

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

12418
FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE

9:45 PM

DATE

12-10-06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

SHREVE, OH

VEHICLE LICENSE NO.

NAME OF AUCTION/MARKET

N/A

STREET ADDRESS

8466 MILLBROOK RD

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

CITY, STATE, ZIP CODE

SHREVE, OH - 44676

STREET ADDRESS

108 HARVESTORE DR.

AREA CODE & TELEPHONE NO.

330-567-3784

CITY, STATE, ZIP CODE

DEKALB, ILL - 60115

AREA CODE & TELEPHONE NO.

815-756-8051

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USCS	2863						SORREL												BLIND - RIGHT EYE
	2864						SORREL												
	2865																		
	2866																		
	2867												CROSS BRED						CUT BAD REBR LEFT
	2868																		
	2869																		
	2870																		
	2871																		
	2872																		BLIND - LEFT EYE
	2873												STALL BRED						

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE OF OWNER/SHIPPER

THIS DOCUMENT AND THE INFORMATION IN IT AS FALSIFICATION OF THIS FORM OR KNOWINGLY AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE <i>6 PM</i>	DATE <i>8-8-07</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>SHREVE, OHIO</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED]	NAME OF AUCTION/MARKET <i>N/A</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>CAUEL INTERNATIONAL</i>
CONSIGNOR (OWNER/SHIPPER) NAME [REDACTED]	STREET ADDRESS <i>108 HARVESTORE DR.</i>	CITY, STATE, ZIP CODE <i>DEKALB, ILL. 60115</i>
STREET ADDRESS <i>8466 Millbrook Rd.</i>	AREA CODE & TELEPHONE NO. <i>330-567-3784</i>	AREA CODE & TELEPHONE NO. <i>815-756-8051</i>

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
 Horses are able to bear weight on all 4 limbs.
 Horses are able to walk unassisted.
- Foals are older than 6 months of age.
 Horses are not blind in both eyes.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
<i>USCS</i>	<i>2995</i>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>				
	<i>2996</i>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>				<i>CUT</i>
	<i>2997</i>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				<i>LET. H.</i>
	<i>2998</i>					<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>									<i>LAME</i>
	<i>2999</i>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>								<i>LE. FT.</i>
	<i>3000</i>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											<i>LEFT EYE</i>
	<i>3001</i>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>										<i>HUCK</i>
	<i>3002</i>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>				<i>LAME</i>
	<i>3003</i>				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				<i>R. FT.</i>
	<i>3004</i>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>				<i>LAME</i>
	<i>3005</i>				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>				<i>RT. Hind</i>

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

[REDACTED]

STATEMENT AND THE INFORMATION IN IT AS A BASIS FOR THE ISSUANCE OF THIS FORM OR KNOWINGLY PROVIDING FALSE INFORMATION MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)
[REDACTED]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE <i>5:00 Pm</i>	DATE <i>6-20-07</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Shreveport, LA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED]	NAME OF AUCTION/MARKET <i>None</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Carvel International, INC.</i>
CONSIGNOR (OWNER/SHIPPER) NAME [REDACTED]	STREET ADDRESS <i>108 HARVESTERS DR.</i>	CITY, STATE, ZIP CODE <i>DeKalb, LA 70115</i>
STREET ADDRESS <i>8466 Millbrook Rd</i>	CITY, STATE, ZIP CODE <i>Shreve, OH 44676</i>	AREA CODE & TELEPHONE NO. <i>(330) 465-5141</i>
AREA CODE & TELEPHONE NO. <i>(330) 465-5141</i>	AREA CODE & TELEPHONE NO. <i>815-756-8051</i>	

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.
 Horses are able to bear weight on all 4 limbs.
 Horses are able to walk unassisted.

Foals are older than 6 months of age.
 Horses are not blind in both eyes.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX		BRANDS Tattoos, etc.	REMARKS Include existing conditions		
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld	
<i>2569</i>	<i>2977</i>		<input checked="" type="checkbox"/>												<input checked="" type="checkbox"/>			
	<i>2978</i>						<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<i>Sore feet Front</i>
	<i>2979</i>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
	<i>2980</i>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	
	<i>2981</i>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
	<i>2982</i>						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
	<i>2983</i>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
	<i>2984</i>						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
	<i>2985</i>						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO LOADING.

