



FLORIDA VETERINARIAN ACCREDITATION COURSE



Nelly A. Jehn, DVM, MS
Small Animal Programs Manager



Overview

Reportable Diseases

Completing Health

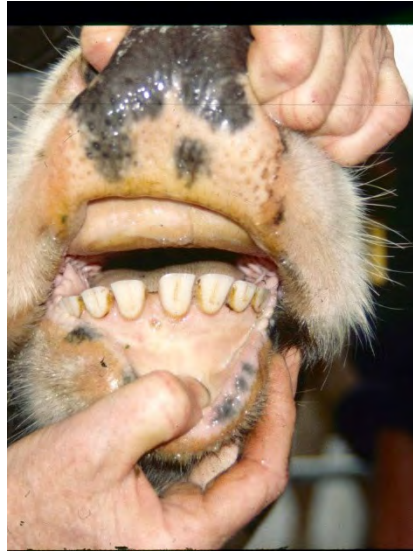
Certificates

Pet Law

Rabies

Contacts

The Division of Animal Industry is responsible for preventing, controlling and eradicating certain infectious or communicable diseases of pests, livestock and other domestic animals in the State of Florida.



Accredited Veterinarian Responsibilities

Assuring that regulated animal diseases are not introduced into animal populations in other states or countries.



DIVISION OF ANIMAL INDUSTRY

- ▶ One of the 18 divisions and offices within the Department of Agriculture and Consumer Services
- ▶ The Division is also known as the State Veterinarian's Office
- ▶ Division Director: Dr. Michael Short, DVM
- ▶ Headquarters: Tallahassee, Florida



Divisions and Offices Within Department of Agriculture and Consumer Services

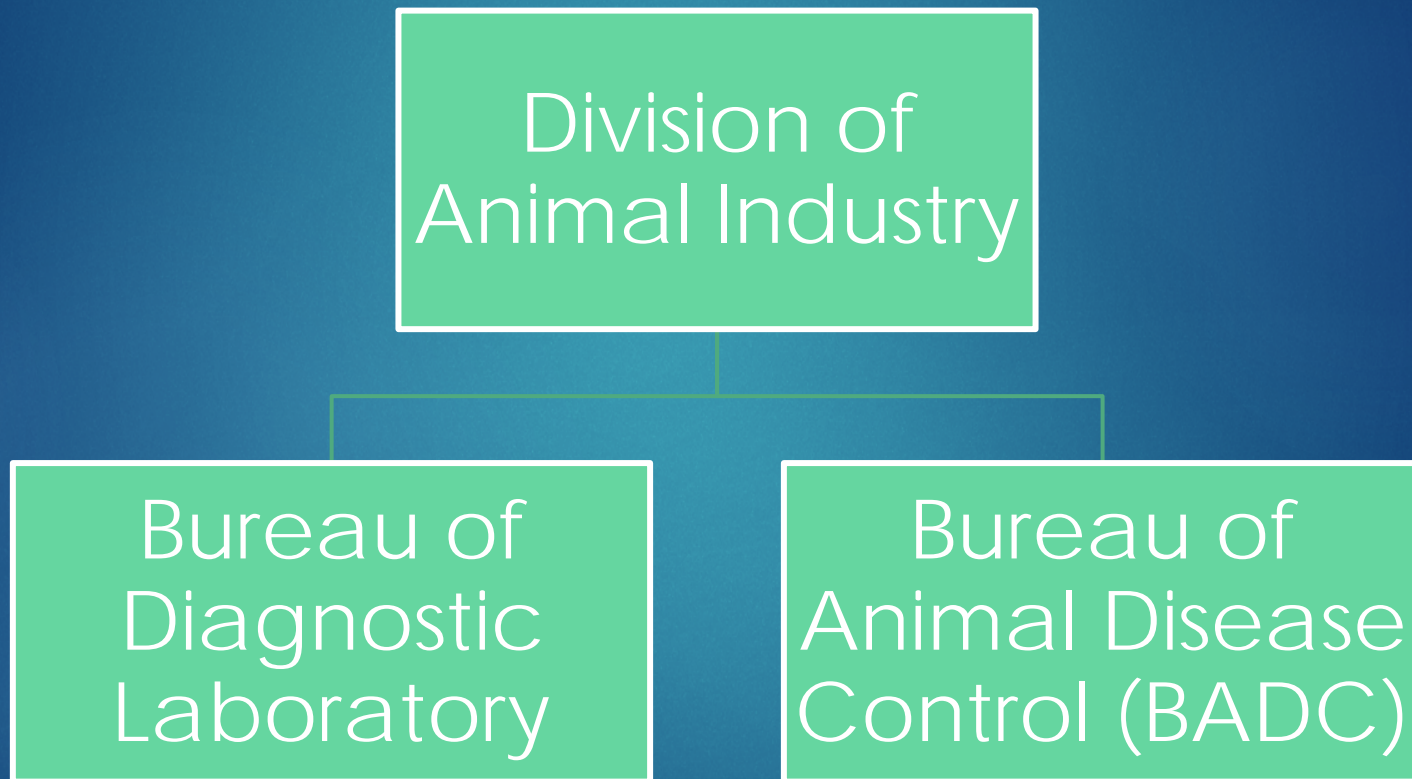
- Administration
- Agricultural Environmental Services
- Agricultural Law Enforcement
- **Animal Industry**
- Aquaculture
- Cabinet Affairs
- Communications
- Consumer Services
- Energy
- Florida Forest Service
- Food Safety
- Food, Nutrition and Wellness
- Fruit and Vegetables
- General Counsel
- Inspector General
- Licensing
- Marketing and Development
- Plant Industry

Division of Animal Industry

Missions/Responsibilities

- ▶ Administration of animal health regulatory programs related to the prevention, control and eradication of certain animal diseases
- ▶ Regulation of intrastate and interstate movement of animals
- ▶ Registration of livestock marks and brands and carcass haulers permits
- ▶ Provide laboratory support to veterinarian practitioners for disease diagnosis
- ▶ Animal & agricultural emergency response management for the State Emergency Operations Center (EOC)

Structure of the Division



Bureau of Disease Diagnostic Laboratory



Function:

Provides laboratory support to veterinarian practitioners for disease diagnosis

Location:

Bronson Animal Disease
Diagnostic Laboratory
2700 N. John Young Pkwy.
Kissimmee, Florida 34741-1266
(321) 697-1400

Bronson Lab Sections

Pathology

- Gross anatomic pathology
- Histopathology
- Immunohistochemistry

Clinical Pathology

- Blood count and chemistry
- Cytology
- Aquaculture
- Parasitology
- Serology

Microbiology

- Virology
- Bacteriology
- Molecular Biology
- Serology

Toxicology

(sent to an outside laboratory)

- Mycotoxin Screen
- Herbicide Screen
- Drug screen
- Alkaloids & Organic Bases
- Anticoagulant Rodenticide
- Metals
- Insecticide Screen

