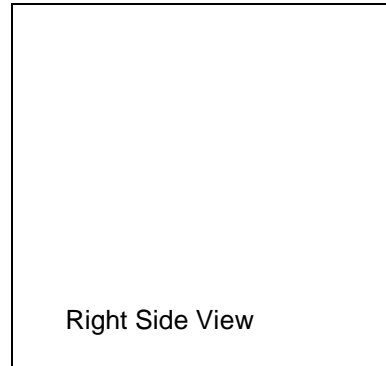
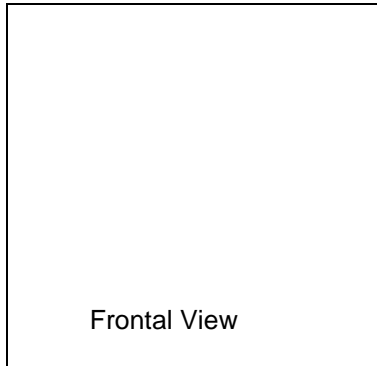
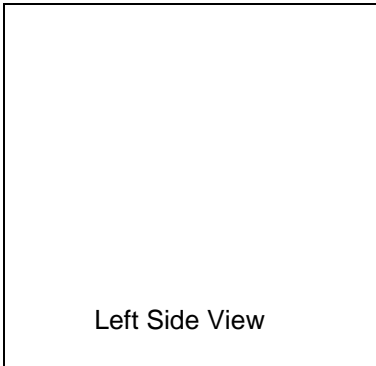
Breed: _____ Registration Number: _____

Date of Birth: _____ Color: _____

Address where housed: _____

City: _____ State: _____ Zip Code: _____

Please attach photos below (2" X 2")



As owner/agent of the above named stallion, I confirm that the information contained on this Equine Viral Arteritis Stallion Registry Form is accurate to the best of my knowledge. I also authorize the information on this form to be used in placing said stallion on the Utah Stallion Registry. I understand that this information will be made available to the public and will not hold the veterinarian listed on this form nor the Utah Department of Agriculture and Food or any of its employees liable for the use of this information. I also understand that if said Stallion does not continue to meet the criteria for classification, that it may be removed from the registry.

Signature of owner/agent _____

Date _____

EQUINE VIRAL ARTERITIS STALLION REGISTRY FORM

TESTING INFORMATION

Pre-Vaccination

First EVA Test:

Name of Laboratory: _____ Accession Number: _____

Date Sample Taken: _____ Type of Sample: _____

Date Results Received: _____ Result: _____

Second EVA Test

Name of Laboratory: _____ Accession Number: _____

Date Sample Taken: _____ Type of Sample: _____

Date Results Received: _____ Result: _____

Initial Vaccination

Date of Vaccination: _____ Name of Vaccine: _____

Serial Number: _____ Dose Given: _____ cc's Route: _____

Stallion was isolated for 21 days from date of vaccination YES NO

Semen Test (if needed)

Name of Laboratory: _____ Accession Number: _____

Date Sample Taken: _____

Date Results Received: _____ Result _____

Request to classify _____ on the Utah EVA Stallion Registry
(Name of Stallion)

as a Class 1 2 3 4 stallion.
(Circle One)

Signature of Veterinarian _____ Date _____

EQUINE VIRAL ARTERITIS STALLION REGISTRY FORM

EVA Annual Stallion Vaccination Certificate

(to be used to provide proof of annual vaccination after the initial test and vaccination year)

USDA Accredited Veterinarian

Name: _____ National Accreditation #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number: _____ Other Phone Number(s): _____

Horse Owner

Name: _____ Premise Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number: _____ Other Phone Number(s): _____

Stallion Information

Registered Name: _____ Tattoo/Brand/Microchip Number: _____

Breed: _____ Registration Number: _____

Date of Birth: _____ Color: _____

Address where housed: _____

City: _____ State: _____ Zip Code: _____

Vaccination

Date of Vaccination: _____ Name of Vaccine: _____

Serial Number: _____ Dose Given: _____ cc's Route: _____

Signature of Veterinarian: _____ Date: _____

Please make sure all information is correct and mail to:

**Utah Department of Agriculture and Food
Division of Animal Industry
PO Box 146500
Salt Lake City, UT 84114-6500**