



**WILTON SIMPSON
COMMISSIONER**

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

RELEASE OF QUARANTINE

Rule 5C-30.004, F.A.C.

DATE:	
TIME:	
COUNTY:	

PREMISE NAME AND ADDRESS	CONTACT INFORMATION FOR OWNER/REPRESENTATIVE
DESCRIPTION OF ANIMALS	PHYSICAL LOCATION OF ANIMALS

RELEASE OF QUARANTINE

Quarantine placed on the animals or premises or both at the physical location of animals as described above on _____ (date) is hereby released. Check if any conditions for Release and Describe Conditions:

OWNER'S ACKNOWLEDGEMENT AND SIGNATURE	SIGNATURE OF DEPARTMENT REPRESENTATIVE
I acknowledge receipt of a copy of this Release of Quarantine.	Owner or Representative not available. A copy was mailed to the above address on _____(date).
(Signature of Owner or Representative)	(Printed Owner Name and Title)
(Printed Name of Owner or Representative and Title)	(Signature of Department Representative)
(Print Name of Owner)	(Print Name of Department Representative and ID #)

QUESTIONS: State Veterinarian's Office, Division of Animal Industry, 407 S Calhoun Street, Tallahassee, FL 32399-0800

www.FDACS.gov/AI 850-410-0900 Fax: 850-410-0946

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