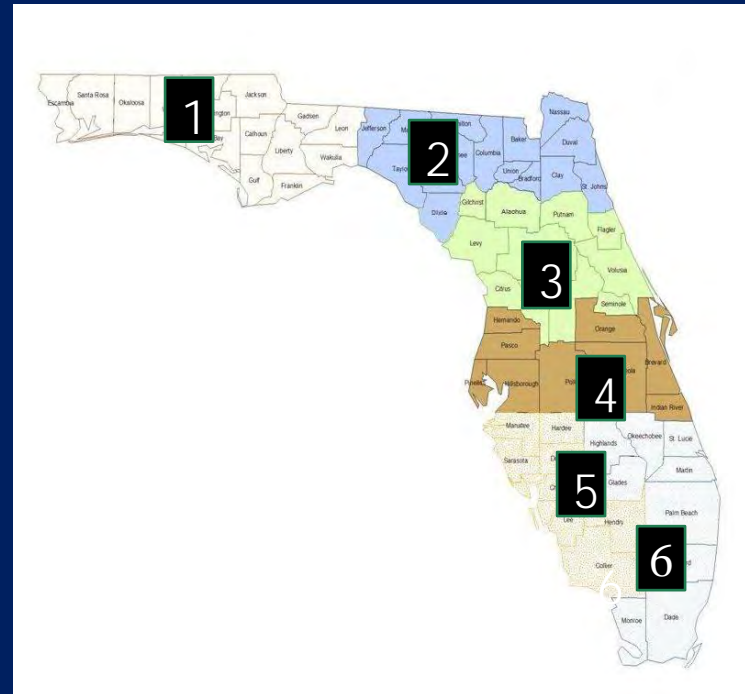
Bureau of Animal Disease Control(BADC)

Functions

- Administer and monitor disease prevention, control, eradication program activities and enforce regulatory compliance
- Conduct inspections at livestock sales, shows, exhibitions and perform disease surveillance activities

Locations

- Main office located in Tallahassee
- 6 district offices throughout the state





Bureau of Animal Disease Control



Overview

Reportable Diseases

Completing Health

Certificates

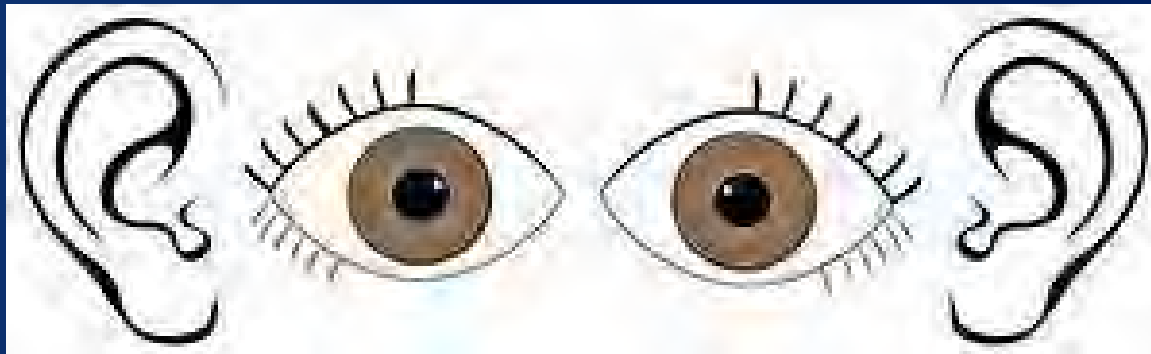
Pet Law

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Reportable Diseases

“Practicing veterinarians are the eyes and ears for animal disease control in the State of Florida”



Reportable Diseases

Q: What is a reportable disease?

A: Any animal disease having been identified by:

- USDA/APHIS (Program Diseases – TB, Brucellosis, etc)
- Code of Federal Regulations (Foreign Animal Diseases)
- Florida Statute 585.15, and Rule 5C-20
- Any animal disease identified by Florida Statutes or USDA as a *dangerous transmissible disease*

Reportable Diseases

- African horse sickness
- African Swine Fever
- Anthrax
- Avian influenza
- Bont Tick (*Amblyoma*)
- Bovine Piropiasmosis (Cattle Tick Fever)
- Bovine spongiform encephalopathy (BSE)
- Brucellosis (*B. abortus, suis*)
- Chlamydiosis (Psittacosis, Ornithosis)
- Chronic Wasting Disease
- Classical Swine Fever
- Contagious bovine or caprine pleuropneumonia
- Contagious Equine Metritis
- Dourine
- Equine encephalitis (EEE, WEE, VEE, WNV)
- Equine herpesvirus (EHV-1)
- Equine infectious anemia
- Equine piropiasmosis
- Equine Viral Arteritis
- Exotic Newcastle Disease
- Foot and mouth disease
- Glanders
- Heartwater
- Infectious bronchitis
- Infectious Laryngotracheitis
- Lumpy Skin Disease
- Mycoplasmosis (poultry)
- Pestis des Petits Ruminants
- Pseudorabies
- Pullorum disease
- Rabies
- Rift Valley Fever
- Rinderpest
- *Salmonella enteritidis*
- Scabies of sheep or cattle
- Scrapie of sheep or goats
- Screwworm infestation
- Sheep and Goat Pox
- Southern cattle tick (*Boophilus*)
- Spring Viremia of Carp
- Strangles (Equine)
- Swine Vesicular Disease
- Tropical horse tick infestation (*D. nitens*)
- Tuberculosis
- Vesicular exanthema
- Vesicular stomatitis

Reportable Diseases

5C-20.004 Requirement to Report Suspicious Disease Incidents

"Any person who has knowledge of, or suspects, the existence of any other unusual animal disease or pest in the state which may be foreign or a newly-emerging disease that might result in unusually high animal loss, economic damage, or is suspected of causing human disease, should immediately report suspicions or findings to the State Veterinarian".

Examples of Reportable Diseases

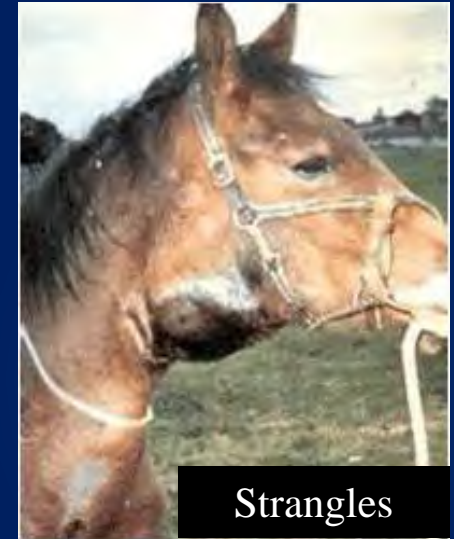
Scabies



Goat Pox



Foot and Mouth
Disease



Strangles

Avian Influenza



Examples: SCREWWORM

Screwworm Larvae



Housefly Larvae



Screwworm Infestation



2016
Screwworm
Outbreak in
FL Key Deer





Screwworm in a Dog



Screwworm in a Cat



Check ears!



