



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

SERIAL NO. T1103581
1. ACCESSION NUMBER DLGG0026995
2. DATE BLOOD DRAWN 10/5/19

100 UL SER
INV: TR

The 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"/> Relest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) ELIZABETH MANDARINO / AMBER HILLS 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	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) SHAYNE C WILLOX 202 STONE HOLLOW CT PROSPER, TX ZIP Code 75078 Tel No. (940) 595-3980 County COLLIN
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 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	12. SIGNATURE DATE 10/7/19
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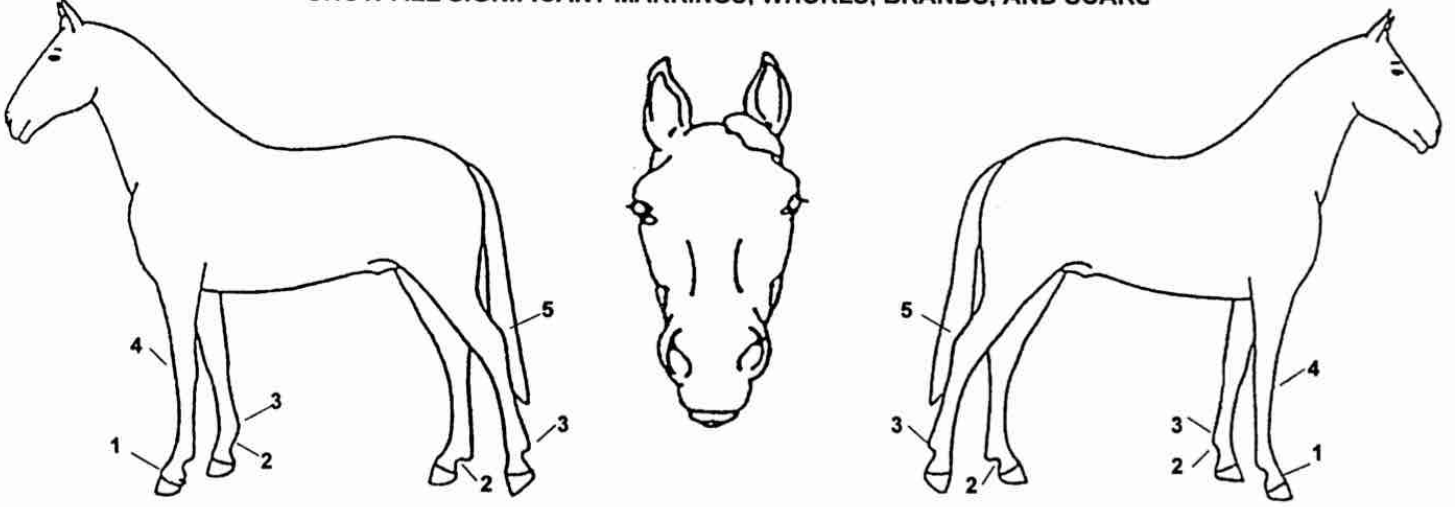
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 AMANDA A WILLOX	15. SIGNATURE DATE 10/7/19
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse CLAIRVOYANT	20. Color GREY	21. Breed KWPN	22. Electronic I.D. No.	23. Age or DOB 11/109	24. Sex G	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 NIL	26. OTHER MARKS AND BRANDS NIL
27. LEFT FORELIMB NIL	28. RIGHT FORELIMB NIL
29. LEFT HINDLIMB NIL	30. RIGHT HINDLIMB NIL

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE 6186 Antech DALLAS, 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).