



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

OFFICIAL EQUINE CERTIFICATE OF VETERINARY INSPECTION

WILTON SIMPSON
 COMMISSIONER

585.08(2) F.S., 5C-24.003 F.A.C.

No:
 Eqf

Purpose Of Movement

- Racing
 Training
 Breeding
- Show
 Other _____

CONSIGNOR

CONSIGNEE OR DESTINATION

DATE OF EXAMINATION

ADDRESS

ADDRESS

NUMBER OF HORSES EXAMINED

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

LOCATION OF EXAM

NAME	AGE	BREED	SEX	TEMP	COLOR	SUBSEQUENT DESCRIPTION: MICROCHIP, MARKINGS, BRANDS, TATTOO NUMBER	NEGATIVE EIA TEST INFORMATION	
							DATE	LAB ACCESSION # NAME STATE
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

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

PRINTED ADDRESS OF VETERINARIAN MUST INCLUDE

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 CLINIC NAME _____
 PHONE # _____ FAX: _____

SIGNATURE OF VETERINARIAN _____

FL Accession Number _____ DATE _____
 National Accreditation Number _____
**VALID FOR 30 DAYS
 FOLLOWING EXAMINATION**

OWNER/AGENT STATEMENT: (When Applicable) The Animals in this shipment are certified to and listed on this certificate.