Check mucous membranes!



Targeted Outreach

Local VMA
Vet Hospitals
Marinas
Groomers
Pet Stores
State Parks
Realtors
Town Meetings

IMPORTANT ANIMAL DISEASE NOTICE

New World Screwworm in Florida

■ The U.S. Department of Agriculture confirmed the presence of New World Screwworm on October 3, 2016, in Big Pine Key, Florida. A federal and state response effort was immediately activated.

■ New World Screwworms are fly larvae (maggots) that can infest livestock and other warm-blooded animals, including people.

■ This is the first time in 30 years that there has been an infestation in the United States and more than 50 years since screwworm has been in Florida.

■ Screwworm larvae most often enter an animal through an open wound and feed on the animal's living flesh. If detected early, animals and people can be treated and fully recover.

■ Florida's endangered Key deer population, which only exists in the Keys in Florida, has already suffered losses due to this infestation. Rapid and thorough response efforts are imperative to save this endangered species and prevent further spread to people and animals.



What To Look For:

- Wounds in living animals infested with maggots
- Blood tinged discharge from wound and a foul odor
- Discomfort
- Decreased appetite and milk production
- Seclusion from rest of herd or flock





Hand Medicating

- ▶ Lure closer with fruits, then give Doramectin infused "Power Ring," aka donuts!
- ▶ Try and mark with paint to show deer was treated.

Treatment Stations

- ▶ Doramectin-infused paint rollers



Reportable Diseases

The 5 W'S

WHO

- The practicing veterinarian is the first line of defense

WHAT

- Any reportable disease

WHERE

- The Division of Animal Industry
- USDA/APHIS Gainesville office

WHEN

- Immediately-Don't Delay!

WHY

- Early reporting:
- is required of accredited veterinarians and required of all veterinarians.
- is the veterinarian's ethical and professional responsibility.
- can save on economic losses to both government and producers.
- helps prevent sanctions placed on our state because of the spread of disease.



Reportable Diseases

HELP IS HERE!

1. Diagnosticians are available to assist in epidemiological investigations:
 - ▶ Division of Animal Industry – Veterinary Medical Officers (VMOS), Lab Staff
 - ▶ USDA/APHIS – Gainesville Area Office, VMOS
2. State Diagnostic Laboratory:
 - ▶ Bronson Animal Disease Diagnostic Laboratory – Kissimmee, FL
3. Federal Diagnostic Laboratories
 - ▶ National Veterinary Services Laboratory (NVSL) – Ames, Iowa
 - ▶ Plum Island (FADDL)- New York



Report Animal Disease

This form is to be filled out to report suspected incidents of animal diseases in Florida.

Information submitted to the department is a public record unless exempted by Florida law. You may also share this information with us by contacting our Division of Animal Industry main line at (850) 410-0900 (during office hours) or 1-800-342-5869 (after hours), by emailing RAD@FDACS.gov, or by sending correspondence to: Florida Department of Agriculture and Consumer Services, Division of Animal Industry, 407 South Calhoun St., Tallahassee, FL 32399-0800.

Reportable Animal Diseases

Report Animal Disease

Submitter Information

Submitter Type *

Name *

Address *

Street Address

Address Line 2

City

State / Province / Region

Reportable Animal Disease

RAD@FDACS.GOV



Overview

Reportable Diseases

Completing Health
Certificates

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Completing Official Documents

More veterinarians face disciplinary action because of improper completion of paperwork than any other reason

All forms, records, test charts, etc. used to document the work performed by an accredited veterinarian are legal documents

Completing Official Documents

- ▶ All official documents completed by an accredited veterinarian and must be:
 - Legible
 - Complete
 - Accurate
- ▶ Terminology
 - Official Certificate of Veterinary Inspection = “OCVI”
 - a.k.a. “Health Certificate”



Completing Official Documents

All OCVIs and health certificates require official signatures. Includes Intrastate, Interstate, International health certificates, and Negative Equine Infectious Anemia (EIA) tests aka Coggins.

Completing Official Documents

Intrastate Signature Requirements

(OCVI for sale of dog/cat within Florida only)

- ▶ Veterinarian's personal handwritten signature.
- ▶ Electronic signature. CFR 160.1 allows digital signatures on electronic documents.

Corrections to Documents

- ▶ Corrections, write-overs, and strikethroughs must be clearly marked, initialed and dated by the veterinarian.

* Strikeout any blocks or blank areas not used

Completing Official Documents

OCVI needs to be filled out with:

- Name and address of consignor (the owner)
- Name and address of consignee (the purchaser)
- Individual animal identification
- Description of animals
- Required tests and vaccines with dates
- Laboratory conducting test (if applicable)

Completing Official Documents

Reproductions of OCVIs

Copies are not acceptable as official documents for owners/buyers.

Exceptions:

- ▶ Shipments of animals requiring *multiple loads*:
 - All animals individually identified on the original OCVI
 - *Same* farm of origin or assembly point
 - All animals are consigned to a *single* destination

- ▶ Seller/Veterinarian copies of a completed OCVI for **Intrastate** Sale of a Dog or Cat (not an Interstate OCVI)

Completing Official Documents

Reproductions of OCVIs

- **Reproduction of blank OCVIs is *ILLEGAL*:**
(Pertains to numbered, interstate health certificates)

“ . . .A person who forges, counterfeits, simulates or alters, or who knowingly possesses, uses presents or utters any forged, counterfeited, altered or simulated official certificate of veterinary inspection . . . commits a felony of the third degree”

- **Security Measures and Proper Use:**

“ . . .An accredited veterinarian shall be responsible for the security and proposed use of all official certificates...and shall take reasonable care to prevent the misuse thereof”

Completing Official Documents

Distribution of completed documents

- ▶ Rule of Thumb= Within 7 days of issuance (Interstate OCVIs)
 - State Vet Copies to Tallahassee (white)
 - Vet Office Copy – retain for 1 year (**goldenrod**)
 - Client/Shipper Copy (**pink**)

*The State Veterinarian's office then sends the OCVI to the state of destination

Retention of OCVIS

(9CFR Sect 86.3-5)

Interstate OCVIs (Livestock/Poultry):

- ▶ Swine/Poultry – 2 years
- ▶ Equine, Cattle/Bison, Sheep/Goats, Cervids – 5 years
- ▶ All others – 1 year per State Vet Rules

*Medical Records in Florida – 3 years per The Department of Business and Professional Regulation (DBPR)

Completing Official Documents

Distribution of completed INTERSTATE documents

- ▶ Retention of OCVIs (9CFR 86.3-5)

- ▶ Rule of Thumb= Within 7 days of issuance (Interstate OCVIs)

- State Vet Copies to Tallahassee (white)
- Vet Office Copy – retain for 1 year (**goldenrod**)
- Client/Shipper Copy (**pink**)

Interstate OCVIs

- ▶ Swine/Poultry – 2 years
- ▶ Equine, Cattle/Bison, Sheep/Goats, Cervids – 5 years
- ▶ All others – 1 year
- ▶ *Medical Records in Florida – 3 years per The Department of Business and Professional Regulation (DBPR)

*The State Vet's office then sends the OCVI to the state of destination

Example of Dog/Cat For Sale OCVI

Intrastate for Sale of Dogs and Cats and Other Non-livestock Species

(FDACS Form 09085)



WILTON SIMPSON
COMMISSIONER

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

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION FOR INTRASTATE SALE OF A DOG OR CAT

Pursuant to Section 585.14, 585.145 and 828.29, F.S.,
Rule 5C-27.001 F.A.C.

