



Florida Department of Agriculture and Consumer Services
 Division of Animal Industry
 Bureau of Animal Disease Control

NO. 58 D

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Name & Address of Consignor/Shipper	Name & Mailing Address of Consignee/Purchaser
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OFFICIAL CERTIFICATE OF VETERINARY INSPECTION

WILTON SIMPSON
 COMMISSIONER

Chapter 585, F.S.
 5C-24.003, F.A.C.

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

SPECIES <input type="checkbox"/> Cattle <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Horses <input type="checkbox"/> Poultry <input type="checkbox"/> Goats <input type="checkbox"/> Other _____	AREA STATUS <input type="checkbox"/> Accredited Free (TB) <input type="checkbox"/> Class Free (Bruc) <input type="checkbox"/> Class A (Bruc) <input type="checkbox"/> Class B (Bruc) <input type="checkbox"/> Class C (Bruc)	HERD OR FLOCK STATUS <input type="checkbox"/> Accredited Herd No. _____ <input type="checkbox"/> Certified Herd No. _____ <input type="checkbox"/> Validated Herd No. _____ <input type="checkbox"/> Qualified Neg. Herd No. _____	CARRIER <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Trail <input type="checkbox"/> Water	VACCINATION STATUS VACCINATED FOR DATE PRODUCT
ORIGIN OF SHIPMENT COUNTY MARKET	PERMIT NUMBER	QUALIFYING A TEST DATES: C _____ B. _____ D. _____	NAME & ADDRESS	

INDIVIDUAL ANIMAL IDENTIFICATION & TESTS				TUBERCULIN TEST (INTRADERMAL)		BRUCELLOSIS TEST		VACCINATION		OTHER TESTS	
EAR TAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	L I N E N o.	REGISTRY NUMBER OR DESCRIPTION (ALL ANIMALS PRESENTED FOR TEST MUST BE LISTED)	A G E	S E X	B R E E D	DATE:	DATE:	DATE OR TATTOO SYMBOL	DATE	DATE	R E S U L T S
						LAB: (Name & Location)	LAB: (Name & Location)				
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										

Comments:

ISSUING VETERINARIAN'S CERTIFICATION: I certify, as an accredited veterinarian, that the above described animals have been inspected by me & that they are not showing signs of infectious, contagious, &/or communicable disease, (except where noted). The vaccination & results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination & federal interstate requirements. No further warranty is made or implied.

Printed Name of Veterinarian	Veterinarian's Signature	Florida License Number	National Accreditation Number	Date
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Owner/Agent Statement: (When applicable): The animals in this shipment are those certified to & listed on this certificate.
 Scan Completed Copy to: Flacerts@FDACS.gov or mail to Division of Animal Industry, 407 South Calhoun Street, Tallahassee, FL 32399-0800 Questions www.FDACS.gov or (850) 410-0900

Distribution: White - State Veterinarian Pink - Shipment Goldenrod - DVM