



DLCG0026977 6
Coggins AGID

100 UL SER
INV: 1R

MANDARINO

LARGE ANIMALS - CATTLE

DEPARTMENT OF AGRICULTURE
HEALTH INSPECTION SERVICE
EMIA LABORATORY TEST
(Indum 555.16)

SERIAL NO.

T 1103583

1. ACCESSION NUMBER

DLG00269776

2. DATE BLOOD DRAWN

10/5/19

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

3. REASON FOR TESTING
 Market Change of Ownership Show First Test
 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 FARMS
 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 WILLOX
 702 STONE HOLLOW CT
 PROSPER, TX ZIP Code 75068
 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 WILLOX

12. SIGNATURE DATE
 10/7/19

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.

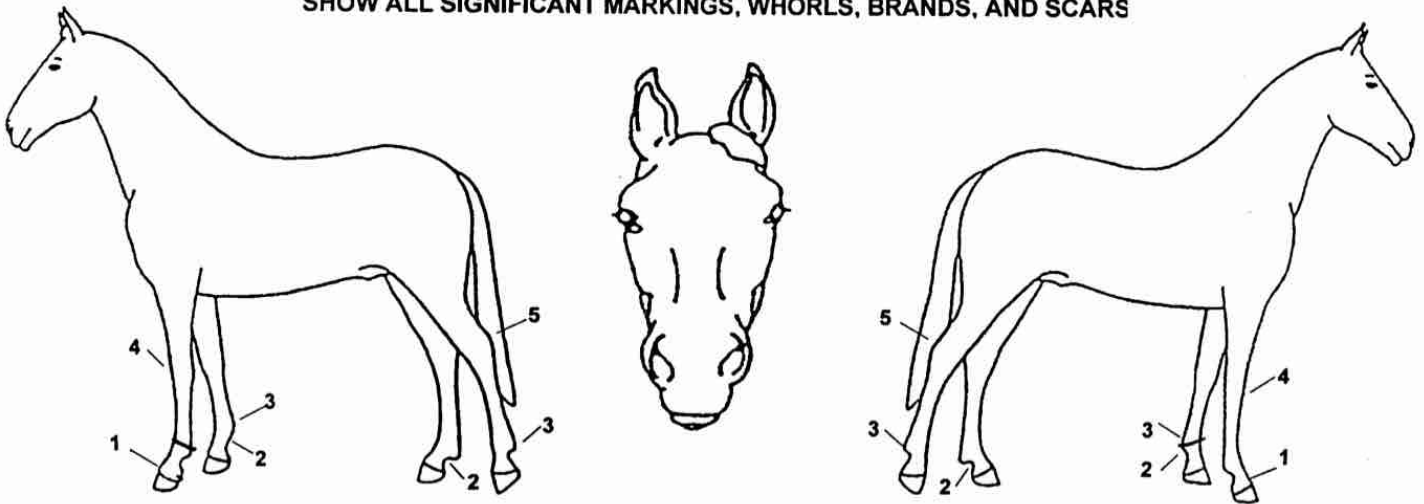
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME
 AMANDA A WILLOX

15. SIGNATURE DATE
 10/7/19

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
			MISHER DU TILLARD	GREY	WB		01/01/06	6Y	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD NIL	26. OTHER MARKS AND BRANDS NIL
27. LEFT FORELIMB FETLOCK	28. RIGHT FORELIMB NIL
29. LEFT HINDLIMB NIL	30. RIGHT HINDLIMB NIL

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE 6186 - Antech Innis, Texas	32. DATE RECEIVED 10/17/19	33. DATE REPORTED OUT 10/19/19	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).