



ADAM H. PUTNAM  
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

Phone: 850-410-0900

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 FDACS and remit to:

FDACS  
Equine Programs Office  
P. O. Box 6710  
Tallahassee, FL32314-6710

[www.freshfromflorida.com/ai](http://www.freshfromflorida.com/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
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<b>DOCUMENTS TO ACCOMPANY FEE:</b>	<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.
<input type="checkbox"/> A completed application	
<input type="checkbox"/> Original(s) or legible photocopy(ies) of Official Certificate(s) of Veterinary Inspection(s)	

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