



ADAM H. PUTNAM  
COMMISSIONER

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

OFFICIAL EQUINE CERTIFICATE OF VETERINARY INSPECTION

585.08(2), F.S., 5C-4.0016 & 5C-24.003, F.A.C.

No: EqF 360942

Purpose of Movement

Racing  
 Training  
 Breeding

Show  
 Other

5A6

Norman Franklin

CONSIGNOR

8149 W. Anthony Rd  
Ocala FL 34475

ADDRESS

CITY/STATE/ZIP CODE

Cleburne Horse S

RECEIVED 12-28-15

CONSIGNEE OR DESTINATION

1902 S. Main St JAN 01 2016  
Cleburne TX

DATE OF EXAMINATION

9

ADDRESS

CITY/STATE/ZIP CODE

FLORIDA DIVISION OF ANIMAL INDUSTRY  
TALLAHASSEE, FLORIDA

NUMBER OF HORSES EXAMINED  
10

LOCATION OF EXAM

NAME	AGE	BREED	SEX	TEMP.	COLOR	SUBSEQUENT DESCRIPTION: MICROCHIP, MARKINGS, BRANDS, TATTOO NUMBER	NEGATIVE EIA TEST INFORMATION		
							DATE	LAB ACCESSION # NAME	STATE
1. Delightful Candy	4	TB	F	99°	51% bay star-LH med. heel	11-19-15	PVL 2/15/6843	FL	
2. Mello-Yello	2	QH	F	100°	cremello star strip-sn.p	12-21-15	EMCO 15L09771	FL	
3. Lena	Aged	Polo	F	100°	chest/largestar, spots on man	12-21-15	EMCO 15L097208	FL	
4. Packer	15	QH	G	99°	bay sn.p. LH/RH sock	12-21-15	EMCO 15L097600	FL	
5. —————	5	Paint	M	99°	black overis/biore	11-27-15	Burrell BEL15-1507	FL	TA
6. 1134	8	QH	F	100°	bay star strip-sn.p	10-10-15	Animal Med Clinic AMCL 1169	TX	
7. MAGGIE	20s	QH	F	99°	bay star strip-sn.p LH sock	6-3-15	PVL 2/15/9617	FL	
8. Cinderella	4	Paint	F	100°	bay/lh paint	11-26-15	Burrell BEL15 1442	FL	
9. Grey	4	QH	F	99°	grey sn.p. LH sock	12-21-15	EMCO 15L097604	FL	
10.									

ISSUING VETERINARIAN'S CERTIFICATION: I certify, as a FLORIDA accredited veterinarian, that the above described animals have been inspected by me personally and that they are not showing signs of infectious, contagious and/or communicable diseases (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.

PRINTED ADDRESS OF VETERINARIAN MUST INCLUDE

NAME: Tiffany Atteberry DVM

CLINIC NAME: Tiffany Atteberry DVM

ADDRESS: PO Box 5936

CITY, STATE, ZIP: Ocala FL 34475

PHONE #: (352)239-0457 FAX:

SIGNATURE OF VETERINARIAN

OWNER/AGENT STATEMENT: (When Applicable) The Animals in this shipment are those certified to and listed on this certificate.

FLORIDA LICENSE NUMBER

FL 890/021378

DATE

12-28-15

VALID FOR 30 DAYS  
FOLLOWING EXAMINATION

SIGNATURE OF OWNER/AGENT

STATE VETERINARIAN