



NICOLE "NIKKI" FRIED
COMMISSIONER

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

Please respond to:

Florida Department of Agriculture
and Consumer Services
Division of Animal Industry
Swine Program Office
407 S. Calhoun Street
Tallahassee, FL 32399-0800
850-410-0900
Fax: 410-0946 or 0919

**APPLICATION FOR VALIDATED SWINE
BRUCELLOSIS-FREE AND PSEUDORABIES MONITORED
FEEDER PIG HERD**

585.11(1), (2) and 585.145 (1), (2), Florida Statutes
5C-6.006 and 5C-21.012, Florida Administrative Code

www.FDACS.gov/ai

ALL PARTS OF THIS APPLICATION MUST BE COMPLETED BEFORE IT CAN BE PROCESSED

I, the undersigned, request issuance/renewal of a Validated Brucellosis-Free Herd Certificate and/or a Pseudorabies Monitored Feeder Pig Herd. I certify that my herd has been maintained in accordance with the state rules governing the establishment and/or maintenance of validated and/or monitored herds in Florida; that all additions since my last full herd test have been natural additions and/or animals brought into the herd in compliance with the rules governing such additions; and further, that any suspects or reactors disclosed in my herd have been handled in accordance with said rules and all subsequent tests required have been performed.

Owner's Signature	Date	Mailing Address
Name of Owner or Farm		City, State, Zip Code
County Where Swine are Located		Telephone
NAIS Premises ID#	GPS: Longitude (5 digit decimal)	Latitude (5 digit decimal)

To Be Completed by Individual Conducting Test

HERD INVENTORY:

Number of Breeding Swine in Herd: _____ Males: _____ Females: _____ *Feral/Wild: _____

Number of Breeding Swine Tested: _____ Date Tested: _____

Suspects must be retested and classified negative, remain in the herd upon approval of the epidemiologist, or removed from the herd, before herds may be processed for validated or monitored status.

***Feral/wild swine must be retested and classified negative at least 60 days after the initial test before herds may be processed for validated or monitored status.**

_____ Initial Application _____ Renewal Application

I certify that I have tested this herd as required by the Swine Brucellosis Uniform Methods and Rules, Chapter 5C-6, Brucellosis, Florida Administrative Code, the Pseudorabies Eradication Program Standards and Chapter 5C-21, Pseudorabies, Florida Administrative Code.

Accredited Veterinarian or Authorized State Representative (Printed)	Signature	Code	Date
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Mailing Address	City	State	Zip Code	Telephone
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FOR OFFICE USE ONLY	
MONITORED HERD NUMBER	VALIDATED HERD NUMBER

DISTRIBUTION: Original – State Veterinarian's office; One Copy: Owner; One Copy: Individual Conducting Test; One Copy: USDA-Gainesville