**EXPIRES 30 DAYS
FROM DATE OF
ISSUANCE**

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER						PURCHASER								
Name			Email			Name			Email					
Address						Address			Purchase Date:					
City		State		Zip Code		City		State		Zip Code				
Breeder Name and Address (if different from seller)														
ANIMAL IDENTIFICATION										Optional				
Species:	Age or Birth Date:	Sex:		Breed(s):		Color(s):		Tattoo:		Microchip:				
<input type="checkbox"/> Dog		<input type="checkbox"/> Male												
<input type="checkbox"/> Cat		<input type="checkbox"/> Female												
HEALTH RECORD INFORMATION														
IMMUNIZATIONS														
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	
Canine Distemper							Bordetella							
Hepatitis							Rabies							
Parainfluenza							Panleukopenia							
Leptospirosis							Feline Viral Rhinotracheitis							
Canine Parvo							Calicivirus							
DIAGNOSTIC TEST			TEST TYPE			MANUFACTURER			DATE OF NEGATIVE TEST					
Canine Heartworm														
Feline Leukemia														
Fecal Test														
Other Test														
ANTHELMINTIC		TYPE		MANUFACTURER		DATE ADMINISTERED								
Broad Spectrum														
Other Anthelmintic														
OTHER INFORMATION/COMMENTS:														
ISSUING VETERINARIAN CERTIFICATION: I hereby certify that the described animal was examined by me on the shown date; that the vaccines, anthelmintic, and diagnostic tests herein were administered by me, or under my direction. Said animal is found to be healthy and to the best of my knowledge exhibits no sign of contagious or infectious disease, has no evidence of internal or external parasites, including coccidiosis and ear mites. To the best of my knowledge this animal has not been exposed to rabies, nor did the animal originate from and area under a quarantine for rabies.														
Signature: _____			Printed Name: _____											
Email: _____			Telephone: _____			City: _____			State: _____			Exam Date: _____		
Address: _____			City: _____			State: _____			Zip Code: _____			Accreditation no. _____		
Clinic/Hospital Name: _____			FL License No. _____			Accreditation no. _____								

Questions: State Veterinarian's Office, Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: (850) 410-0900 or www.FDACS.gov/ai

Distribution: One Copy - Purchaser, One Copy - Seller, One Copy - Examining Veterinarian
Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.

FDACS-09085 Rev. 01/18

Equine Infectious Anemia (Coggins) Test Records

A completed form must have the following information filled out:

- The owners location and address
- The horse's location and physical address (if different from the owner's address)
- A complete and accurate description of the horse which must include:
 - ▶ A drawing of the horse's markings or 3 digital images of the horse (i.e., right and left sides and straight on head picture)
 - ▶ A narrative description of the markings

Exception:

- Foal under 6 months of age & accompanied by the mare

*****Original** or **certified laboratory copy** is required for change of ownership

- A notarized copy may be used for exhibitions, shows, trail rides, etc.

Sample Coggins Forms

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(V.S. Memorandum 855.10)

SERIAL NO. **T 0208662** 1. ACCESSION NUMBER [REDACTED] 2. DATE BLOOD DRAWN **3-10-2015**

Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING Show First Test Market Change of Ownership Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (ISS) LAT: [REDACTED] LONG: [REDACTED] 5. VETERINARY LICENSE OR ACCREDITATION NO. [REDACTED] 6. TEST TYPE ELISA AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) [REDACTED] 8. NAME AND ADDRESS OF OWNER (Please print or type) [REDACTED] 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) [REDACTED]

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF [REDACTED] 11. TYPE OR PRINT SIGNATURE NAME [REDACTED] 12. SIGNATURE DATE [REDACTED]

13. SIGNATURE OF OWNER OR OWNER'S AGENT [REDACTED] 14. TYPE OR PRINT SIGNATURE NAME [REDACTED] 15. SIGNATURE DATE [REDACTED]

16. Tube No.	17. Official Test	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic ID No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gender Unknown N - Neutered U - Unspecified
			Andy	Dun	AGH			5/20/13	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

25. HEAD **Star, Whorl** 26. OTHER MARKS AND BRANDS **None**

27. LEFT FORELIMB **NONE** 28. RIGHT FORELIMB **NONE**

29. LEFT HINDLIMB **NONE** 30. RIGHT HINDLIMB **striped hoofs, pastern**

31. LABORATORY NAME/CITY/STATE [REDACTED] 32. DATE RECEIVED [REDACTED] 33. DATE REPORTED OUT [REDACTED] 34. TEST RESULTS [REDACTED]

TECHNICIAN: Technician, Sample
SIGNATURE OF TECHNICIAN: *Sample Tech*

VS FORM 10-11 (MARCH 2014) PART 5 - STATE

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST

EIA-66386
CERTIFIED COPY

SERIAL NO. **SS-66386** ACCESSION NO. **00000000** DATE BLOOD DRAWN **8/23/04**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

NAME & ADDRESS OF OWNER: Owner, Sample, 123 Lane, Sample City, SS 00000, 000-000-0000

NAME & ADDRESS OF VETERINARIAN: GlobalVetlink, LC 3, Sample Veterinarian, DVM, 123 Lane, Sample City, SS 00000, 000-000-0000

NAME & ADDRESS OR STABLE/MARKET: Sample Stables, 123 Lane, Sample City, SS 00000, 000-000-0000

VETERINARY LICENSE OR ACCREDITATION NO. **00000** TEST TYPE **AGID (Agar gel immunodiffusion)** REASON FOR TESTING **Annual**

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN: I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN: *Sample DVM* SIGNATURE NAME: Sample Veterinarian, DVM SIGNATURE DATE: 8/27/04

CERTIFICATION OF OWNER OR OWNER'S AGENT: I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT: [REDACTED] SIGNATURE NAME: Owner, Sample SIGNATURE DATE: 8/27/04

