



Gary Black
Commissioner

Georgia Department of Agriculture

19 MLK, Jr. Drive • Atlanta, Georgia 30334-4201

EQUINE EVENT PERMIT APPLICATION

Name of Equine: _____

Owner of Equine: _____

Address of Owner: _____

Phone Number(s): _____

In case of questions, please contact my agent. (If not applicable, write N/A)

Agent Name: _____

Address: _____

Phone Number(s): _____

Mail Completed Equine Event Permit to: Owner Agent

Owner or Agent Signature: _____

Printed Name of Above: _____

If you have any questions about the Equine Event Permit please call the Georgia Department of Agriculture, Animal Health Section at 404-656-3667 or 1-800-282-5852 Ext. 3667. Or visit our website at <http://agr.georgia.gov> (Under Divisions, Animal Industry, Animal Health).

Mail this completed application along with your CVI and EIA. Test Form to:
The Georgia Department of Agriculture
Attention: Equine Event Permit
19 MLK, Jr. Drive, Room 105
Atlanta, Georgia 30334

For Office Use Only. Please Do Not Write in this Block.

Postmark Date: _____	Date Received: _____	Date Mailed: _____
Comments: _____		
Special Handling: _____	Received By: _____	Returned By _____
Received From: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> Agent		
Mailed To: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> Agent		

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EQUAL OPPORTUNITY EMPLOYER