



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

CONTACT:
 Equine Programs office
 407 South Calhoun Street
 Tallahassee, FL 32399-0800
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WILTON SIMPSON
 COMMISSIONER

585.145, 585.671, Florida Statutes
 5C-3.003(5), Florida Administrative Code
EquinePrograms@FDACS.gov

EQUINE EVENT EXTENSION

Note: All Documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

OWNER/AGENT: _____ EXTENSION: H

MAILING ADDRESS: _____ EXPIRATION DATE:

TELEPHONE: _____ DATE ISSUED: _____

INFORMATION ON HORSE

NAME OF HORSE: _____ BREED: _____

AGE: _____ COLOR: _____

SEX: _____ REGISTRATION: _____

EIA TEST: _____ EIA TEST RESULTS: _____

LAB NAME: _____ LAB ACCESSION: _____

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION NUMBER:

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION ISSUE DATE:

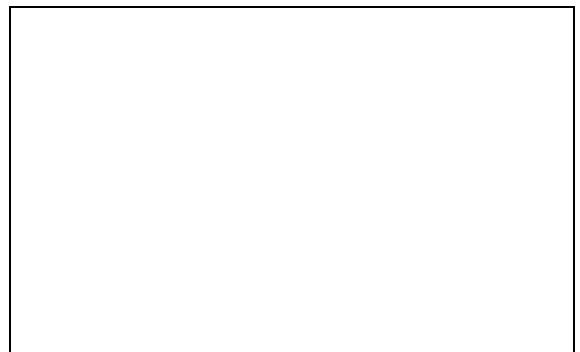
The Equine Event Extension is an extension of the date of expiration of the Official Certificate of Veterinary Inspection required for interstate movement of horses. Use of the Equine Event Extension is

- limited to interstate movement between Alabama, Arkansas⁶, Georgia, Louisiana, South Carolina, Virginia, West Virginia, and Florida;
⁶ However, the EIA test must have been within the previous 6 months.
- restricted to/from movement to equine events and exhibitions from Florida;
- valid up to 6 months **only** when the EIA test remains valid for that 6 months;
- **not** valid when **any** change of ownership occurs.

IMPORTANT: Any violation of statutes or rules regarding the documents required for movement of equidae shall result in cancellation of this extension and penalties as provided for in Chapter 585, Florida Statutes. See Page 2.

THIS EXTENSION WITH EMBOSSED SEAL IS VALID UNTIL THE EXPIRATION DATE SHOWN PROVIDED A CURRENT ORIGINAL EIA TEST RECORD (VS FORM 10-11) AND AN OFFICIAL CERTIFICATE OF VETERINARY INPECTION ARE ATTACHED.

 Department Representative



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Administrative Hearing Available

If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes and to be represented by counsel or other qualified representative. Your request for hearing must contain:

1. Your name, address, telephone number, and facsimile number (if any).
2. The name, address, telephone number, and facsimile number of your attorney or qualified representative (if any) upon whom service of pleadings and other papers shall be made.
3. A statement that you are requesting an administrative hearing and dispute the material facts alleged by the department, in which case you must identify the material facts that are in dispute (formal hearing), or that you request an administrative hearing and that you do not dispute the facts alleged by the department (informal hearing).
4. A statement of when (date) you received this Notice and the file number of this Notice.

Your request for a hearing must be received at the address shown on this Notice within twenty-one (21) days of receipt of this Notice. If you fail to obtain a Release from this Notice or fail to request an administrative hearing within the twenty-one (21) day deadline you waive your right to a hearing and the Department may enter a Final Order imposing up to the maximum penalties as authorized by Florida Law.