COMMUTER HERD AGREEMENT

5C-3.004 F.A.C.

EXPIRES 1 YEAR FROM DATE OF ISSUANCE

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

FLORIDA PREMISES

Premises Identification Number: __________________________
Name: __________________________
Address: __________________________
City: __________________________ Florida
Zip Code: __________________________
Telephone Number: __________________________

OUT-OF-STATE PREMISES

Premises Identification Number: __________________________
Name: __________________________
Address: __________________________
City: __________________________ State: __________________________
Zip Code: __________________________
Telephone Number: __________________________

A copy of this document and an Owner-Shipper Statement must accompany each load of cattle moving between the premises listed above.

I certify that the cattle moving between the above premises are exempt from federal and state requirements for Official Certificates of Veterinary Inspection. Cattle moving under this agreement must comply with all identification and disease testing requirements of both states for interstate movement. These cattle are being moved during normal ranching operations without changing ownership and with no commingling with cattle under separate ownership.

Owner of Cattle (Print Name) __________________________ Signature: __________________________ Date: __________________________

Information below to be completed by FDACS Veterinarian.

This agreement is approved by the state veterinarians of both the originating and destination states for one year:

_________________________ from the date of issuance __________________________
_________________________ to the date of expiration __________________________

FDACS Veterinarian (Print) __________________________ Signature: __________________________ Date: __________________________

Select State State Veterinarian (Print) __________________________ Signature: __________________________ Date: __________________________

FOR OFFICE USE ONLY: AGREEMENT NUMBER: __________________________ __________________________

Questions: "State Veterinarian’s Offices, 407 South Calhoun Street, Tallahassee, Florida 32399-0900 (850) 410-0900
Distribution: Florida State Veterinarian* State Veterinarian of Secondary Location Owner Florida Cattle Programs Office

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