

## EIA-15059105



GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

SERIAL NUMBER	DATE SIGNED 2019-09-10	LAB/ACCESSION NUMBER	COUNTY		
EIA-15059105		A20-09658	White		
NAME & ADDRESS OF OWNER		NAME & ADDRESS OF VETERINARIAN	NAME & ADDRESS OF STABLE/MARKET		
Amber Hill Farm (Elizabeth Mandarino)		Equine Medical Center of Georgia	Amber Hill Farm (Elizabeth Mandarino)		
6402 Georgia 254		Jarod L. Eddy DVM	6402 Georgia 254		
Cleveland, GA 30528		4056 Camp Springs Dr	Cleveland, GA 30528		
Phone: 706-969-2920		Gainesville, GA 30507	Phone: 706-969-2920		
PIN/LID: /		Phone:	PIN/LID: /		
NATIONAL ACCREDITATION NUMBER 032324		TEST TYPE AGID	REASON FOR TESTING Annual		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated below.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Jarod L. Eddy DVM

2019-09-09 23:21:31 -05:00

DATE BLOOD DRAWN

2019-09-09

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 true, correct and complete

SIGNATURE DATE SIGNATURE OF OWNER OR OWNER'S AGENT SIGNATURE NAME Amber Hill Farm (Elizabeth Mandarino)

2019-09-10

NAME OF HORSE ID1 ID2 ID3 Clinton's Holsten COLOR AGE OR DOB BREED **GENDER** 2007-01-01 Neutered/Castrated Male







NARRATIVE DESCRIPTION:	OTHER MARKS AND BRANDS: None
HEAD: Whorl	NECK AND BODY: None
LEFT FORELIMB: Stocking	RIGHT FORELIMB: None
LEFT HINDLIMB: None	RIGHT HINDLIMB: Stocking

3 A D I		1100	CIN	$\Lambda T$	
каві	IF.5	VAC	CIIN	АП	UN

TO BE O'NO ON THE STATE OF THE							
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY		
FOR LABORATORY USE ONLY							
TECHNICIAN Pamela Currin		TUBE NUMBER 102465626-0	DATE RECEIVED 2019-09-11	DATE REPORTED 2019-09-12	TEST RESULTS Negative		

TEST REMARKS

LABORATORY

Athens Veterinary Diagnostic Laboratory - UGA 501 DW Brooks Drive University of Georgia Athens, GA 30602

SIGNATURE OF TECHNICIAN

Pamela Currin

NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com Please address any questions related to this document with your state or issuing state veterinarian's office.