NAME OF HORSE Test Horse	Lip Tattoo L123456	Breed Registration 123456	Brand VR
COLOR Overo	AGE OR DOB January 1, 2000	BREED Paint	GENDER Stallion

NARRATIVE DESCRIPTION (See animal photograph(s) above)

HEAD White Face	OTHER MARKS AND BRANDS Overo Pattern, VR Freeze brand on left hip
LEFT FORELIMB White Stocking	RIGHT FORELIMB White Coronet
LEFT HINDLIMB White Sock	RIGHT HINDLIMB White Stocking

FOR LABORATORY USE ONLY

LABORATORY System Testing Only (Do not choose this lab) PO Box 4536 Ocala, FL 34343 352-352-3523	TUBE NO. 86990-0	DATE RECEIVED 8/23/04	DATE REPORTED 8/23/04	TEST RESULTS Negative
--	---------------------	--------------------------	--------------------------	--------------------------

TECHNICIAN: Technician, Sample
SIGNATURE OF TECHNICIAN: *Sample Tech*

Penalization of this form of knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001)

Requirements For Interstate Shipment and Export of Animals



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

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION

Chapter 585, F.S.
5C-24.003, F.A.C.

NO. 58 D C

Name & Address of Consignor/Shipper

Name & Mailing Address of Consignee/Purchaser

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

SPECIES <input type="checkbox"/> Cattle <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Horses <input type="checkbox"/> Poultry <input type="checkbox"/> Goats <input type="checkbox"/> Other	AREA STATUS <input type="checkbox"/> Accredited Free (IB) <input type="checkbox"/> Class Free (Bruc) <input type="checkbox"/> Class A (Bruc) <input type="checkbox"/> Class B (Bruc) <input type="checkbox"/> Class C (Bruc)	HERD OR FLOCK STATUS <input type="checkbox"/> Accredited Herd No. <input type="checkbox"/> Certified Herd No. <input type="checkbox"/> Validated Herd No. <input type="checkbox"/> Qualified Neg. Herd No.	CARRIER <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Trail <input type="checkbox"/> Water NAME & ADDRESS	VACCINATION STATUS VACCINATED FOR DATE PRODUCT
ORIGIN OF SHIPMENT COUNTY MARKET	PERMIT NUMBER	QUALIFYING A B TEST DATES C D		

INDIVIDUAL ANIMAL IDENTIFICATION & TESTS				TUBERCULIN TEST (INTRADERMAL)		BRUCELLOSIS TEST		VACCINATION		OTHER TESTS	
EAR TAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	L I N E No.	REGISTRY NUMBER OR DESCRIPTION (ALL ANIMALS PRESENTED FOR TEST MUST BE LISTED)	A G E	S E X	B R E E D	I N DATE HOUR	O R DATE HOUR	DATE OR TATTOO SYMBOL	DATE	L A B O R A T O R Y	R E S U L T
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										

Comments:

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

Printed Name of Veterinarian: _____ Veterinarian's Signature: _____ Florida License Number: _____ National Accreditation Number: _____ Date: _____

Owner/Agent Statement: (When applicable). The animals in this shipment are those certified to & listed on this certificate.
Scan Completed Copy to: Flacerts@FDACS.gov or mail to Division of Animal Industry, 407 South Calhoun Street, Tallahassee, FL 32399-0800 Questions: www.FDACS.gov or (850) 410-0900

Distribution: White - State Veterinarian Pink - Shipment Goldenrod - DVM

► " Generally, most animals departing Florida for other states and/or other countries must be accompanied by a Florida or other officially recognized OCVI . . . completed by a Florida licensed and federally accredited veterinarian"

Requirements For Interstate Travel

Refer to the Division of Animal Industry [Website](#)

Call the State Veterinarian's Office in the state of destination {**BEST OPTION**}

For **international** travel, Contact USDA Area Office

<https://www.aphis.usda.gov/aphis/pet-travel>



WILTON SIMPSON
COMMISSIONER

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

**OFFICIAL CERTIFICATE OF VETERINARY INSPECTION
FOR INTERSTATE MOVEMENT OF DOGS, CATS,
& OTHER NON-LIVESTOCK SPECIES**

EXPIRES 30 DAYS
FROM
DATE OF ISSUANCE

Pursuant to § 585.145, F. S.
5C-24.003, F.A.C.

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

The Official Certificate of Veterinary Inspection (OCVI) for Interstate Movement must be completed and signed by a veterinarian licensed in the state of Florida and accredited by the United States Department of Agriculture (USDA). For information call the Division of Animal Industry (850/410-0900), the United States Department of Agriculture (USDA) (852/313-3060), or the Florida Fish and Wildlife Conservation Commission, Wildlife/Exotic Animals (850/488-6253).

CONSIGNOR					CONSIGNEE					
Name					Name					
Address					Address					
City			State		City			State		
Zip Code					Zip Code					
State of Origination					Destination					
Telephone Number					Telephone Number					
ANIMAL IDENTIFICATION										
SPECIES	BREED/COLOR	AGE/BIRTHDATE	SEX	NAME	TATTOO/ MICROCHIP	RABIES VACCINE TYPE		Mam- mogram	Serial Number	DATE OF RABIES VACCINATION
						Live Killed	1 year 3 year			



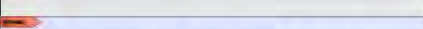
ISSUING VETERINARIAN'S CERTIFICATION: This is to certify that the animal(s) was/were examined by me and is/are sufficiently healthy for shipment on this date. To my knowledge, the animal(s) has/have not been exposed to rabies and did/do not originate from a rabies quarantined area.

SIGNATURE: _____ DATE: _____
 Typed/Printed Name: _____ FL Lic #: _____ National Accreditation #: _____
 Address (Street & No.): _____ City: _____ State: _____ Zip Code: _____
 Name of Hosp/Clinic: _____ Telephone: _____

Questions/Requesting Form Inventory, Contact : State Veterinarian, Division of Animal Industry, 407 South Calhoun Street, Tallahassee, Florida 32399-0800 850-410-0900
www.FDACS.gov

Example of Equine CVI



 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-24.003 F.A.C.							No. EqF _____ Purpose Of Movement <input type="checkbox"/> Racing <input type="checkbox"/> Show <input type="checkbox"/> Training <input type="checkbox"/> Other _____ <input type="checkbox"/> Breeding			
CONSIGNOR			CONSIGNEE OR DESTINATION				DATE OF EXAMINATION			
ADDRESS			ADDRESS				NUMBER OF HORSES EXAMINED			
CITY, STATE, ZIP CODE			CITY, STATE, ZIP CODE				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.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
<small>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.</small>										
PRINTED ADDRESS OF VETERINARIAN MUST INCLUDE					SIGNATURE OF VETERINARIAN			FL License Number		DATE
NAME					 			National Accreditation Number		VALID FOR 30 DAYS FOLLOWING EXAMINATION
ADDRESS										
CITY, STATE, ZIP										
CLINIC NAME					OWNER/AGENT STATEMENT: (When Applicable) The Animals in this shipment are those certified to and listed on this certificate.					
PHONE #					FAX:					



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Pet Law

F.S. 828.29

▶ “The Pet Law was enacted by the 1991 legislature to insure that cats and dogs sold in the state of Florida comply with certain veterinary medical standards.”