[REDACTED]

DOCUMENT AND THE INFORMATION IN IT AS EVIDENCE OF THIS FORM OR KNOWINGLY PROVIDING FALSE INFORMATION 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 (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge and belief.)

[REDACTED]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

W2198

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE
8:30 PM

DATE
12-5-04

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
SHREVE, OH.

DRIVER'S NAME

NAME OF AUCTION/MARKET
N/A

OWNER/SHIPPER NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME
CAVEL INTERNATIONAL

STREET ADDRESS
8466 MILLBROOK Rd.

STREET ADDRESS
108 HARVESTORE DR.

CITY, STATE, ZIP CODE
SHREVE, OH. 44676

CITY, STATE, ZIP CODE
DEKALB, ILL. 60115

AREA CODE & TELEPHONE NO.
330-567-3784

AREA CODE & TELEPHONE NO.
815-756-8051

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Foals are older than 6 months of age.
- Horses are able to bear weight on all 4 limbs.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Bk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
4505	2845						SOBELL											
	2846						SOBELL											
	2849						SOBELL											
	2851																	
	2852																	
	2853						SOBELL											
	2854																	
	2855						PAL TIMING											
	2856						SOBELL											
	2857						SOBELL											
	2858						SOBELL											

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE _____

HEREBY AUTHORIZED TO SIGN ON BEHALF OF THE USA. FALSIFICATION OF THIS FORM OR KNOWINGLY SIGNING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$5,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

4:30 PM

DATE

12-6-06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Wooster, OHIO

NAME OF AUCTION/MARKET

Sugar Creek Livestock Auction

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

108 - HARVESTORE DR.

CITY, STATE, ZIP CODE

DEKALB ILL 60651

AREA CODE & TELEPHONE NO.

815-546-0925

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions				
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld						
1	USDB	4513																				
2		4514	✓																			BAD LEFT FAT. LEG
3		4515			✓																	
4		4516																				
5		4517		✓																		
6		4518	✓																			
7		4519	✓																			
8		4520	✓																			
9		4521	✓																			
10		4522	✓																			
11		4523	✓																			
12																						
13																						
14																						
15																						

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

AND THE INFORMATION IN IT AS
ON OF THIS FORM OR KNOWINGLY
ULT IN A FINE OF NOT MORE THAN

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

12179
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE 8:30 PM	DATE 12-5-04	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S LICENSE [REDACTED]	NAME OF AUCTION/MARKET N/A	CONSIGNEE (RECEIVER/DESTINATION) NAME CAVEL INTERNATIONAL
STREET ADDRESS 8466 MILLBROOK RD.	STREET ADDRESS 108 HARVESTORE DR.	CITY, STATE, ZIP CODE DEKALB, ILL 60115
CITY, STATE, ZIP CODE SHREVE, OH. 44674	CITY, STATE, ZIP CODE DEKALB, ILL 60115	AREA CODE & TELEPHONE NO. 815-754-8051
AREA CODE & TELEPHONE NO. 330-567-3784	AREA CODE & TELEPHONE NO. 815-754-8051	

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
 Horses are able to bear weight on all 4 limbs.
 Foals are older than 6 months of age.
 Horses are not blind in both eyes.
 Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld			
1	USCS	2840	✓																
2		2841	✓																
3		2842						SORREL											
4		2843						SORREL											
5		2844	✓																
6		2847						APPO WSSA											
7		2848	✓																
8		2850	✓																
9		2859	✓																
10		2860						ALA MSA											
11		2861	✓																
12		2862	✓																
13																			
14																			
15																			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

I HEREBY AUTHORIZE THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR 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 (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO. 0579-0160

12472

TIME HORSES LOADED ON CONVEYANCE

DATE

9:00 PM

12-17-06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

SHREVE, OH

NAME OF AUCTION/MARKET

N/A

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

108 HARVESTORE DR.

CITY, STATE, ZIP CODE

DEKALB, ILL 60115

AREA CODE & TELEPHONE NO.

815-256-8057

STREET ADDRESS

8400 MILLBROOK RD.

CITY, STATE, ZIP CODE

SHREVE OH 44676

AREA CODE & TELEPHONE NO.

