	3.0			FO	RM APPROVED - OMB N	NUMBER 05	79 - 012	27		
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INV: 1R WANDARING MINI 11/14/20	ELIZABE 10: 84955 Am te Descriptions Of The	Horse And C Numbers W	Complete Ad	dresses Inc ocessed.	luding ZIP Codes,	Counties	s, And	t		
3. REASON FOR TESTING		rst Test		ADDRESS OF	STABLE/MARKET (Ple					
	of Ownership Retest Ex	ELIZABETH MANDAPLINO/ AMBER HILL FARM								
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LAT: LONG:	9976	AGID	Tel No. / 920 291 - 0927 County WHITE							
8. NAME AND ADDRESS OF O	WNER (Please print or type)	<i>y</i> -si	1 111	ADDRESS OF	VETERINARIAN (Pleas		e)			
ELIZABETT	MANDARINO		SHA	UNE C	WILCOX D	VM				
6402 HW			202	STONE	CI U LA LA VO	CT				
CLEVELAND, 6	A ZIP Code 3052		Pros	PER I			079	3		
Tel No. (408) 357 -	County WHITE		Tel No. [9]	10)595	3980 Cou	nty [vi	LIN			
1 certify the s	CERTIFICATION O specimen submitted with this form w	ras drawn by me	from the horse	e described be	KIAN Blow on the date indica	ated above				
10. SIGNATURE OF FEDERALLY				RINT SIGNATURE				RE DATE		
9	el hom	<u> </u>	SHI	YWE C	- WILCOX	in 1	1/1	1119		
I certify the	CERTIFICA at I have examined this form and, to	TION OF OWN			m is true, correct, and	i complete.				
13. SIGNATURE OF OWNER OR O				RINT SIGNATURE			IGNATU	IRE DATE		
7/1/	Drece		PETER OLSEN 11/11/19							
16 . 17 18. Tube Official	19, Name of Horse		20. Color	21 Breed	22. Electronic	23. Age or	24.	M - Male F - Female		
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	BALOU DU ROUET	•	BAY	OLDEN BURG		2011	m	SF-Spayed Female		
1	5 5 2 3 2			3	3 2	4				
9		et, 2 - Pastern, 3 -								
25. HEAD			6. OTHER MARKS	S AND BRANDS	-			- 3.		
STAR	BRAND LT HIP									
27. LEFT FORELIMB	28. RIGHT FORELIMB SOCIL									
			30. RIGHT HINDLIMB							
		OR LABORATO	DRY USE ON							
31. LABORATORY NAME/CITY/ST	ATE 32. DATE REC	reporte of the contraction of th	SI, DATE REPORT	34 36 36	Negative Positi		GID	ELISA		
Falsification of this	s form or knowingly using a falsifi imprisonment for no	ied form is a cr ot more than 5 y	iminal offense ears or both	e and may res (U.S.C. Section	sult in a fine of not m on 1001).	ore than \$	10,000	0 or		

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3. REASON FOR TESTING		irst Test	_		STABLE/MARKET (Please	print or type)				
	The state of the s	xport	E42AV	SETTH MA	WDARINO / AM	BER HILL FARN				
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE ELISA	640	2 HWM	254					
LAT: LONG:	9976	X AGID	CLEV	ELAND,	6A ZIP Coo	70300				
8. NAME AND ADDRESS OF (OWNER (Please print or type)	TIA NOIS	Tel No. (908) 397-0977 County WHTE							
E LIZABET			S. IVANICAN	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)						
1 11 000	Wu 254		2.00	1 STO AL		IVI				
CLEVELAND.		28	PADSLER ITY ZIP Code 75078							
Tel No. (908) 397	- 0977 County WHIT	Ę	Tel No. (9	401595	-39 90 County					
	CERTIFICATION C	FEDERALLY	ACCREDITED	VETERINAR	RIAN					
	specimen submitted with this form w	vas drawn by m				d above.				
10. SIGNATURE OF FEDERALLY	ACCREDITED VETERINARIAN			RINT SIGNATURE		12. SIGNATURE DATE				
-		TION OF OUR			= WILLOX PM	11110119				
I certify the	at I have examined this form and, to	the best of my	knowledge and	ER OR OWNER'S AGENT mowledge and belief, this form is true, correct, and complete.						
On C		7 		14. TYPE OR PRINT SIGNATURE NAME PETER OLSEN 15. SIGNATURE DATE						
16. 17. 18. Tube Official Tattoo/Brand	19. Name of Horse		20. Color	21. Breed	22. Electronic f.D. No.	23. Age or DOB 24. M - Male F - Female				
	LOWIPOP				C	G - Gelding SF-Spayed Female				
SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS 1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock NARRATIVE DESCRIPTION AND REMARKS 25. HEAD 26. OTHER MARKS AND BRANDS										
STAR, S										
27. LEFT FORELIMB	8. RIGHT FORELIMB									
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FOR LABORATORY USE ONLY 31 YABORATORY NAME CITY STATE 12 YOUTE RECEIVED 1 32 DATE RECEIVED 1 33 DATE RECEIVED 1 34 TEST DESIGNATION TO 124 TEST DESIG										
SOUTHAVEN W	38671 - 4 -	E DE TECHNICIAN	Aug	19 1	TEST RESULTS Negative Positive Positi	AGID ELISA				
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).										

