



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
 2601 Blair Stone Road, Tallahassee, FL 32399-2212  
**DIVISION OF REGULATION**  
**MOBILE VET PRACTICE FOR AGRICULTURAL ANIMALS INSPECTION FORM**  
 INSPECTION AUTHORITY - Rule 61G18-15.005, Florida Administrative Code

MOBILE PRACTICE NAME: \_\_\_\_\_ BUSINESS PHONE NO.: (\_\_\_\_) \_\_\_\_\_

MOBILE LOCATION ADDRESS: \_\_\_\_\_

VET NAME: \_\_\_\_\_ VET LICENSE NO.: \_\_\_\_\_

| <b>MOBILE PRACTICE FOR AGRICULTURAL ANIMAL REQUIREMENTS (Rule 61G18-15.0025 – Minimum Standards for Mobile Veterinary Practice for Agricultural Animals)</b>   |                     |            |           |
|--|---------------------|------------|-----------|
|  | <b>SATISFACTORY</b> | <b>YES</b> | <b>NO</b> |
| 0101 Veterinarian(s) holds valid, active license [474.213(1)(i), F.S.]   |                     |            |           |
| 0102 Clean and orderly [61G18-15.0025(1)(a)]   |                     |            |           |
| 0103 Sterile syringes and needles [61G18-15.0025(1)(b)(1)]   |                     |            |           |
| 0104 Vaccinations stored properly – refrigeration device powered by stable energy source; thermometer included [61G18-15.0025(1)(b)(2)]  |                     |            |           |
| 0105 Antiseptic intravenous equipment [61G18-15.0025(1)(b)(3)]   |                     |            |           |
| 0106 Locking cabinet for controlled substances and controlled substance log [61G18-15.0025(1)(b)(4)] (ex: Ketamine, Testosterone, Torbugesic, Equipoise, Valium, Carsoprodol, Winstrol-V/Stanozolol) |                     |            |           |
| 0107 An American Veterinary Medical Association (AVMA) approved method of euthanasia – if injectable, listed on controlled substance log [61G18-15.0025(1)(b)(6)]                                    |                     |            |           |
| 0108 Segregated area or container for the storage of expired drugs [61G18-15.0025(1)(b)(7)]  |                     |            |           |
| 0109 Permanent address where clients can request records [61G18-15.0025(2)]  |                     |            |           |
| 0110 Agreement with clinic or hospital for provision of long term hospitalization, surgery & radiology [61G18-15.0025(3)]  |                     |            |           |
| <b>IF PERFORMING SURGERY</b>   |                     |            |           |
| 0111 Surgical instruments [61G18-15.0025(1)(b)(5)(a)]  |                     |            |           |
| 0112 Access to a means of sterilization [61G18-15.0025(1)(b)(5)(b)]  |                     |            |           |
| 0113 Suture material [61G18-15.0025(1)(b)(5)(c)]   |                     |            |           |
| 0114 Intravenous equipment [61G18-15.0025(1)(b)(5)(d)]   |                     |            |           |

|                        |                      |                        |                      |
|------------------------|----------------------|------------------------|----------------------|
| Persons Employed _____ | License Number _____ | Persons Employed _____ | License Number _____ |
|------------------------|----------------------|------------------------|----------------------|

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have read and had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

|   |               |   |
|---|---------------|---|
| _____<br>Signature of Owner or Licensee | _____<br>Date | _____<br>Inspector/Investigator Signature |
|---|---------------|---|