



WILTON SIMPSON
COMMISSIONER

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

**CERTIFICATE OF EUTHANASIA
OF EQUINE INFECTIOUS ANEMIA
REACTOR**

Contact:

Equine Programs
407 South Calhoun Street
Tallahassee, FL 32399-0800
(850) 410-0900
(850) 410-0949 FAX

EquinePrograms@FDACS.gov

www.FDACS.gov/AI

5C-18.007, Florida Administrative Code

This is to certify that

the following described EIA Reactor,
Suspect or Exposed owned by

_____ *Name and Address*

was euthanized
on

_____ *Date*

by

_____ *Name and Title*

or died of natural
causes on

_____ *Date*

confirmed
by

_____ *Veterinarian or Department Representative*

The means/method used in the disposal of the carcass was

Animal Identification:

_____ **Name/Registry No.**

_____ **Breed**

_____ **Age**

_____ **Sex**

_____ **Color**

_____ **Reactor Tattoo or Brand #**

Euthanasia of this animal was entirely voluntary on my part, and I understand that I am not entitled to indemnity.

Owner:

_____ *Name (Printed)*

_____ *Signature*

Witness:

_____ *Date*

_____ *Name (Printed)*

_____ *Signature*

_____ *Date*