

EIA-15085504



GlobalVetLINK - EQUINE INFECTIOUS ANEMIA GlobalVetLINK's eEIA test form contains all data fi			Nithout Adequate Descriptions Of T	be Horse and Complete	EIA-1508550		
			ill Not Be Processed.	ne noise and complete		ding Zip Codes, and Telephone	
SERIAL NUMBER EIA-15085504 DATE SIGNED 2019-09-17			LAB/ACCESSION NUMBER A20-11076		J. S.	John Marken	
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:		Amber Hill Fa 6402 Georgia Cleveland, GA	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 FOI Annual	REASON FOR TESTING Annual		
CERTIFICATION OF FEDERALLY ACCREDITED VET	ERINARIAN I certify	the specimen submitted wi	th this form was drawn by me from	the horse described bel	ow on the day ind	licated below.	
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN Jarod L. Eddy DVM 2019-09-17 21:40:37 -05:00			DATE BLOOD DRAWN 2019-09-11				
CERTIFICATION OF OWNER OR OWNER'S AGENT	I certify that I have ex	xamined this form and, to th	e best of my knowledge and belief,	this form is true, correct	t and complete		
SIGNATURE OF OWNER OR OWNER'S AGENT			SIGNATURE NAME Amber Hill Farm (Elizabeth Mandarino)		SIGNATURE DATE 2019-09-17		
t at	the second	14 Martin		-the	R		
NAME OF HORSE Survivor (Helton)	ID1		ID2		ID3		
COLOR Buckskin	AGE OR DOB 2019-03-01		BREED Welsh cross	~10 ⁰⁰¹	GENDER Male	CHORNEL	
	CHOPAN		SIDDAWALINK			Baldel Int	
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None				
HEAD: Star, Strip, Snip			NECK AND BODY: None				
LEFT FORELIMB: None			RIGHT FORELIMB: None				
EFT HINDLIMB: Sock			RIGHT HINDLIME: Stocking				
RABIES VACCINATION TYPE VACCINATION E)ATE	PRODUCT	SERIAL NUMBER	EXPIRATION	DATE	ADMINISTERED BY	
FOR LABORATORY USE ONLY			SERIAL NONIBER	EXINGIION	DATE	ADMINISTERED DT	
TECHNICIAN O	Ch.	TUBE NUMBER 102473043-0	DATE RECEIVED 2019-09-19	DATE REPOR 2019-09-20	RTED	TEST RESULTS Negative	
TEST REMARKS			W.s.		NA AN		
LABORATORY Athens Veterinary Diagnostic Laboratory - UGA 501 DW Brooks Drive University of Georgia Athens, GA 30602	A ANDRA	1 an		ICIAN	Jillian Fish 2019-09-2	burn 20 15:44:15 -05:00	
OTICE TO DOCUMENT INSPECTORS. This off	icial document wo	authorized in agreeme	nt with the state of animal origin	issuing votoringrigh			

Please address any questions related to this document with your state or issuing state veterinarian's office.