1/2 EODM 10 11 (MADOU 2014)

imprisonment for not more than 5 years or both (U.S.C. Section 1001).

See reverse fr	FORM APPROVED - OMB NUMBER 0					ER 0579 - 0127			
	.TURE	SERIAL NO.		1. ACCESSION N	NUMBER	2. DATE BLOOD			
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FORT INV: 1R MANDARING	Of The Horse And C lephone Numbers Wi	omplete Add	dresses Inc	luding ZIP Co	des, Cou	unties, And			
3. REASON FOR TESTING	First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)							
Market Change of Ownership X Retest		EL12A	BETH M	ANDADING	AM	BERHILL FARM			
4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENS SYSTEMS (GIS) 5. VETERINARY LICENS ACCREDITATION NO.		6407	Lida	254	ZID Code	3.000			
LAT: LONG: 9976	AGID	Tel No. (908) 397 - 09 77 County WHITE							
8. NAME AND ADDRESS OF OWNER (Please print or type)	- Cpu		ADDRESS OF			t or type)			
ELIZABETH MANDARINI	3	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) SHAYNE C WILLOX DVM							
6402 HWV 254		202	STONE	HOLLOW	CT				
CLEVELAND / GA ZIP Code	30528	PROS	PER,	TX	ZIP Code	13070			
Tel No. (908) 397-0977 County	WHITE	Tel No. 0	140) 59	5-3980	County	COLLIN			
CERTIFIC	CATION OF FEDERALLY	ACCREDITED from the horse	VETERINAR described be	RIAN Now on the date	indicated	ahove.			
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	nis form was drawn by the	ne from the horse described below on the date indicated above. 11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE DATE							
10. SIGNATURE OF PEDENCE TO THE STATE OF THE	her	SHAYNE C WILCOX AM 11/10/19							
C	ERTIFICATION OF OWNE	R OR OWNE	R'S AGENT	T:		polete			
13. SIGNATURE OF OWNER OF OWNER'S AGENT	and, to the best of my k	knowledge and belief, this form is true, correct, and complete. 14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE DATE							
The Class		PETER OLSEN 11/10/19							
Tube Official Tattoo/Brand Name	19. of Horse	20. Color	21. Breed	22. Electronic I.D. No.		23. ge or Sex F - Female			
		(, , , ,)	WELSI+			G - Gelding			
SPECTACULA	FIL ME GNIFICANT MARKINGS	GREY	FONY		Oi	Ol Female			
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25. HEAD	26. OTHER MARKS AND BRANDS								
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	FOR LABORATORY USE ONLY								
ANTECH DIAGNOSTICS	DATE RECEIVED 9 3	3. DATE REPORT	ED ONT 9 3	4. TEST RESULTS Negative	Positive	M AGID ELISA			

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YR:2019 GRICULTURE TION SERVICE			SERIAL NO.		1. ACCESSION NUMBER	12.00	TE BLOOD AWN					
	ME CH 02155	08 6	BORATOR	Y TEST	т 110	3594		101	7/19			
		1	ions Of The	e Horse And			luding ZIP Codes,	Counties	And			
	V: 1R	MANDAHUN 11/14/	NI ID: 91031 AM Telephon	e Numbers V	Vill Not Be Pr	ocessed.						
3. REASON	7-1-2			irst Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) ELIZABETH MANNALINO JAMBER HILL FARM							
4. GEOGRAPHI	C INFORMATION		TERINARY LICENSE OR	6. TEST TYPE	640-		2 CH	V. HILL	-KIDI I			
SYSTEMS (G LAT:	IS)	AC	CREDITATION NO.	ELISA	Q 1.V	LAND, 6	A ZIP C	ode 305	28			
LONG:		_1_	9976	AGID	Tel No. (908) 397 0977 County WHITE							
8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) \$\text{CHAYNE CWILCOX DW}\$,				
640		254	VVPVIND		202 STONE HOLLOW CT							
	LAND . G	A	ZIP Code 305 1	18	PROSPE		ZIP C	ode 75	078			
Tel No. (90	18)397-	0977	County WHI	TE	Tel No. 291	10 12 13	-3980 Cour	ity COLL	IN			
	I certify the s	pecimen s	CERTIFICATION C					ted above.				
10. SIGNATURE	OF FEDERALL A				e from the horse described below on the date indicated above. 11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE DATE							
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	L certify tha	t I have ex	CERTIFICA camined this form and, to	ATION OF OWN	IER OR OWNE	R'S AGENT belief, this for	m is true, correct, and	complete.				
13. SIGNATUR	E OF OWNER OR O				14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE DATE							
7) L	22	-	10	ETEL O	LSEN I 22.	23.	10119			
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FOR LABORATORY USE ONLY 32. DATE RECEIVED 33. DATE REPORTED OUT 34. TEST RESULTS												
2433	LOBE CON	nes.	*	7/19	11/1=	1191	Negative Positiv	e MAG	ID ELISA			
35. SIGNATURE OF TECHNICIAN / 36. REMARKS												
West and the second			1	ancha	Drelp	la-						
Falsi	ification of this	form or k	nowingly using a falsif	fied form is a c	riminal offense	e and may res	ult in a fine of not m	ore than \$1	0.000 or			
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).												