



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.

CHARLES H. BRONSON
 COMMISSIONER

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

Forward application and documents with remittance fee of \$10.00 for first equine and \$5.00 for each additional equine on the same application; made payable to: Florida Department of Agriculture and Consumer Services
 ATTN: Dr. Michael Short,
 Equine Programs
 Rm. 315, 407 S. Calhoun St.
 Tallahassee, Florida 32399-0800
 850-410-0953 Fax: 410-0946
www.doacs.state.fl.us/ai/

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	COUNTY
CITY	DAYTIME TELEPHONE NUMBER
STATE, ZIP CODE	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:	
Number:		Number:
Number:		Number:
NAME OF HORSE	LABORATORY EIA ACCESSION NUMBER	
NAME OF HORSE	LABORATORY EIA ACCESSION NUMBER	
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DOCUMENTS TO ACCOMPANY FEE: <input type="checkbox"/> A completed application <input type="checkbox"/> Original(s) or legible photocopy(ies) of Official Certificate(s) of Veterinary Inspection(s)	<input type="checkbox"/> 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.
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42090201000/A2 001248 \$10.00/\$5.00