



DLGG0026974 9
Coggins AGID

100 UL SER
INV: 1R



DEPARTMENT OF AGRICULTURE
HEALTH INSPECTION SERVICE
PREMIA LABORATORY TEST
(Random 555.16)

SERIAL NO.

T 1103586

FORM APPROVED - OMB NUMBER 0579 - 0127

1. ACCESSION NUMBER

DLGG00269749

2. DATE BLOOD DRAWN

10/5/19

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

Market Change of Ownership Retest First Test 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 FA

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

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

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

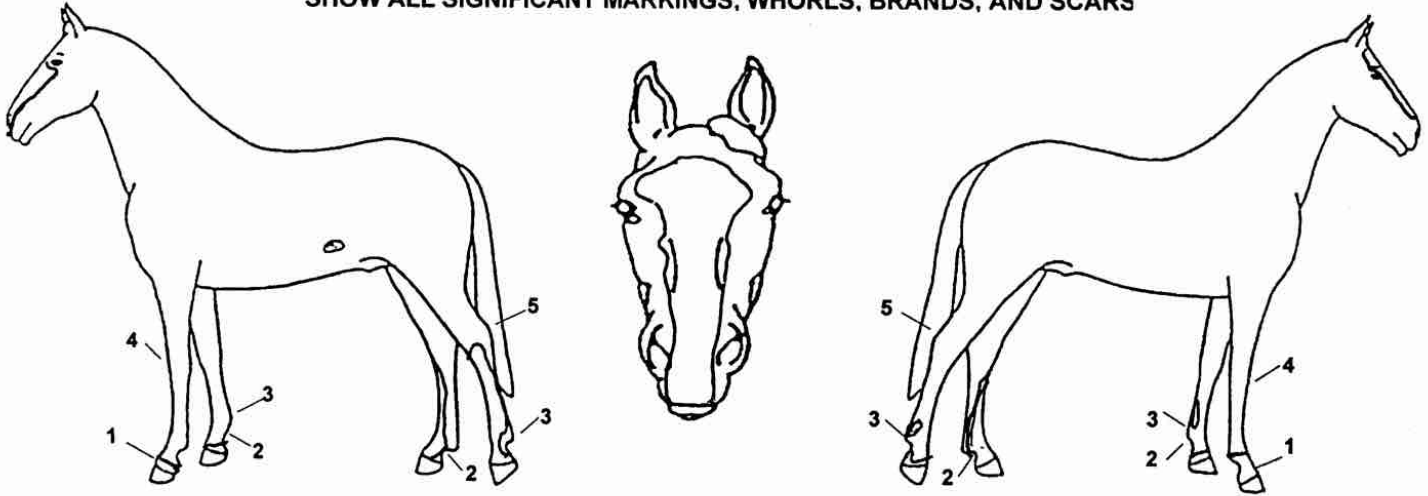
AMANDA A WILCOX

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
			RAZZ MA TAZZ	RED ROAN	NECO FOREST		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

BLAZE

26. OTHER MARKS AND BRANDS

NIL

27. LEFT FORELIMB

PASTERLN

28. RIGHT FORELIMB

FETLOCK

29. LEFT HINDLIMB

SOCK

30. RIGHT HINDLIMB

SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

6186-Antech

32. DATE RECEIVED

10/17/19

33. DATE REPORTED OUT

10/19/19

35. SIGNATURE OF TECHNICIAN

[Signature]

34. TEST RESULTS

Negative Positive AGID ELISA

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).