

Village of Royal Palm Beach
Village Council
Agenda Item Summary

Agenda Item: C - 9

APPROVAL OF A SPECIAL EVENT PERMIT FOR FIRST BAPTIST CHURCH OF ROYAL PALM BEACH TO HOLD A FATHER-DAUGHTER EVENT LOCATED AT 10701 OKEECHOBEE BOULEVARD ON FEBRUARY 28, 2026 FROM 4:00 P.M. TO 6:00 P.M.; BY PASTOR DALE FAIRCLOTH.

Issue:

The applicant, First Baptist Church of Royal Palm Beach, is requesting a special event permit in order to hold a Father-Daughter Event at its church located at 10701 Okeechobee Boulevard on February 28, 2026 from 4:00 p.m. to 6:00 p.m. The applicant has provided the Village with all necessary documentation, including proof of insurance. The Applicant is also requesting pony rides, with all required medical documents submitted. The Applicant has filled out the Hold Harmless Agreement.

Recommended Action:

Approval of Special Event Permits, subject to the attached conditions (Exhibit A).

Initiator:	Village Manager	Agenda	Village Council
P&Z Director	Approval	1/15/2026	Action

EXHIBIT A

1. The event may only occur on February 28, 2026, from 4:00 p.m. to 6:00 p.m.
2. Any tents used shall be flame resistant.
3. A Business Tax Receipt is required and permits must be obtained for all temporary electrical services, generators or temporary power poles and must be inspected prior to commencement of sales.
4. All electrical circuits shall be GFI protected.
5. Signage shall be set back at least 10 feet from the property line and shall not interfere with sight lines along public roadways and shall conform to the requirements of Sec. 20-71 of the Village Code of Ordinances.
6. A clearly defined parking area must be provided.
7. The applicant shall provide for portable restroom facilities including at least one handicapped accessible facility if public facilities are not within 500' of accessibility.
8. Adequate trash receptacles shall be provided for any debris, which may accumulate on site.



RECEIVED

12/29/25

SPECIAL-EVENTS PERMIT APPLICATION

A FULLY COMPLETED APPLICATION MUST BE SUBMITTED TO THE VILLAGE CLERK **45 DAYS** IN ADVANCE OF THE EVENT. FAILURE TO SUBMIT A COMPLETE APPLICATION MAY RESULT IN REJECTION OF THE APPLICATION.

Date: Dec. 8, 2025

I/We Connect Church
(Name of applicant)

of 10701 Okeechobee Blvd. Royal Palm Beach FL 33411
(Mailing address)

Name and phone number of contact person: Stacy Gatlin 757-646-9243

Email address: Stacy.gatlin@cc.today

On behalf of Connect Church
(Name of person, corporation, organization, etc.)

hereby request a Special-Events Permit from the Village of Royal Palm Beach in order to:

Have pony rides at a Father/Daughter event we are hosting for our church families.

In support of such application, I submit the following information:

1. Proposed location: Connect Church property
(Owner's written consent and affidavit of responsibility is attached.)

2. Proposed date, time of commencement and duration of event:
February 28, 2026, 4-6 pm.

3. Approximate number of participants expected: 60

4. Insurance company and policy number: Shelby Insurance - NPP25924354
Ponies - Next First Insurance NXY4K3 TQ L4-00-GL
(Copy of Certificate of Insurance showing general liability & property damage coverage is attached.)

5. Will state, municipal or county controlled property be involved? Yes ☐ No ☒

If yes, please describe:

N/A

(State, municipal or county permit or written consent, if applicable,
to utilize the above property is attached.)

6. How will this proposed event impact municipal traffic control, fire/rescue operations
and/or utilities? No effect

Proposed impact mitigation plan: _____

7. Are animals involved in this event? Yes ☒ No ☐

If yes, all certificates required by Chapter 5 of the Village Code of Ordinances must be
attached hereto prior to the issuance of this permit.

8. What toilet facilities will be provided for use by event participants and the public?

Our building's facilities

9. Site plan for proposed location of special event showing layout of all facilities, including
parking and signage, is attached hereto along with a fully executed hold harmless agreement as
required by Section 16-12(a)(2) of the Village Code of Ordinances.

10. Please address the following items:

A. How will you assure that the proposed special event will have no adverse vehicular or
pedestrian traffic impacts which cannot be prevented by the imposition of conditions?

