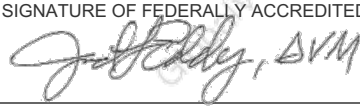






GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-15085505	
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-15085505	DATE SIGNED 2019-09-17	LAB/ACCESSION NUMBER A20-11077	COUNTY White		
NAME & ADDRESS OF OWNER Amber Hill Farm (Elizabeth Mandarino) 6402 Georgia 254 Cleveland, GA 30528 Phone: 706-969-2920 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Equine Medical Center of Georgia Jarod L. Eddy DVM 4056 Camp Springs Dr Gainesville, GA 30507 Phone:		NAME & ADDRESS OF STABLE/MARKET Amber Hill Farm (Elizabeth Mandarino) 6402 Georgia 254 Cleveland, GA 30528 Phone: 706-969-2920 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 2019-09-17 21:40:38 -05:00				DATE BLOOD DRAWN 2019-09-11	
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 OF OWNER OR OWNER'S AGENT			SIGNATURE NAME Amber Hill Farm (Elizabeth Mandarino)	SIGNATURE DATE 2019-09-17	
NAME OF HORSE Hallmark Moment	ID1	ID2	ID3		
COLOR Roan	AGE OR DOB 2019-01-01	BREED Welsh cross	GENDER Female		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star, Strip, Snip			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: Stocking			RIGHT HINDLIMB: None		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Jillian Fishburn		TUBE NUMBER 102473069-0	DATE RECEIVED 2019-09-19	DATE REPORTED 2019-09-20	TEST RESULTS Negative
TEST REMARKS					
LABORATORY Athens Veterinary Diagnostic Laboratory - UGA 501 DW Brooks Drive University of Georgia Athens, GA 30602			SIGNATURE OF TECHNICIAN  Jillian Fishburn 2019-09-20 15:44:16 -05:00		