



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

WILTON SIMPSON  
 COMMISSIONER

**OFFICIAL CERTIFICATE OF VETERINARY INSPECTION**

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

**NO. 58 D**

**C**

Name & Address of Consignor/Shipper	Name & Mailing Address of Consignee/Purchaser
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Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

<b>SPECIES</b> <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 _____	<b>AREA STATUS</b> <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)	<b>HERD OR FLOCK STATUS</b> <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. _____	<b>CARRIER</b> <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Trail <input type="checkbox"/> Water	<b>VACCINATION STATUS</b> <b>VACCINATED FOR</b> _____ <b>DATE</b> _____ <b>PRODUCT</b> _____
<b>ORIGIN OF SHIPMENT</b> COUNTY MARKET	<b>PERMIT NUMBER</b> _____	<b>QUALIFYING TEST DATES</b> A. _____ B. _____ C. _____ D. _____	<b>NAME &amp; ADDRESS</b> _____ _____ _____	

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	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:
	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](mailto:Flacerts@FreshFromFlorida.com) or mail to Division of Animal Industry, 407 South Calhoun Street, Tallahassee, FL 32399-0800  
 Questions [www.FreshFromFlorida.com](http://www.FreshFromFlorida.com) or (850) 410-0900