

See reverse for more OMB info
MECH0215508 6

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. NAME AND ADDRESS OF VETERINARIAN (Please print or type) SHAYNE C WILLOX DVM 202 STONE HOLLOW CT PROSPER, TX Tel No. (940) 595-3980

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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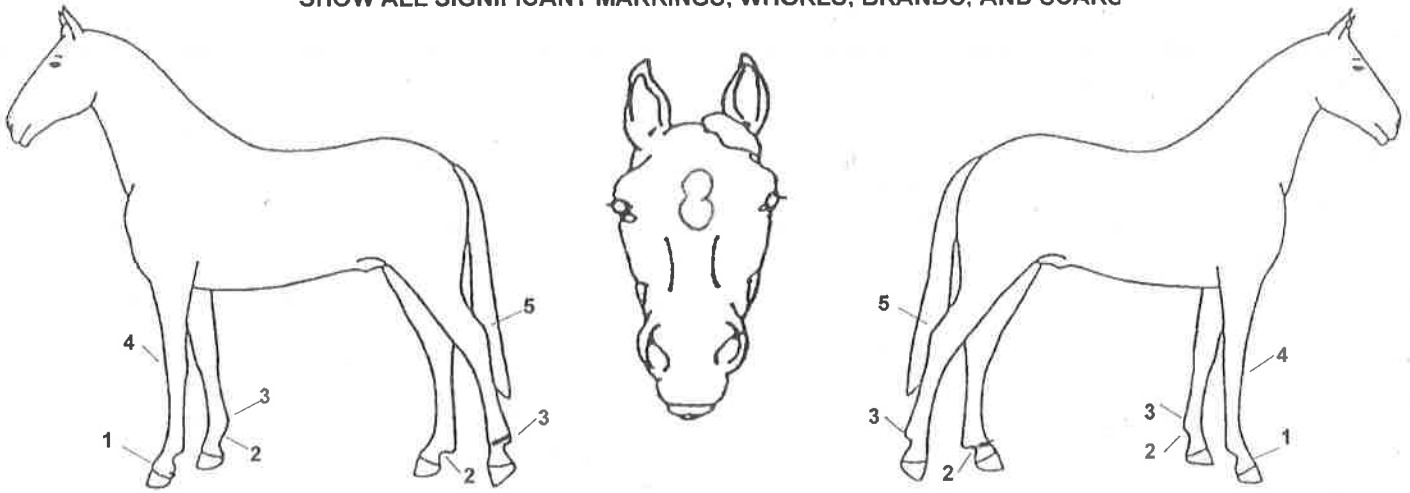
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 MANGALDELL CROSS	22. Electronic I.D. No.	23. Age or DOB 01/01/16	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).