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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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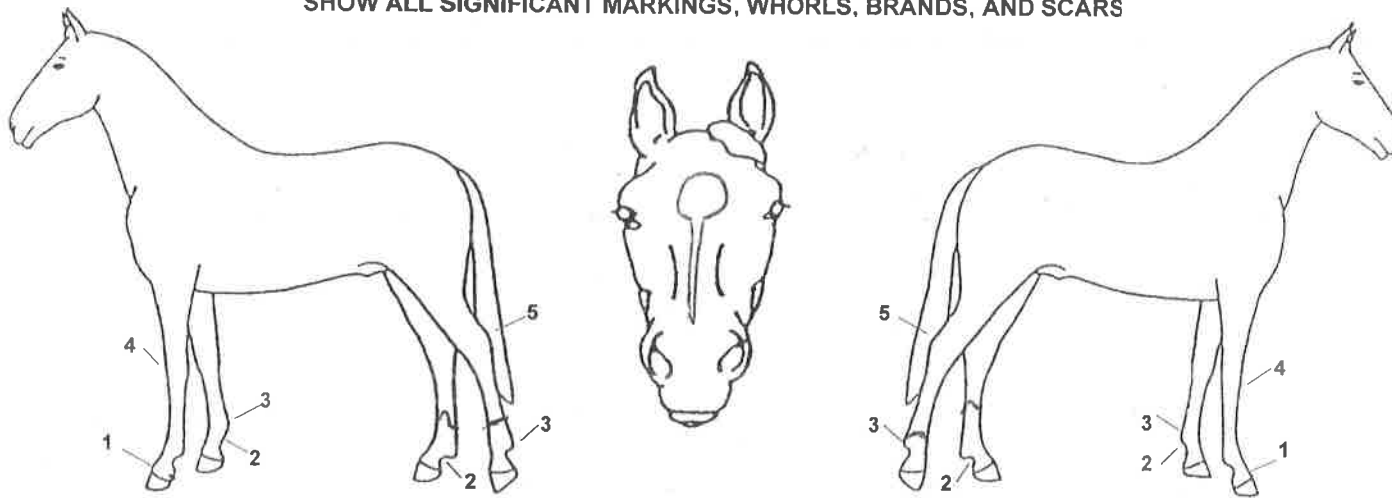
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 LOUIPOP	20. Color BAY	21. Breed DUTCH	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, 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).