



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

ADAM H. PUTNAM
 COMMISSIONER

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

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION

NO. 58 D

C

Name & Address of Consignor/Shipper	Name & Mailing Address of Consignee/Purchaser

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 _____	
ORIGIN OF SHIPMENT COUNTY _____ MARKET _____		PERMIT NUMBER _____		QUALIFYING TEST DATES A. _____ B. _____ C. _____ D. _____		NAME & ADDRESS _____ _____ _____		PRODUCT _____	

INDIVIDUAL ANIMAL IDENTIFICATION & TESTS						TUBERCULIN TEST (INTRADERMAL)		BRUCELLOSIS TEST		VACCINATION		OTHER TESTS	
EAR TAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	LINE No.	REGISTRY NUMBER OR DESCRIPTION (ALL ANIMALS PRESENTED FOR TEST MUST BE LISTED)	A G E	S E X	B R E E D	I N J E C T I O N	DATE:	DATE:	LAB: (Name & Location)	DATE OR TATTOO SYMBOL	DATE:	R E S U L T S	
							HOUR:	HOUR:					Laboratory:
	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@FreshFromFlorida.com or mail to Division of Animal Industry, 407 South Calhoun Street, Tallahassee, FL 32399-0800
 Questions www.FreshFromFlorida.com or (850) 410-0900