



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: 360942
EqF

Purpose of Movement

☐ Racing
☐ Training
☐ Breeding
☒ Show
☒ Other

SALe

Norman Franklin

CONSIGNOR

8149 W. Anthony Rd

ADDRESS

Ocala FL 34475

CITY/STATE/ZIP CODE

Cleburne Horse Sale

CONSIGNEE OR DESTINATION

1902 S. Main St JAN 01 2016

ADDRESS

Cleburne TX 76033

CITY/STATE/ZIP CODE

RECEIVED 12-28-15

DATE OF EXAMINATION

NUMBER OF HORSES EXAMINED

9

DIVISION OF ANIMAL INDUSTRY
TALLAHASSEE, FLORIDA

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. Deliberate Candy	4	TB	F	99°	blk/bay	star-LH med. heel/bell	11-19-15	PVL 21516843	FL
2. Mello-Yello	2	QH	F	100°	cremello	starship-snip	12-21-15	EMCO 15L09771	FL
3. Lena	Aged	Polo	F	100°	chest	large star, spots on rump	12-21-15	EMCO 15L09772	FL
4. Packer	15	QH	G	99°	bay	snip, LH/RH sock	12-21-15	EMCO 15L09776	FL
5. _____	5	Paint	M	99°	black	ovis / blaze	11-27-15	Burrell BEL15-1507	FL (TA)
6. 1134	8	QH	F	100°	bay	starship-snip	10-10-15	Animal Med Clinic AMC 15L09777	TX
7. MAGGIE	20	QH	F	99°	bay	starship-snip, LH sock	6-3-15	PVL 215 9617	FL
8. Cinderella	7	Paint	F	100°	bay	wh paint	11-26-15	Burrell BEL15 1442	TN
9. Grey	4	QH	F	99°	grey	snip / LH sock	12-21-15	EMCO 15L097764	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	SIGNATURE OF VETERINARIAN	FLORIDA LICENSE NUMBER	DATE
NAME Tiffany Atteberry DVM		FL 8000/021378	12-23-15
CLINIC NAME Tiffany Atteberry DVM		VALID FOR 30 DAYS FOLLOWING EXAMINATION	
ADDRESS P.O. Box 05308			
CITY, STATE, ZIP Ocala FL 34475			
PHONE # (352) 239-0451 FAX:	SIGNATURE OF OWNER/AGENT		