

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.