



YR:2019 DEPARTMENT OF AGRICULTURE
HEALTH INSPECTION SERVICE
NEMIA LABORATORY TEST
(Grandum 555.16)

SERIAL NO.
T1103569

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN
11/11/19

INV: 1R

MANDARINO, ELIZABETH
MINI ID: 84986
11/14/2019 @ 5:11 AM

Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) ELIZABETH MANDARINO / AMBER HILL FARM 6402 HWY 254 CLEVELAND, GA ZIP Code 30528 Tel No. (908) 397-0977 County WHITE	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 9976	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) ELIZABETH MANDARINO 6402 HWY 254 CLEVELAND, GA ZIP Code 30528 Tel No. (908) 397-0977 County WHITE		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) SHAYNE C WILCOX DVM 202 STONE HOLLOW CT PROSPER, TX ZIP Code 75078 Tel No. (940) 595-3980 County COLLIN	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME SHAYNE C WILCOX	12. SIGNATURE DATE 11/11/19
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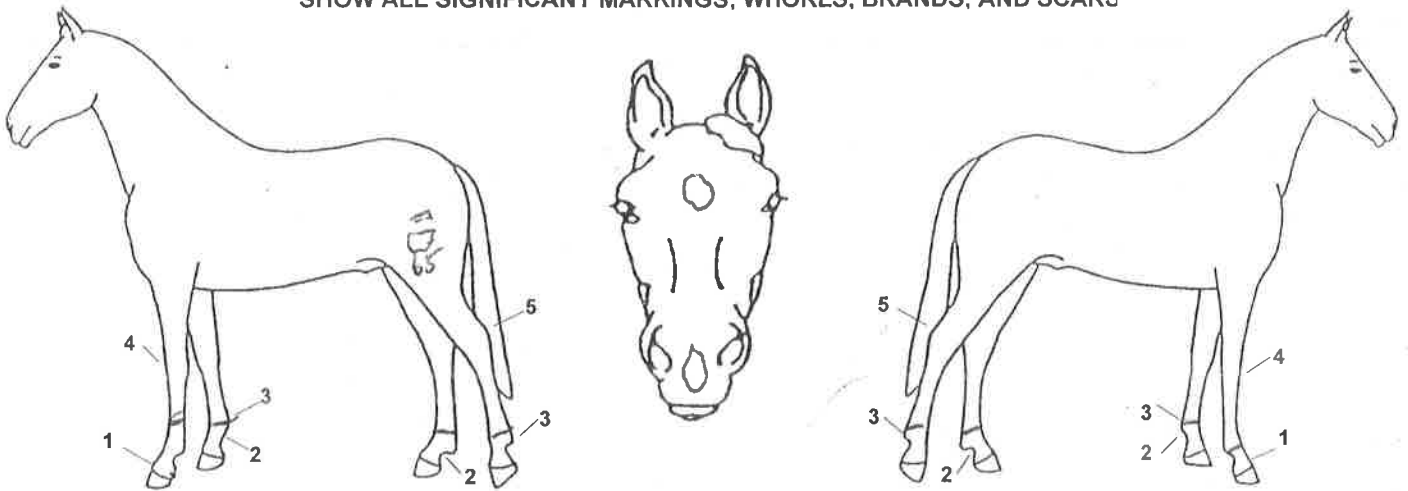
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>[Signature]</i>	14. TYPE OR PRINT SIGNATURE NAME PETER OLSEN	15. SIGNATURE DATE 11/11/19
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse BALOU DU ROUET	20. Color BAY	21. Breed OLDENBURG	22. Electronic I.D. No.	23. Age or DOB 2011	24. Sex M	M - Male F - Female G - Gelding SF - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR, SNIP	26. OTHER MARKS AND BRANDS BRAND LT HIP
27. LEFT FORELIMB STOCKING	28. RIGHT FORELIMB SOCK
29. LEFT HINDLIMB SOCK	30. RIGHT HINDLIMB SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ANTECH DIAGNOSTICS 2433 GLOBE COVE SOUTHAVEN, MS 38671 WMD AGD	32. DATE RECEIVED 11/4/19	33. DATE REPORTED OUT 11/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS	

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).

