

See reverse for more OMB inform



YR:2019

FORM APPROVED - OMB NUMBER 0579 - 0127

UNITED STATES
ANIMAL AND PLANT
EQUINE INFECTION
(VS)

INV: 1R

MANDARINO
11/12/2019 @ 8:13 AM

SERIAL NO.

T1103595

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

11/7/19

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

- Market Change of Ownership Show First Test Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.
9976

6. TEST TYPE
 ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

ELIZABETH MANDARINO / AMBER HILL FARM
6402 HWY 254
CLEVELAND, GA ZIP Code 30528

Tel No. (908) 397-0977 County WHITE

8. NAME AND ADDRESS OF OWNER (Please print or type)

ELIZABETH MANDARINO
6402 HWY 254
CLEVELAND, GA ZIP Code 30528
Tel No. (908) 397-0977 County WHITE

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

SHAYNE C WILLOX DVM
202 STONE HOLLOW CT
PROSPER, TX ZIP Code 75078
Tel No. (940) 595-3980 County COLLIN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

[Signature]

11. TYPE OR PRINT SIGNATURE NAME

SHAYNE C WILLOX DVM

12. SIGNATURE DATE

11/10/19

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

[Signature]

14. TYPE OR PRINT SIGNATURE NAME

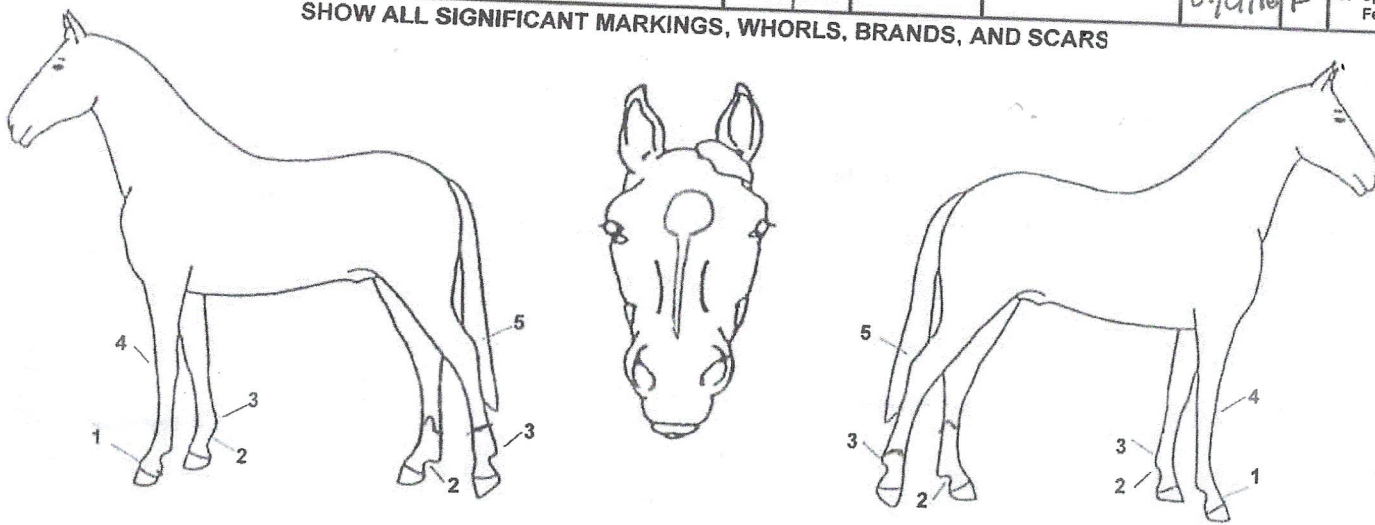
PETER OLSEN

15. SIGNATURE DATE

11/10/19

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding SF - Spayed Female
			LOLLIPOP	Bay	DUTCH		01/01/16	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

STAR, STRIPE

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

STOCKING

30. RIGHT HINDLIMB

STOCKING

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
2433 GLOBE COVE
SOUTHAVEN, MS 38671
WMPD AGID

32. DATE RECEIVED

11/4/19

33. DATE REPORTED OUT

11/5/19

34. TEST RESULTS

Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN

[Signature]

36. 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 5 years or both (U.S.C. Section 1001).