Only about 60 people and we can accomodate more than that

B. How will you assure that the proposed special event will have no adverse impacts on
adjacent properties and will not be detrimental to their use and peaceful enjoyment of their
property? This will not be a loud event.

C. How will you assure that the proposed special event will not cause objectionable noise,

vibrations, fumes, odors, glare or physical activity which cannot be prevented by the imposition of conditions? www I do not believe that there will be any objectionable outcomes.

D. How is the proposed special event compatible with the character of the location for which it is proposed? It is for a western-themed Daddy/Daughter Dinner.
CHURCH EVENT.

11. In addition to depicting proposed temporary signage on the provided site plan, please list below all signs to be displayed as part of the special event. Please include sign type, dimensions, square footage and proposed location(s) (See Village Code Section 20-71).

None

I affirm that all facts set forth herein are true and correct and understand that the Village of Royal Palm Beach may impose reasonable conditions upon the Special-Events Permit in order to reduce adverse impacts and to protect the health, safety and welfare of all.

[Signature]
Signature of Applicant

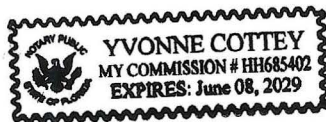
Dale R. Faircloth
THE STATE OF FLORIDA
COUNTY OF PALM BEACH

Children's Ministry Director
Print name and office held, if applicable

Pastor
DALE R. FAIRCLOTH

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this 17th day of December, 2018, by Dale Faircloth, who is personally known to me or who has produced a Florida driver's license as identification and who did/did not take an oath (circle one).

(Seal)



[Signature]
NOTARY PUBLIC
STATE OF FLORIDA



AFFIDAVIT FOR SPECIAL NO FEE PERMIT
NON-PROFIT, CHARITABLE, VETERANS' ORGANIZATIONS AND/OR OTHERS
ENTITLED TO EXEMPTIONS

DATE: 12/17/25

I/We DALE FAIRCLOTH of 10701 Okeechobee Blvd
Stacy Griffin
(Name of Applicant) (Mailing Address of Applicant)

on behalf of Connect Church,
(Non-profit, Charitable, Veterans' Organization or others entitled to exemptions)

hereby request a special no fee permit or reduced rate occupational license from the Village of Royal Palm Beach in accordance with Section 16-8 of the Village Code in order to operate the business as described below or to hold the following fundraising project and/or sale at the following location: Connect Church 10701 Okeechobee Blvd.

1. The Connect Church
(Non-profit, Charitable, Veterans' Organization or others entitled to exemptions)
is a bonafide Non-Profit, Charitable, Veterans' Organization or other person/entity entitled to an exemption which operates without private profit for a civic, charitable, youth, service, fraternal or religious purpose. Attached is documentation to support this statement (i.e., incorporation certificate; 501c(3) status, etc.)
2. DALE FAIRCLOTH are bonafide members of the _____
(Name of persons involved in project)
CONNECT CHURCH organization and will not receive any compensation, whatsoever, for the operation of the project.
3. The CONNECT CHURCH (Name of Organization / Person) will abide by all regulations set forth in the Village of Royal Palm Beach Code of Ordinances.
4. I understand the above be investigated by the Village of Royal Palm Beach and that if there are any misrepresentation stated herein, any permit issued based on this affidavit shall be automatically revoked. I hereby swear that all facts stated herein are true and correct.

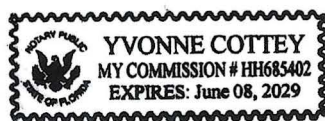
Dale R. Faircloth
Signature of Applicant

Pastor
Office Held, if applicable

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this 17th day of December, 2025 by Dale R. Faircloth, who is personally known to me or who has produced a Florida driver's license as identification and who did/did not take an oath (circle one).

(Seal)



Yvonne Cottey
Notary Public
State of Florida



HOLD HARMLESS AGREEMENT FOR APPLICANT

The undersigned hereby requests a Special Events/Seasonal Vendor Permit (circle one) from the Village of Royal Palm Beach, Florida ("Village").

NOW, THEREFORE, for and in consideration of the issuance of the permit by the Village and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I/we agree as follows:

1. I/we hereby agree to abide by all regulations set forth in the VILLAGE OF ROYAL PALM BEACH Code of Ordinances and all other laws.