Pet Law

F.S. 828.29

Requirements for the sale of a dog or cat in Florida:

- Must be at least eight weeks of age
- Must have a completed OCVI for each animal offered for sale
- Must have required vaccinations, anthelmintics and tests



Pet Law Official Documents

FDACS-09085

An **OCVI** must have:

- Age, sex, breed, color of the animal
- Tests performed and their results
- Vaccinations administered
- Anthelmintics administered
- Name(s) and addresses of the seller and purchaser
- Name, address and *Florida* license number of the examining veterinarian
- Official signature of the examining veterinarian

Pet Law F.S. 828.29

Vaccinations

Required Vaccinations for sale of a Dog

- Canine Distemper
- Hepatitis
- Parainfluenza
- Canine Parvovirus
- Leptospirosis
- Bordetella

- Rabies vaccine if older than **three** months of age

Required Vaccinations for sale of a Cat

- Panleukopenia
- Feline viral rhinotracheitis
- Calici virus
- Rabies vaccine if older than **three** months of age

Pet Law F.S. 828.29

Tests

Required Tests for sale of a Dog

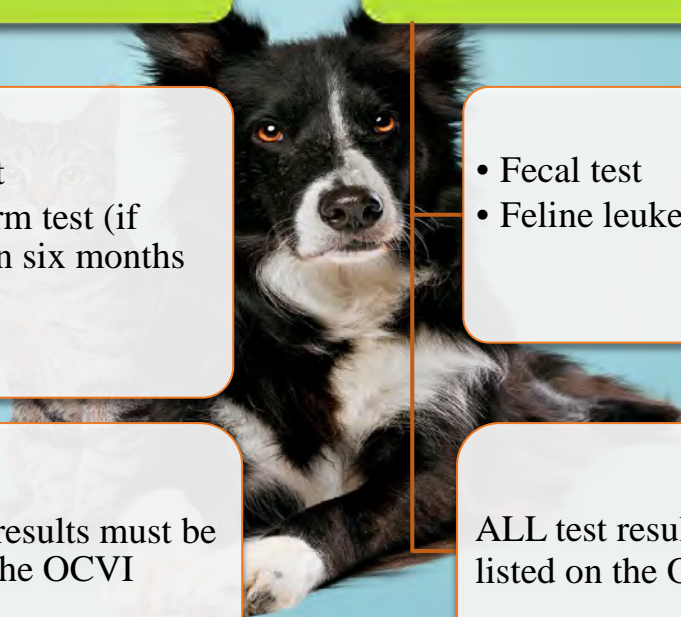
- Fecal test
- Heartworm test (if older than six months of age)

ALL test results must be listed on the OCVI

Required Tests for sale of a Cat

- Fecal test
- Feline leukemia test

ALL test results must be listed on the OCVI



Pet Law F.S. 828.29

Treatments

Required treatments for the sale of a dog or cat:

The dog or cat must be free of all internal parasites:

- Hookworms
- Roundworms
- Tapeworms
- Whipworms
- Coccidia
- Giardia

The dog or cat must be free of all **external** parasites except, fleas or ticks

“In the absence of a definitive parasitic diagnosis, each dog or cat must be given a broad spectrum anthelmintic”

Exceptions for Required Vaccinations and/or Treatments

"The tests, vaccines, and anthelmintics must be administered before the dog/cat is offered for sale in the state, unless the licensed, accredited veterinarian certifies on the official certificate of veterinary inspection that to inoculate or deworm the dog/cat is not in the best medical interest of the dog/cat in which case the vaccine or anthelmintic may not be administered to that particular dog/cat."

Pet Law

F.S. 828.29

Issuing Veterinarian's Certification

- ▶ "I hereby certify that the described animal was examined by me on the date shown;
- ▶ that the vaccines, anthelmintics, and diagnostic tests herein were administered by me, or under my direction.
- ▶ said animal is found to be healthy and to the best of my knowledge it exhibits
- ▶ no sign of contagious or infectious diseases and
- ▶ has no evidence of internal or external parasites, including coccidiosis and ear mites, but excluding fleas and ticks;
- ▶ and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies."

FDACS-09085



WILTON SIMPSON
COMMISSIONER

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

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION FOR INTRASTATE SALE OF A DOG OR CAT

Pursuant to Section 585.14, 585.145 and 828.29, F.S.,
Rule 5C-27.001 F.A.C.

**EXPIRES 30 DAYS
FROM DATE OF
ISSUANCE**

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER						PURCHASER							
Name			Email			Name			Email				
Address						Purchase Date:							
City		State		Zip Code		City		State		Zip Code			
Breeder Name and Address (if different from seller)													
ANIMAL IDENTIFICATION										Optional			
Species:	Age Of Birth Date:	Sex:	Breeds:	Color(s):	Tattoo:								
<input type="checkbox"/> Dog		<input type="checkbox"/> Male			<input type="checkbox"/> Microchip:								
<input type="checkbox"/> Cat		<input type="checkbox"/> Female											
HEALTH RECORD INFORMATION													
IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper							Bordetella						
Hepatitis							Rabies						
Parainfluenza							Parvovirus						
Leptospirosis							Feline Viral Rhinotracheitis						
Canine Parvo							Calicivirus						
DIAGNOSTIC TEST			TEST TYPE			MANUFACTURER			DATE OF NEGATIVE TEST				
Canine Heartworm													
Feline Leukemia													
Fecal Test													
Other Test													
ANTHELMINTIC			TYPE			MANUFACTURER			DATE ADMINISTERED				
Broad Spectrum													
Other Anthelmintic													
OTHER INFORMATION/COMMENTS:													
<p>ISSUING VETERINARIAN CERTIFICATION: I hereby certify that the described animal was examined by me on the shown date; that the vaccines, anthelmintic, and diagnostic tests herein were administered by me, or under my direction. Said animal is found to be healthy and to the best of my knowledge exhibits no sign of contagious or infectious disease, has no evidence of internal or external parasites, including coccidiosis and ear mites. To the best of my knowledge this animal has not been exposed to rabies, nor did the animal originate from and area under a quarantine for rabies.</p>													
Signature: _____						Printed Name: _____							
Email: _____						Telephone: _____							
Address _____						State: _____							
City: _____						Zip Code: _____							
Clinic/Hospital Name: _____						FL License No. _____							
						Accreditation no. _____							

Questions: State Veterinarian's Office: Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: (850) 410-0900 or www.FDACS.gov/ai

Distribution: One Copy – Purchaser, One Copy – Seller, One Copy – Examining Veterinarian

Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.