See reverse for more OMB inform



YR:2019

FORM APPROVED - OMB NUMBER 0579 - 0127

UNITED STATES ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIONIOUS ANEMIA (EIA) (VS #)

INV: 1R

MANDARINO
11/12/2019 8:13 AM

SERIAL NO. T1103595	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN 11/7/19
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Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) ELIZABETH MANDARINO / AMBER HILL FARM 6402 HWY 254 CLEVELAND, GA ZIP Code 30528 Tel No. (908) 397-0977 County WHITE	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 9976	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) ELIZABETH MANDARINO 6402 HWY 254 CLEVELAND, GA ZIP Code 30528 Tel No. (908) 397-0977 County WHITE		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) SHAYNE C WILLOX DVM 202 STONE HOLLOW CT PROSPER, TX ZIP Code 75078 Tel No. (940) 595-3980 County COLLIN	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME SHAYNE C WILLOX DVM	12. SIGNATURE DATE 11/10/19
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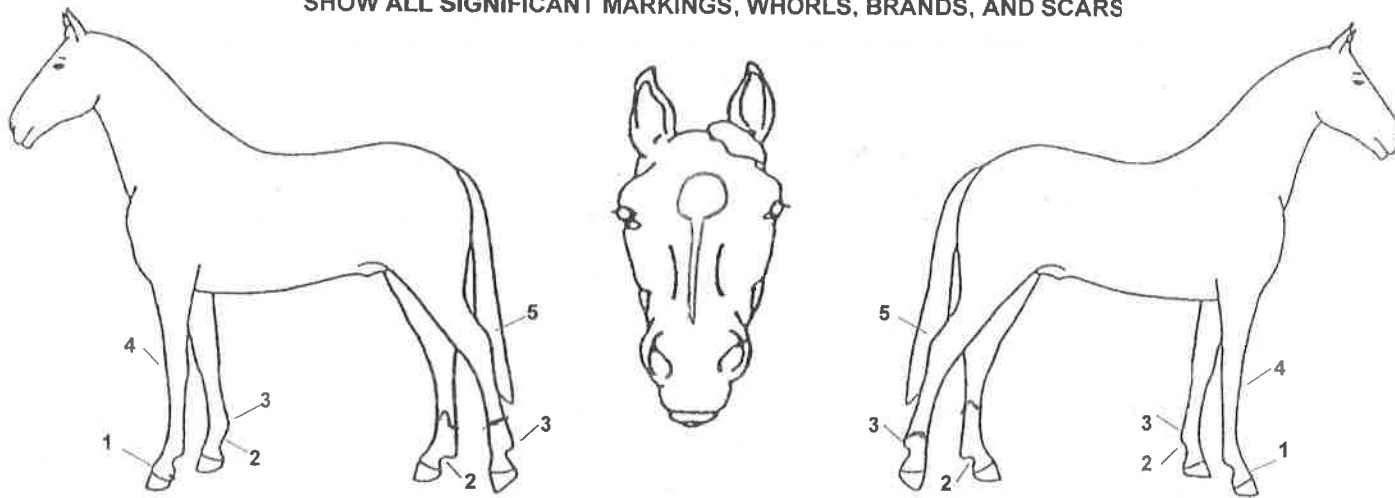
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>[Signature]</i>	14. TYPE OR PRINT SIGNATURE NAME PETER OLSEN	15. SIGNATURE DATE 11/10/19
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding SF - Spayed Female
			LOUIPOP	BAY	DUTCH		01/01/16	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR, STRIPE	26. OTHER MARKS AND BRANDS -
27. LEFT FORELIMB -	28. RIGHT FORELIMB -
29. LEFT HINDLIMB STOCKING	30. RIGHT HINDLIMB STOCKING

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE 2433 GLOBE COVE SOUTHAVEN MS 38671 VMPD AGID	32. DATE RECEIVED 11/19/19	33. DATE REPORTED OUT 11/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS	

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).



