



WILTON SIMPSON
COMMISSIONER

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

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APPROVED CERVIDAE HERD HEALTH PLAN APPLICATION

www.FDACS.gov/ai

585.145, Florida Statutes

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

Name of Facility _____

Facility Address _____

City _____ FL Zip Code _____ County _____

Mailing Address (if different from above) _____

City _____ FL Zip Code _____ County _____

Owner(s) _____

Home Phone _____ Work Phone _____ FAX _____
INCLUDE AREA CODE INCLUDE AREA CODE INCLUDE AREA CODE

E-mail Address _____

Operator(s) (if different than above) _____

Home Phone _____ Work Phone _____ FAX _____
INCLUDE AREA CODE INCLUDE AREA CODE INCLUDE AREA CODE

E-mail Address _____

Facility Information

Size *in Acres* _____ GPS Latitude (5-digit decimal) _____ GPS Longitude (5-digit decimal) _____

Fence Description

Approximate Inventory

Species _____	Breed/Common Name _____	Number _____
Species _____	Breed/Common Name _____	Number _____
Species _____	Breed/Common Name _____	Number _____
Species _____	Breed/Common Name _____	Number _____

Distribution: Original-DAI Program Manager, Copy-District Office, Copy-Owner

Approved Herd Health Plan Application (continued)

- A. All animals imported into the herd shall comply with the following:
 - 1. All animals shall be accompanied by an Official Certificate of Veterinary Inspection (OCVI) if moved from another state or country.
 - 2. All animals shall be identified with a permanent identification number. Any changes or modifications in the identification requirements shall be specified in attached addendum, when applicable.
 - 3. All animals shall be tested for diseases or vaccinated against diseases as required by Florida statute and regulations, unless waived or postponed by the State Veterinarian. Any changes or modifications in the entry requirements shall be specified in attached addendum, when applicable.
- B. Owner/operator shall keep records of all animals in the facility. Records shall be recorded on approved forms and include: an Animal Addition Log and an Animal Removal Log. Additional animal records may be required as specified in attached addenda, when applicable.
- C. It is understood and accepted that FDACS representatives shall have reasonable access to this facility.

This Approved Herd Health Plan Application is in effect at the time of the signing by an FDACS representative and expires twelve (12) months from the date signed. This plan shall be renewed on the anniversary date of each subsequent year. This plan shall be amended anytime there is mutual consent in writing from all involved parties. This plan shall be rendered null and void in the event that the rules and regulations of FDACS change, which would alter the conditions and requirements previously agreed upon.

VETERINARIAN INFORMATION

Veterinarian's Name _____

Address _____

City _____ FL _____ Zip Code _____ County _____

Home Phone _____ Work Phone _____
INCLUDE AREA CODE INCLUDE AREA CODE

FAX _____ Email _____
INCLUDE AREA CODE

I hereby agree to the provisions stipulated in the Approved Herd Health Plan Application and understand that this does not negate any regulatory provision required by other agencies involving their jurisdiction over any animal under my ownership or control.

Owner's Signature _____ Date _____

Operator's Signature _____ Date _____

FDACS Representative's Signature _____ Date _____