Pet Law Intrastate OCVI

Where to Find the FDACS-09085 Form:


- ▶ Fill out [The Health Certificate Order Form](#) and send to Bronson Animal Disease Diagnostic Lab (321) 697-1467
((\$65 per book of 25 / 3-part carbonless sets)
- ▶ Download for free from the [DAI website](#):
(Adobe Acrobat PDF format)
- ▶ Official web-based portals

* A separate OCVI must be used for each dog or cat sold


Pet Law F.S. 828.29

OCVI Distribution

ORIGINAL SIGNED COPY: given to the purchaser at the time of sale
(Seller responsibility)



Carbon Copy 1: retained by the seller for at least one year from the date of sale



Carbon Copy 2: retained by the issuing veterinarian for at least one year from the date of examination

Pet Law

Official Documents

Veterinarian certification is required for buyer notification of a pet problem to the seller (Dealer Only):

- Notification to the seller is required within 14 days, after sale, due to illness or disease OR within 1 year, after sale, due to congenital or hereditary defect
- The veterinarian must certify that at the time of the sale, the animal was unfit for purchase due to illness or disease OR congenital or hereditary defect (usually copy of a bill with diagnosis)

Enforcement of Pet Law

- ▶ Enforcement actions can be initiated against seller/dealer by state, county or municipal law enforcement officer or by animal control officers.

Violations of Pet Law

- Violations related to forged and/or altered OCVIs and dog or cat sales without OCVIs are referred by the Division of Animal Industry to Agricultural Law Enforcement.
- Complaints related to performance of a veterinarian and standard of veterinary care are forwarded to the Department of Business and Professional Regulations (DBPR) and Board of Veterinary Medicine.





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Rabies

- Veterinarians play a strategic role in controlling the spread of rabies throughout the state.
- Rabies control procedures and regulations are enforced by local county/municipal agencies (Animal Control and Department of Health).
- It is important for each veterinarian to establish a good working relationship with local Department of Health agent who takes the lead for rabies control.
- The Florida Department of Health's State Public Veterinarian provides oversight of zoonotic disease.



State Rabies Vaccination Law

The State Vaccination Law (F.S 828.30) states:

"...All dogs, cats, and ferrets four months of age or older must be vaccinated by a licensed veterinarian against rabies with a United States Government approved vaccine. The cost of vaccination must be borne by the animal's owner."

- There are licensed rabies vaccine products for dogs, cats, ferrets, horses, cattle and sheep
- There is no vaccination currently licensed for use in wolf or feline hybrids



Vaccinating Hybrid Animals

Wolf/Feline Hybrids

- No approved vaccinations for wolf/feline hybrids.
- Using a rabies vaccine in wolf/feline hybrids is considered “off-label”.
- Will not change the general guidelines for euthanasia and testing if the animal should bite a person.

Wild Animals

- Current state vaccination laws do not restrict the use of rabies vaccine by licensed veterinarians to only animals specified on the vaccine label.
- ▶ Educate owners that many wild animals maintained as pets require Florida Fish and Wildlife Conservation Commission permits.



Vaccinating Wild Animals

Appendix 15

OWNER REQUEST FORM FOR RABIES VACCINATION OF A WILD ANIMAL OR WILD ANIMAL HYBRID.

I request that my _____ (species), a wild animal or wild animal hybrid, receive an inactivated (killed virus), rabies vaccine.

Animal Name _____ Age _____ Sex _____

I further acknowledge that I have been advised by the attending veterinarian of the following:

1. While inactivated rabies vaccines have been proven effective in domestic animals, their effectiveness in wild animals or their hybrids has not been tested, and therefore, is unknown.
2. Because the effectiveness is unknown, there may still be considerable risk of vaccinated wild animals or their hybrids contracting rabies if exposed (bitten) by a rabid animal.
3. Because the effectiveness is unknown, there may still be considerable risk to humans who come in contact with vaccinated wild animals or their hybrids that have been exposed to rabies.
4. Because the effectiveness is unknown, a wild animal or its hybrid that bites a human will be considered non-vaccinated, regardless of its vaccination history. The recommendation in such cases would be to sacrifice the biting animal and examine the brain for rabies.
5. Because the effectiveness is unknown, a wild animal or its hybrid that bites another animal will be considered non-vaccinated, regardless of its vaccination history. The recommendation in such cases depends on the animal bitten and its vaccination history, but the appropriate action could be to sacrifice the biting animal and examine the brain for rabies.

OWNERS SIGNATURE _____

DATE _____

ADDRESS _____

WORK PHONE _____

HOME PHONE _____

- Form for vaccinating wild or wild hybrid animals is in the State Rabies Guide
- Killed or inactivated vaccine
- Can be given "off-label"
- Not considered official vaccination
- No Certificate of Vaccination issued