See reverse for more OMB in

YR:2019

FORM APPROVED - OMB NUMBER 0579 - 0127

UNITED ST.
ANIMAL AND
EQUINE INFECT

INV: 4R

MANDARINO
WIN ID: 81031
11/14/2019 @ 6:22 AM

ST

SERIAL NO.

T1103593

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

11/7/19

Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) ELIZABETH MANDARINO / AMBER HILL FARM 6402 HWY 254 CLEVELAND, GA Tel No. (908) 397-0977	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 9976	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) ELIZABETH MANDARINO 6402 HWY 254 CLEVELAND, GA Tel No. (908) 397-0977
		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) SHAYNE C WILCOX DVM 202 STONE HOLLOW CT PROSPER, TX Tel No. (940) 595-3980	
		ZIP Code 30528	County WHITE
		ZIP Code 75078	County COLLIN

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 	11. TYPE OR PRINT SIGNATURE NAME SHAYNE C WILCOX	12. SIGNATURE DATE 11/10/19
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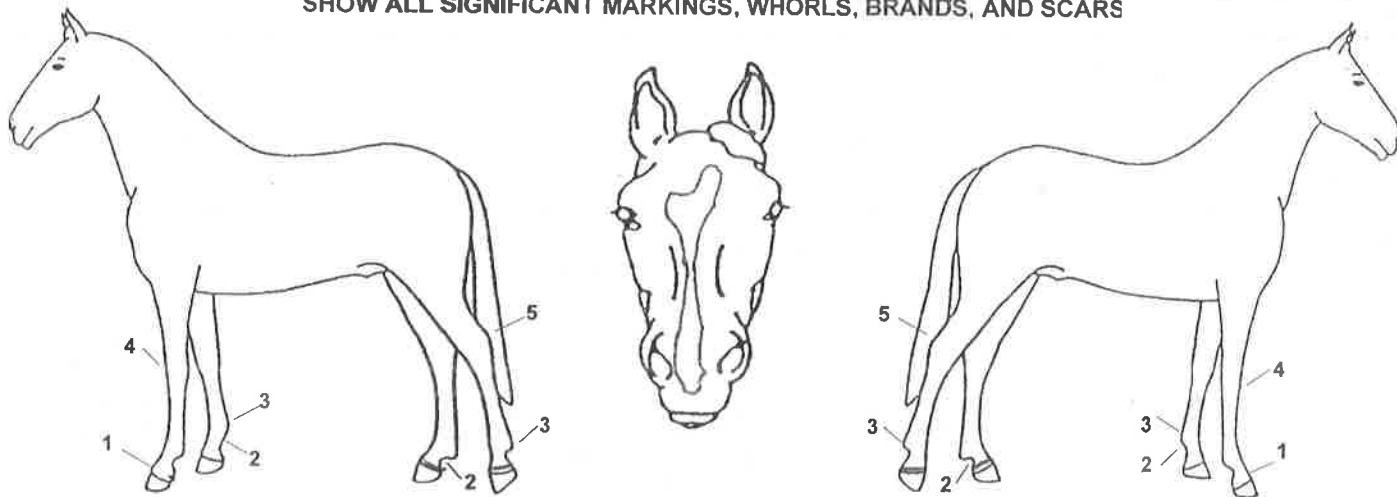
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT 	14. TYPE OR PRINT SIGNATURE NAME PETER OLSEN	15. SIGNATURE DATE 11/10/19
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding SF - Spayed Female
			CLARA BELLA	LIVER CHESTNUT	WELSH PONY		01/01/07	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD CONNECTED STAIL, STRIP, SNIP	26. OTHER MARKS AND BRANDS -
27. LEFT FORELIMB -	28. RIGHT FORELIMB -
29. LEFT HINDLIMB CORONET	30. RIGHT HINDLIMB CORONET

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ANTECH DIAGNOSTICS 2433 GLOBE COVE SOUTHAVEN, MS 38671 WFD ASD	32. DATE RECEIVED 11/4/19	33. DATE REPORTED OUT 11/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN 		36. REMARKS

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).

