



WILTON SIMPSON
COMMISSIONER

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

APPLICATION FOR EQUINE EVENT EXTENSION

Not valid for change of ownership.

585.145, 585.671, Florida Statutes
5C-3.003, Florida Administrative Code

Equine Programs Office
Phone: 850-410-0900
EquinePrograms@FreshFromFlorida.com

Remit \$10.00 for first equine and
\$5.00 fee for each additional equine
on the same application Online at:
www.FreshFromFlorida.com

- or -

Check or Money Order Payable to
FDACS and remit to:
FDACS
P.O. Box 6710
Tallahassee, FL
32314-6710

www.FreshFromFlorida.com/aj

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

OWNER/AGENT	DATE
MAILING ADDRESS	CITY, STATE, ZIP CODE
COUNTY	EMAIL
DAYTIME TELEPHONE NUMBER	SIGNATURE

In accordance with the rules of the State of Florida, Section 5C-3.003, Florida Administrative Code, I hereby request Equine Event Extension(s) on the following Official Certificate(s) of Veterinary Inspection:

Official Certificate of Veterinary Inspection	Number 1	_____
Number 2	Number 3	_____
Number 4	Number 5	_____

NAME OF HORSE 1	LABORATORY EIA ACCESSION NUMBER 1
NAME OF HORSE 2	LABORATORY EIA ACCESSION NUMBER 2
NAME OF HORSE 3	LABORATORY EIA ACCESSION NUMBER 3
NAME OF HORSE 4	LABORATORY EIA ACCESSION NUMBER 4
NAME OF HORSE 5	LABORATORY EIA ACCESSION NUMBER 5

Documents To Accompany Fee

- A completed application
- Original(s) or legible photocopy(ies) of Official Certificate(s) of Veterinary Inspection(s)
- The original(s) or legible photocopy(ies) of the Equine Infectious Anemia test record(s) (VS Form 10-11), or color copy of electronic EIA test with digital images.

Org Code: 42 09 02 01 000
OE: A2
Object Code: 001248 Fee: \$10.00/\$5.00