2. I/we hereby agree that I/we will indemnify and hold the Village harmless from and against any and all claims, demands, lawsuit, settlements, damages, costs and expenses, including attorneys' fees, suffered or incurred by the Village and arising out of or in connection with the Special Event, Temporary Sale, or Seasonal Vending conducted.

Executed this 17th day of DECEMBER, 2025.

WITNESSES

[Signature]
Signature

Stacy Gatlin
Printed Name

[Signature]
Signature

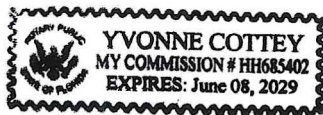
Balinda Riley
Printed Name

[Signature]
Applicant

Stacy Gatlin DALE R. FAIRCLOTH
Printed Name

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this 17th day of DECEMBER, 2025 by Stacy Gatlin who is personally known to me or who has produced a Florida driver's license as identification and who did/did not take an oath (circle one).



(Seal)

[Signature]
Notary Public
State of Florida



VILLAGE OF ROYAL PALM BEACH
OWNER'S AFFIDAVIT OF CONSENT AND RESPONSIBILITY

***DO NOT COMPLETE FOR EVENTS ON VILLAGE PROPERTY**

DATE: 12/17/25

APPLICATION FOR: Special-Events Permit ☒ OR Seasonal Vendor Permit ☐

PROPOSED LOCATION FOR SPECIAL EVENT OR TEMPORARY SALE:

10701 Okeechobee Blvd

I/We, DALE FAIRCLOTH, own the property referenced above and hereby grant my/our consent for CONNECT CHURCH to utilize the property for _____ acknowledging that I/we will be responsible for the activities conducted thereon.

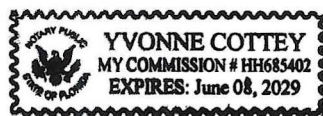
Dale A. Faircloth
Affiant Owner
PASTOR

Affiant Agent

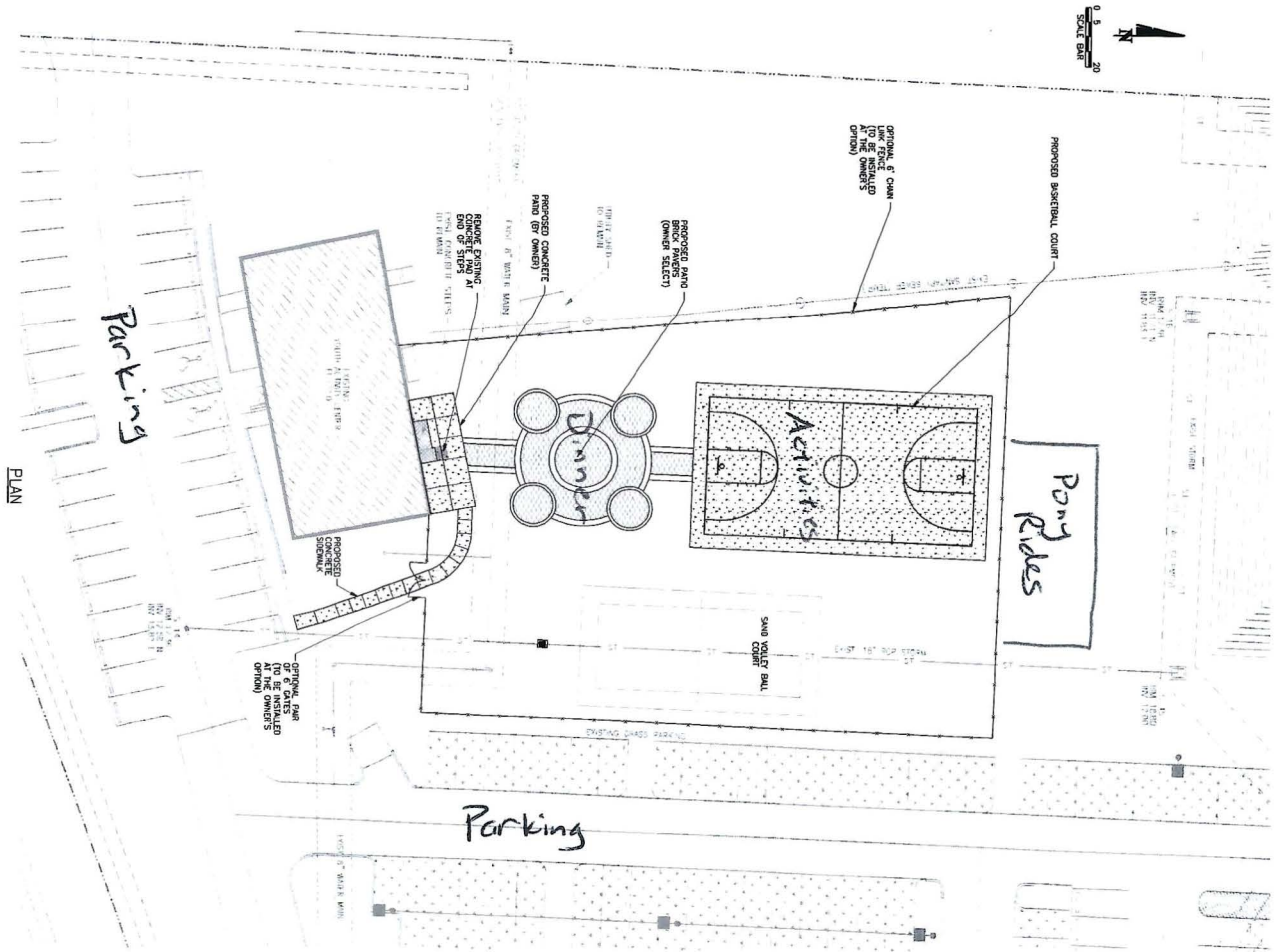
STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or, online ☐ notarization this 17th day of December 2025 by Dale Faircloth and Stacy Gattin who are personally known to me or who have produced a Florida driver's license as identification and who did/did not take an oath (circle one).