See reverse fr



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YR:2019 ATORY TEST

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ERVICE
ATORY TEST

SERIAL NO.
T 1103596

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN
11/7/19

Forr INV: 1R

MANDARINO
11/4/2019 @ 8:24 AM

Of The Horse And Complete Addresses Including ZIP Codes, Counties, And
lephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.
9976

6. TEST TYPE

ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

ELIZABETH MANDARINO | AMBER HILL FARM

6402 HWY 254

CLEVELAND, GA

ZIP Code 30528

Tel No. (908) 397-0977

County WHITE

8. NAME AND ADDRESS OF OWNER (Please print or type)

ELIZABETH MANDARINO

6402 HWY 254

CLEVELAND, GA

ZIP Code 30528

Tel No. (908) 397-0977

County WHITE

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

SHAYNE C WILCOX DVM

202 STONE HOLLOW CT

PROSPER, TX

ZIP Code 75078

Tel No. (940) 595-3980

County COLLIN

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

[Signature]

11. TYPE OR PRINT SIGNATURE NAME

SHAYNE C WILCOX

12. SIGNATURE DATE

11/10/19

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.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

[Signature]

14. TYPE OR PRINT SIGNATURE NAME

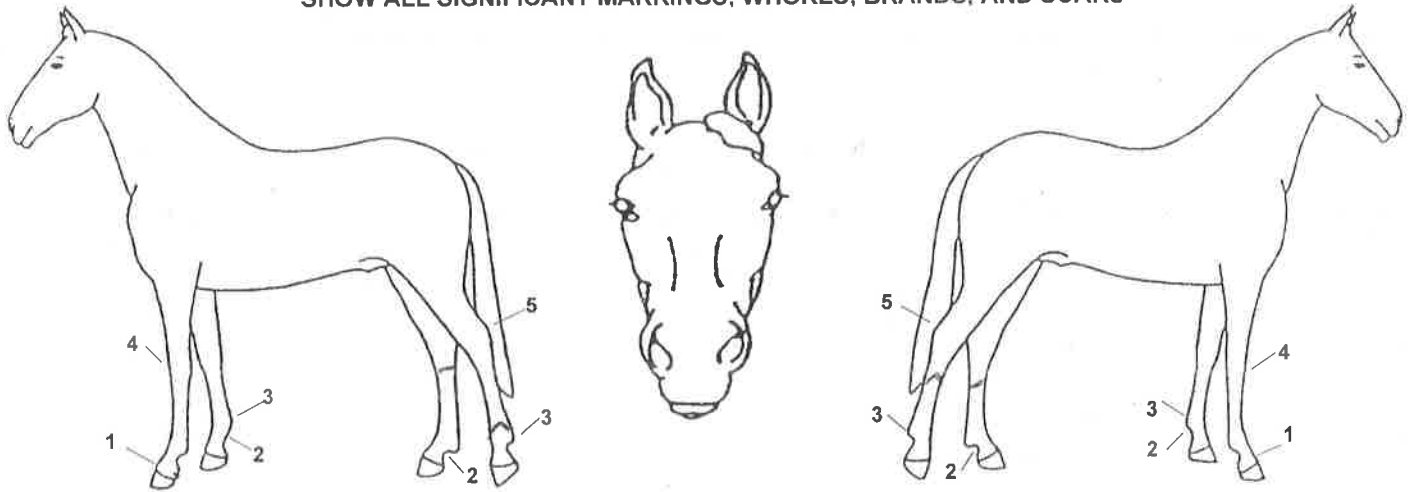
PETER OLSEN

15. SIGNATURE DATE

11/10/19

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding SF - Spayed Female
			SPECTACULAR ME	GREY	WELSH PONY		01/01/14	F	

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
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB STOCKING	30. RIGHT HINDLIMB STOCKING

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ANTECH DIAGNOSTICS 2433 GLOBE COVE SOUTHAVEN, MS 38971 WARD AGO	32. DATE RECEIVED 11/14/19	33. DATE REPORTED OUT 11/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS	

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).