State Rabies Vaccination Law

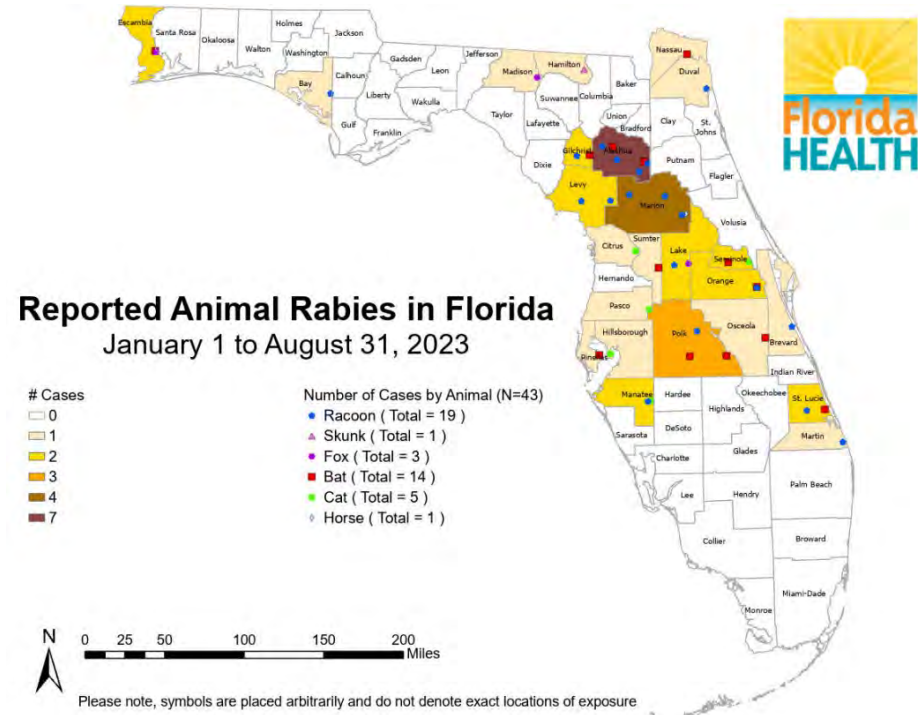
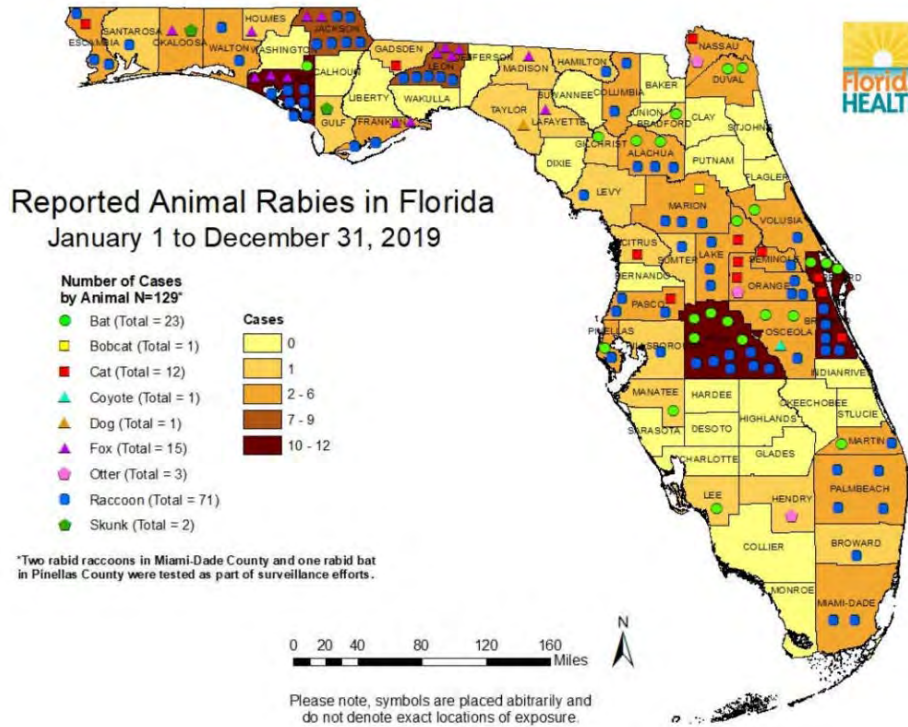
Exceptions to Rabies Vaccination

If a licensed veterinarian has examined the animal and has certified in writing that at the time vaccination would endanger the animal's health because of its age, infirmity, disability, illness, or other medical considerations.

An exempt animal must be vaccinated against rabies as soon as its health permits.



Rabies Cases by County



Vaccination Protocol

Upon rabies vaccination (for approved species) the licensed veterinarian must provide:

1. Vaccination certificate to the animal's owner
 2. A copy of the rabies vaccination certificate to the city/county animal control authority
- *The State Veterinarian's office does not need a copy of the certification

RABIES VACCINATION CERTIFICATE
NASPHV FORM 51 (revised 2007)

[Push to Print Form](#) [Push to Reset Form](#)

Owner's Name & Address <small>Print Clearly</small>			RABIES TAG #	
LAST FIRST M.I.			MICROCHIP #	
NO. STREET CITY STATE ZIP			TELEPHONE #	
SPECIES Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: <input type="checkbox"/> <small>(specify)</small>	AGE Months <input type="checkbox"/> Years <input type="checkbox"/>	SIZE Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	PREDOMINANT BREED	PREDOMINANT COLORS/MARKINGS
	SEX Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>	ANIMAL NAME		
Animal Control License	<input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____	DATE VACCINATED		Product Name:
		Month / Day / Year		Manufacturer: <input type="text"/> <input type="text"/> <input type="text"/> <small>(First 3 letters)</small>
		NEXT VACCINATION DUE BY:		Veterinarian's Name:
	<input type="checkbox"/> 1 Yr USDA Licensed Vaccine <input type="checkbox"/> 3 Yr USDA Licensed Vaccine <input type="checkbox"/> 4 Yr USDA Licensed Vaccine	Month / Day / Year		License Number: _____
	<input type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose	Vaccine Serial (lot) Number		Veterinarian's Signature
				Address: _____

A close-up photograph of a raccoon's face, showing its brown fur, black mask, and black nose. The image is partially obscured by a green header and a dark text box.

Rabies Information

- DOH does not charge for rabies examination of “high risk” animals (raccoons, bats, skunks, foxes, feral cats, etc.) that have bitten or otherwise exposed people to rabies.
- If the county DOH determines no rabies exposure has occurred, fee-based testing at the Bronson Animal Disease Diagnostic Laboratory is available.
- Submitter is responsible for cost of testing, shipping, etc.



When Animals Bite... People

- ▶ Contact the county health department
- ▶ 10-day observation for signs of neurological disease at the owner's home if vaccinated, or, or at a facility approved by the County Health Officer (e.g. veterinary clinic, animal control facility, etc.) if unvaccinated
- ▶ Domestic farm animals must be observed for 14 days
 - Animals considered high risk for rabies (raccoons, fox, skunks, bats, etc.) may be euthanized and tested, and animals considered low risk for rabies (squirrels, rabbits, pocket pets, etc.) are evaluated on a case-by-case basis

A close-up photograph of a dog's face, showing its nose, whiskers, and teeth. The dog appears to be baring its teeth, which is the central theme of the slide. The background is a blurred green field.

When Animals Bite...Animals

- ▶ Contact animal control and county health department
- ▶ Previously vaccinated but not current dogs, cats and ferrets, or when the “biter” is not available for testing/observation:
 - Re-vaccinate promptly
 - Observe at the owner’s home or other location approved a the county health officer for 45 days for clinical signs of neurologic disease.

When Animals Bite...and not available for testing

- *Unvaccinated* dog, cats, ferrets, horses, cattle and sheep or domestic animals vaccinated off-label (e.g. goats, pigs, etc.) can be either:
 - ▶ Euthanized
 - Or
 - ▶ Quarantined at a location approved by the county health officer (e.g. animal control facility, veterinary clinic, etc.) for 180 days and must be vaccinated immediately or at least one month prior to release.
- Other animals should be euthanized in consultation with a county health officer.



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Rabies Resources

Rabies information is frequently updated and can be found at these following sites:

1. Florida Rabies Guidebook:
 - Prepared by the Florida Rabies Advisory Committee
 - Available through the Florida Department of Health (DOH)
 - [DOH Rabies Website](#)
2. National Compendium of Animal Rabies Control:
 - Reviewed by the Animal Rabies Control Committee of the National Association of State Public Health Veterinarians ([NASPHV](#)).
3. American Veterinary Medical Association

Help

If you have any questions or need assistance in your role as an accredited veterinarian, you can reach out to:

USDA/APHIS Area Office
Gainesville, FL
(352)415-4050 or (352) 313-3060



The Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Tallahassee, FL
(850) 410- 0900

Thank You!

<https://www.FDACs.gov/ai>

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