(Seal)



Yvonne Cottey
Notary Public
State of Florida



PLAN

FIRST BAPTIST CHURCH
OF ROYAL PALM BEACH

SITE PLAN

ERDMAN
ANTHONY



1402 ROYAL PALM BEACH BLVD., BLDG 500
ROYAL PALM BEACH, FLORIDA 33411
PH 561-753-9123 FAX 561-753-9124 EB-25912 LB-7134

No.	Date	Revision
1	7-10-08	INITIAL ISSUE

Sheet: 2
Of: 5
No: 60095.01



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012601059C-1	03/31/2024	03/31/2029	RELIGIOUS-PHYSICAL PLACE
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FIRST BAPTIST CHURCH OF ROYAL PALM BEACH
FLORIDA INC
10701 OKEECHOBEE BLVD
ROYAL PALM BEACH FL 33411-1416

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER SHELBY INSURANCE INC 8645 N MILITARY TRAIL, SUITE 513 PALM BEACH GARDENS, FL 33410		CONTACT NAME: AARON SHELBY PHONE (A/C, No, Ext): 561-227-2121 E-MAIL ADDRESS: AARONSHELBY@ALLSTATE.COM FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: MOUNT VERNON FIRE INSURANCE COMPANY	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NPP2592435A	08/06/2025	08/06/2026	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ INCLUDED
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	<input type="checkbox"/>	<input type="checkbox"/>				WC STATUTORY LIMITS OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER THE VILLAGE OF ROYAL PALM BEACH 10650 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306		CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 E-MAIL ADDRESS: support@nextinsurance.com FAX (A/C, No):	
INSURED Olivas & Rotzler polo d/b/a Magical pony Adventures 12676 Shoreline Dr Apt 2A Wellington, FL 33414		INSURER(S) AFFORDING COVERAGE INSURER A: Next Insurance US Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 16285	

COVERAGES	CERTIFICATE NUMBER: 321040962	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		NXT4K3TQL4-00-GL	10/10/2025	10/10/2026	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$10,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$1,000,000.00 PRODUCTS - COMP/OP AGG \$1,000,000.00 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$1,000,000.00 AGGREGATE \$1,000,000.00 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			NXT4K3TQL4-00-GL	10/10/2025	10/10/2026	Each Occurrence: \$1,000,000.00 Aggregate: \$1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is Palm Beach County board of Commissioners. This Certificate Holder is an Additional Insured on the General Liability policy and Umbrella/Excess Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER

Palm Beach County board of Commissioners
2700 6th Ave S
Lake Worth, FL 33461

LIVE CERTIFICATE



Click or scan to view

CANCELLATION

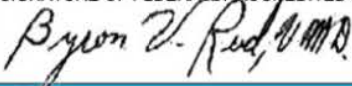
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