See reverse for more OMB info
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YR:2019	AGRICULTURE TION SERVICE BORATORY TEST 6)	SERIAL NO. T 1103594	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN 11/7/19
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MANDARINO
VIN ID: 91031
11/14/2019 @ 8:40 AM

ions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

INV: 1R	3. REASON <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) ELIZABETH MANDARINO / AMBER HILL FARM 6402 HWY 254 CLEVELAND, GA Tel No. (908) 397-0977
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 9976	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID
8. NAME AND ADDRESS OF OWNER (Please print or type) ELIZABETH MANDARINO 6402 HWY 254 CLEVELAND, GA Tel No. (908) 397-0977	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) SHAYNE C WILLOX DVM 202 STONE HOLLOW CT PROSPER, TX Tel No. (940) 595-3980	10. ZIP Code 30528 County WHITE
11. ZIP Code 75078 County COLLIN		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Shayne C Wilcox</i>	11. TYPE OR PRINT SIGNATURE NAME SHAYNE C WILLOX DVM	12. SIGNATURE DATE 11/10/19
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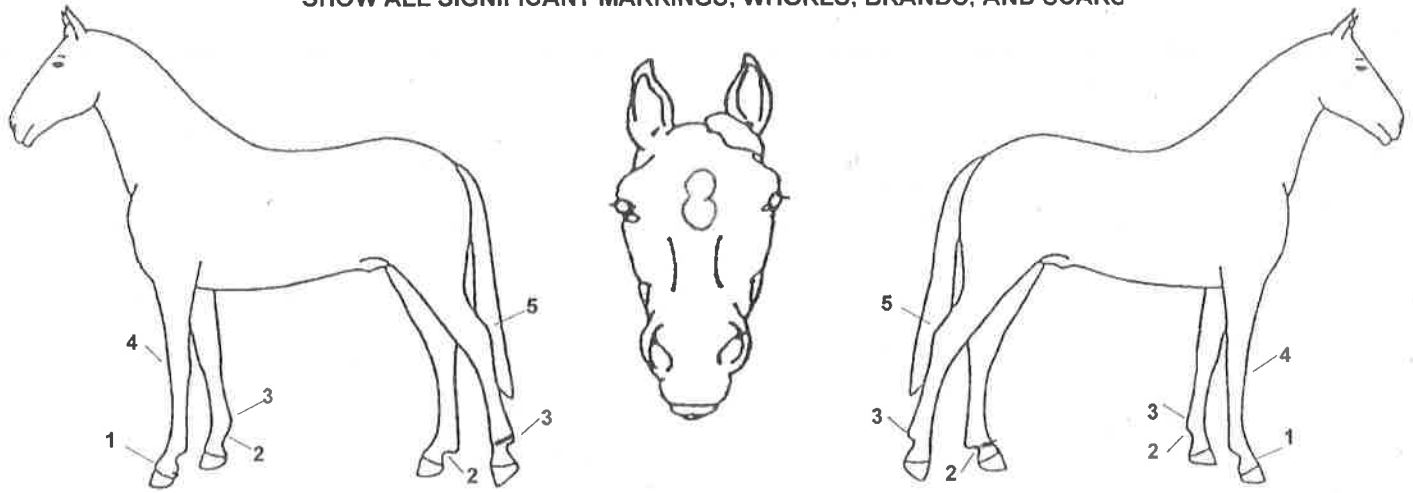
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>Peter Olsen</i>	14. TYPE OR PRINT SIGNATURE NAME PETER OLSEN	15. SIGNATURE DATE 11/10/19
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse THEA	20. Color BAY	21. Breed MANGYARD CROSS	22. Electronic I.D. No.	23. Age or DOB 01/11/16	24. Sex F	M - Male F - Female G - Gelding SF - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS -
27. LEFT FORELIMB -	28. RIGHT FORELIMB -
29. LEFT HINDLIMB SOX	30. RIGHT HINDLIMB -

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ANIEL HARRIS 2433 GLOBE CO SOUTHAVEN, MS 38671 VMDP AGD	32. DATE RECEIVED 11/4/19	33. DATE REPORTED OUT 11/5/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>Sandra Griffin</i>		36. REMARKS	

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).