



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Animal Industry

**REQUEST FOR
BRUCELLOSIS (RE)CERTIFICATION**

5C-6, Florida Administrative Code

Contact:

Bureau of Animal Disease
Control: Records Unit
407 South Calhoun Street
Tallahassee, FL 32399-0800
850/410-0900 Fax: 410-0957

www.FDACS.gov/ai

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

ALL PARTS OF THIS APPLICATION MUST BE COMPLETED BEFORE IT CAN BE PROCESSED

I, the undersigned, request issuance / renewal of state Certified Brucellosis-Free Herd Certificate. I certify that my herd has been maintained in accordance with the state rules governing the establishment and/or maintenance of Certified Brucellosis-free Herds in Florida. I certify that all additions since my last full herd certification/re-certification test have been natural additions and/or animals brought into the herd in compliance with the rules governing such additions. I certify that any suspects or reactors disclosed in my herd have been handled in accordance with said rules and all subsequent tests required have been performed. This is a complete herd test and all test-eligible animals within this herd have been tested. All suspects and/or stabilized suspects will not be moved from my herd except by permit directly to an approved livestock market or slaughtering establishment.

(Owner's Signature) _____
(Date) _____
(Mailing Address)

(Name of dairy or farm) _____
(City, State, Zip Code)

(County where cattle are located) _____
(Phone)

(To be completed by individual conducting test)

CATTLE INVENTORY:

| | | | |
|-----------------------------------|---------|--------------|-------|
| Name of Herd | _____ | Date tested: | _____ |
| Number tested last year: | _____ | Explain: | _____ |
| Number removed (sold, died, etc.) | - _____ | Explain: | _____ |
| Number of purchased additions: | + _____ | Date tested: | _____ |
| Number of natural additions: | + _____ | | |
| Number tested this year: | = _____ | | |

Other owned herds under quarantine. Yes ☐ No ☐ These are not to be mixed with certified animals.

Suspects must be retested and classified negative, remain in the herd upon approval of the epidemiologist, or removed from the herd, or before herds may be processed for certification/recertification.

_____ Initial Certification (Two consecutive negative tests no less than 10 months nor more than 14 months apart)

_____ Re-certification (Negative test within 60 days before the anniversary date. Certification may be reinstated with a negative test within 60 days after the anniversary date)

I certify that I have tested this herd as required by the Brucellosis Uniform Methods and Rules and Chapter 5C-6, Florida Administrative Code. The inventory and records were completed utilizing information furnished by the owner, which to the best of my knowledge is correct.

Submitted by

(Accredited Veterinarian - Please Print) _____
(Signature) _____
(Code) _____
(Date)

(Mailing Address) _____
(Phone)

(City) _____
(State) _____
(Zip Code)

For Office Use Only

CERTIFICATE NUMBER

Direct **questions** to: 850/410-0900
Direct **mail** to: State Veterinarian, Director, Division of
Animal Industry, 407 South Calhoun Street, Tallahassee,
Florida 32399-0800
ATTENTION: Bureau of Animal Disease Control

DISTRIBUTION Original - State office Duplicate - Owner Duplicate - Individual Conducting Test