FORM SERIAL NUMBER
EIA-24365986



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

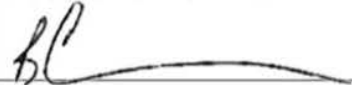
1. LAB/ACCESSION NUMBER 25W-A1003-02	2. DATE BLOOD DRAWN 2025-10-01	3. TEST REQUESTED BY VET AGID	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Christine Olivas 15691 Sunnyland Ln Wellington, FL 33414 Phone: 214-425-1389 PIN/LID: /	7. NAME & ADDRESS OF OWNER Christine Olivas 12676 SHORELINE DR APT 2A WELLINGTON, FL 33414 Phone: (214)425-1389 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Byron Reid & Associates VMD,PA Byron V. Reid VMD 1630 F Road Loxahatchee, FL 33470 Phone: 561-790-2226	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Palm Beach	VETERINARIAN NATIONAL ACCREDITATION NUMBER 006008		
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify I am a category II federally accredited veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below.			
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Byron V. Reid VMD 2025-10-02 11:29:01 CDT			

9. TUBE NUMBER 101124736-4	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Huckleberry Blue	12. COLOR / COAT OR HAIR COLOR(S) Blue Roan Tobiano
13. BREED OR SPECIES Miniature horse (unspecified)	14. AGE OR DOB 2012-01-01	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: No marking
17. HEAD: No marking	18. NECK AND BODY: white belt (as shown)
19. LEFT FORELIMB: high stocking	20. RIGHT FORELIMB: sock
21. LEFT HINDLIMB: white to proximal tarsus	22. RIGHT HINDLIMB: white to stifle

RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY

FOR LABORATORY USE ONLY				
23. LABORATORY On Track Laboratories 8898 Lyons Road Boynton Beach, FL 33472 Phone: 561-964-4443	24. DATE SAMPLE RECEIVED 2025-10-03	25. DATE RESULTS REPORTED 2025-10-06	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID
28. LABORATORY REMARKS				
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Brett Carter 2025-10-06 09:14:58 CDT		30. INTERIM RESULT REFERRED FOR CONFIRMATION No		

Official EIA Test Form, Approved by USDA Veterinary Services March 2020, GVL



Scan to verify

FORM SERIAL NUMBER
EIA-24366002



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER 25W-A1003-01	2. DATE BLOOD DRAWN 2025-10-01	3. TEST REQUESTED BY VET AGID	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Christine Olivas 15691 Sunnyland Ln Wellington, FL 33414 Phone: 214-425-1389 PIN/LID: /	7. NAME & ADDRESS OF OWNER Christine Olivas 12676 SHORELINE DR APT 2A WELLINGTON, FL 33414 Phone: (214)425-1389 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Byron Reid & Associates VMD,PA Byron V. Reid VMD 1630 F Road Loxahatchee, FL 33470 Phone: 561-790-2226	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Palm Beach			VETERINARIAN NATIONAL ACCREDITATION NUMBER 006008

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify I am a category II federally accredited veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Byron V. Reid VMD
Byron V. Reid VMD
2025-10-02 11:30:23 CDT

HORSE

9. TUBE NUMBER 102130945-2	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME MY TEXAS LILY	12. COLOR / COAT OR HAIR COLOR(S) Palomino
13. BREED OR SPECIES Welsh Pony	14. AGE OR DOB 2006-05-19	15. GENDER Mare	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None



NARRATIVE DESCRIPTION: None

OTHER MARKS AND BRANDS: No marking

17. HEAD: Star, strip, snip, whorl

18. NECK AND BODY: none

19. LEFT FORELIMB: none

20. RIGHT FORELIMB: none

21. LEFT HINDLIMB: none

22. RIGHT HINDLIMB: none

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
------	------------------	---------	---------------	-----------------	-----------------

FOR LABORATORY USE ONLY

23. LABORATORY On Track Laboratories 8898 Lyons Road Boynton Beach, FL 33472 Phone: 561-964-4443	24. DATE SAMPLE RECEIVED 2025-10-03	25. DATE RESULTS REPORTED 2025-10-06	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID
28. LABORATORY REMARKS				
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Brett Carter</i> Brett Carter 2025-10-06 09:14:58 CDT			30. INTERIM RESULT REFERRED FOR CONFIRMATION No	

Official EIA Test Form, Approved by USDA Veterinary Services March 2020, GVL



Scan to verify