330-567-3784

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USCS	2874						ROAN		✓					✓				
	2877		✓						✓									
	2878	✓										STD BRD						
	2879						PALA MFW		✓					✓				BAD LEFT HEP
	2880	✓										STD BRD						LEFT EYE GONE
	2881	✓										STD BRD		✓				
	2882						SORREL					HEP LEAF		✓				
	2883			✓								STD BRD		✓				
	2884	✓										STD BRD		✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE

HEREBY AUTHORIZED TO COMPLETE THIS FORM. FALSIFICATION OF THIS FORM OR KNOWINGLY SIGNING 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 (18 U.S.C. SECTION 1001).

OWNER/SHIPPER(I certify that the information contained in this form is true and correct to my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM
DATE: 1-30-07
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO.: [REDACTED]
NAME OF AUCTION/MARKET: N/A
CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL INTERNATIONAL
STREET ADDRESS: 108 HARVESTORE DR.
CITY, STATE, ZIP CODE: DEKALB, ILL. 60115
AREA CODE & TELEPHONE NO.: 330-562-3784
AREA CODE & TELEPHONE NO.: 815-756-8051

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.
 Foals are older than 6 months of age.
 Horses are able to bear weight on all 4 limbs.
 Horses are not blind in both eyes.
 Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld	
1	USCS	2929			✓						✓								
2		2930	✓						✓										
3		2931					✓			✓									
4		2932						Scam		✓				✓					Blind left eye
5		2933	✓										Mar-jan			✓			
6		2934	✓										Ally.	✓					
7		2935			✓					✓				✓					
8		2936					✓			✓				✓					
9																			
10																			
11																			
12																			
13																			
14																			
15																			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: [REDACTED]

I HEREBY AUTHORIZE THE SIGNATURE AND THE INFORMATION IN IT AS COMPLETED BY THE SIGNER TO THE USDA. FALSIFICATION OF THIS FORM OR 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 (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[REDACTED]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 P.M. DATE: 1-1-07 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH

VEHICLE LICENSE NO. AND DRIVER'S NAME: [REDACTED] NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: [REDACTED] CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL INTERNATIONAL

STREET ADDRESS: 8466 MILLBROOK RD. STREET ADDRESS: 108 HARVESTORE DR.

CITY, STATE, ZIP CODE: SHREVE, OH 44676 CITY, STATE, ZIP CODE: DEKALB, ILL. 60115

AREA CODE & TELEPHONE NO.: 330-567-3784 AREA CODE & TELEPHONE NO.: 815-256-8051

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age. Horses are not blind in both eyes. Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USCS	2906						SCREED	✓							✓			
	2907	✓							✓						✓			BLIND RIGHT EYE
	2908	✓							✓							✓		
	2909						ROAN		✓							✓		
	2910	✓						✓								✓		BLIND LEFT EYE
	2911	✓										STD AD		✓				
	2912			✓				✓						✓				
	2913						SCREED			✓					✓			
	2914						SCREED			✓					✓			
	2915						SCREED			✓					✓			
	2916	✓							✓						✓			
	2917	✓						✓							✓			

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[REDACTED]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

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FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE
1-14-07

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

1:00 PM
VEHICLE LICENSE NO. AND STATE

SHREVE, OH.

[REDACTED]

NAME OF AUCTION/MARKET

N/A

STREET ADDRESS

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

8406 MILL BROOK RD.

STREET ADDRESS

108 HARVESTORE DR.

CITY, STATE, ZIP CODE

SHREVE, OH. 44676

CITY, STATE, ZIP CODE

DEKALB, ILL. 60115

AREA CODE & TELEPHONE NO.

330-567-3784

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815-756-8051

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- Horses are not blind in both eyes.
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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld	
1	USLS	2918						SORREL											RIGHT EYE CUT
2		3919						SORREL											
3		2920						SORREL											
4		2921						SORREL											
5		2922	✓																
6		2923			✓														
7		2924	✓																
8		2925						SORREL	✓										
9		2926	✓																
10		2927			✓														
11		2928	✓																
12																			
13																			
14																			
15																			

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SIGNATURE [REDACTED]

I HEREBY A
COMPLETED
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SIGNATURE OF OWNER/SHIPPER [REDACTED]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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