



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: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Age or Birth Date:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Breed(s):	Color(s):	Tattoo:	
					Microchip:	

**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: \_\_\_\_\_ Exam Date: \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ 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](http://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.