



DLGG0026998 1  
Coggins AGID  
100 UL SER 11980  
INV: 1R



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

SERIAL NO.  
T1103573

1. ACCESSION NUMBER  
DLGG00269981

2. DATE BLOOD DRAWN  
10/5/19

Complete 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  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 FARM

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  
202 STONE HOLLOW CT  
PROSDER, TX ZIP Code 75078  
Tel No. (940) 595-2980 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.

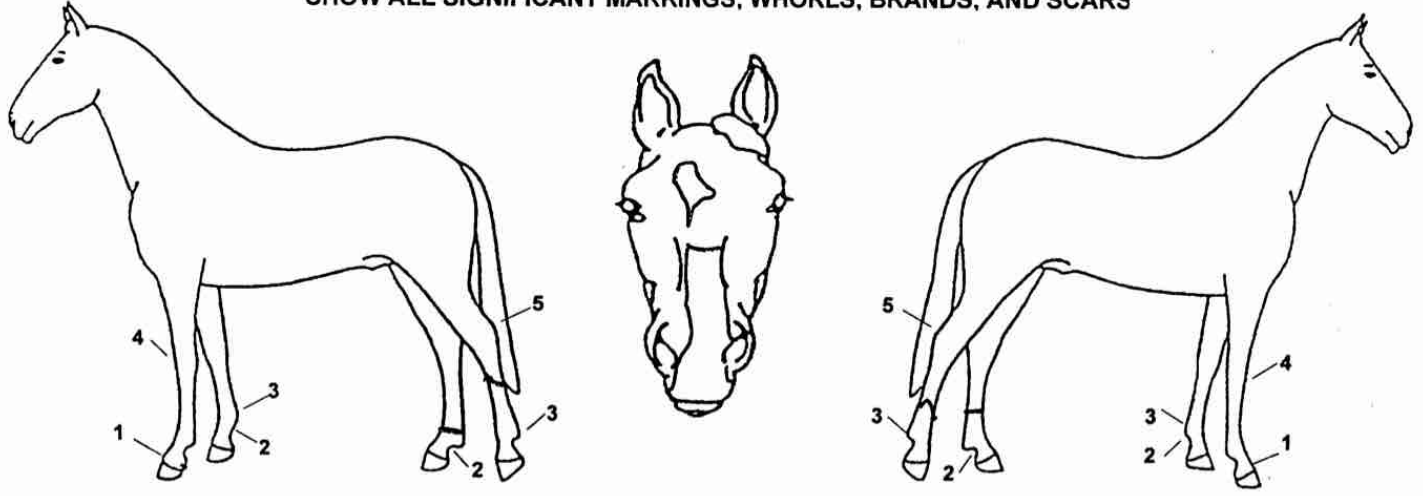
13. SIGNATURE OF OWNER OR OWNER'S AGENT

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
			REBEL	LIVER CHESTNUT	WELSH		6M	M	

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, SNIP	26. OTHER MARKS AND BRANDS NIL
27. LEFT FORELIMB NIL	28. RIGHT FORELIMB NIL
29. LEFT HINDLIMB STOCKING	30. RIGHT HINDLIMB SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE 6186 - Antech Irving, 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).