...is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair, Steven F

2. CERTIFICATE NO.: L068279

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/3/2011

5. U.S. PORT OF EMBARKATION (*City and State*): Alexandria Bay,N.Y.

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve,

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN (*"X" if yes*):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. c/oShelli Oxtoby,P.O.Box 442 Whitewood,Sk S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair	USEY 4344	144	N	BL			Star,LH,RH-socks,Black							
(b)(6)	USEY 4345	144	F	BL			Stripe,White Muzzle,Chestnut							
Shreve, Ohio 44676	USEY 4346	180	F	BL			Blaze,Chestnut							
(39)	USEY 4347	156	N	BL			Stripe,White Muzz;e,LH,RH-socks,Chestnut							
	USEY 4348	144	F	BL			Stripe,White Muzzle,Chestnut							
	USEY 4349	168	N	BK			Stripe, Sorrell							
	USEY 4350	180	N	BL			Blaze, Sorrell							
	USEY 4351	144	F	BL			Stripe, Chestnut							
	USEY 4352	144	F	BL			Stripe, Chestnut							
	USEY 4353	120	F	BL			Star, Black							
	USEY 4354	120	F	BL			Stripe,Chestnut							
	USEY 4355	180	N	BL			Blaze,White Muzzle,Sorrell							
	USEY 4356	156	N	BL			Stripe, Chestnut							
19 Mixed Horses	USEY 4357	120	N	BL			Star,Chestnut							
Back Tags 4344-4362	USEY 4358	144	N	BL			Stripe,LF,RF-socks,Chestnut							
VS From 10-13 Accompanies	USEY 4359	72	M	BL			Stripe,LH,RH-socks,Chestnut							
Shipment	USEY 4360	24	M	QH			Star,Snip,Bay							
	USEY 4361	72	F	BN			LH-sock,RH-coronet,Bay							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 5 2011

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 19

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. *Form Approved OMB No. 0579-0020*

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steven F

2. CERTIFICATE NO. FROM VS FORM 17-140: L068279

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Steve Landfair [redacted] (b)(6) USEY 4362	120	F	OH	LH-pastern,Bay							
Shreve, Ohio 44676 (3⓿)											

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection,were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one (21) days, the animal(s⓿)in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day ofn inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

(b)(6) [redacted]

(b)(6) [redacted]

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – POST VETERINARIAN

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: 12:45 AM

DATE: 06/12/2011

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

STREET ADDRESS: (b)(6)

CITY, STATE, ZIP CODE: SHREVE, OH. 44676

AREA CODE & TELEPHONE NO.: (b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.

STREET ADDRESS: 512, RANG ST-JULIE EST.

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0

AREA CODE & TELEPHONE NO.: 819-483-7941

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	USEY	4344			✓						✓					✓		
2		4345					✓				✓			✓				
3		4346					✓				✓			✓				
4		4347					✓				✓					✓		BAD LEFT EYE
5		4348					✓				✓			✓				
6		4349						SORREL			✓					✓		
7		4350						SORREL			✓					✓		CUT ON Right HIND Thigh
8		4351					✓				✓			✓				
9		4352					✓				✓			✓				
10		4353			✓						✓			✓				
11		4354					✓				✓			✓				
12		4355						SORREL			✓					✓		
13		4356					✓				✓					✓		BAD LEFT EYE
14		4357					✓				✓					✓		
15		4358					✓				✓					✓		

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 6 dec 2011

TIME 16:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4358					✓				✓				✓			
17		4360	✓							✓					✓			
18		4361	✓										SN	✓				
19		4362	✓							✓				✓				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

FOIA 2012-02848 Pg. 4

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L0082284

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)	USBY 4475	168	N	BL	Stripe, Sorrell									
	USBY 4476	156	N	BL	Star,Stripe,RH-pastern,Black									
Shreve, Ohio 44676	USBY 4477	168	F	BL	Star, Black									
(39)	USBY 4478	120	N	SN	Star,LH-sock,RF-coronet, Bay									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any commonicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may redner animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(5)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 - VS CONSIGNEE COPY

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB No. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair, Steve F

2. CERTIFICATE NO.: L068284

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/17/2011

5. U.S. PORT OF EMBARKATION (*City and State*): Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): [redacted] (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN ("X" *if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. c/oShelli Oxtoby,P.O.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" *one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Steve Landfair
[redacted] (b)(6)
Shreve, Ohio 44676
(39)

22 Mixed Horses
Back Tags 4457 - 4478
VS Form 10-13 Accompnaies
Shipment

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USEY 4457	24	N	OH		Stripe,LH,LF,RF-socks, Chestnut									
USEY 4458	120	F	BL		Stripe,RF,RH-socks, Chestnut									
USEY 4459	144	N	BL		Stripe,Chestnut									
USEY 4460	168	F	BL		Stripe,LH,RF-socks,Sorrell									
USEY 4461	120	N	BL		Stripe,Snip onnose,Chestnut									
USEY 4462	144	N	BL		Stripe,White muzzle,Sorrell									
USEY 4463	108	N	BL		Blaze,Chestnut									
USEY 4464	60	N	BL		Stripe,Sorrell									
USEY 4465	144	F	BL		Star,LF,RF-socks, Chestnut									
USEY 4466	120	N	OH		Stripe,LH,RF-socks,Chestnut									
USEY 4467	144	N	BL		Star,Snip on nose,Black									
USEY 4468	168	F	BL		Star,Snip on nose,LH-pastern,Black									
USEY 4469	144	F	BL		Stripe,LH,RH-pastern,LF,RF-sock,Chestnut									
USEY 4470	72	N	OH		Whorls on forehead and both hips,Bay									
USEY 4471	60	N	BL		Star,Snip on nose,LH,RH-socks,Sorrell									
USEY 4472	132	N	BL		Stripe,RH,LH-socks,Red Roan									
USEY 4473	144	F	SN		Star,LH,RH-pastern, Bay									
USEY 4474	180	F	BL		Stripe,LF,RF,LH-socks,Sorrell									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

[redacted] (b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 19 2011

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 22

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: [redacted] (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4472						RED ROAN			✓					✓		BAD LEFT EYE
17		4473	✓										SN	✓				
18		4474						SORREL			✓			✓				BAD RIGHT EYE
19		4475						SORREL			✓					✓		
20		4476			✓						✓					✓		
21		4477			✓						✓			✓				
22		4478	✓										SN			✓		
23																		
24																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 7

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: 3PM

DATE: 19-12-2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	4457					✓			✓						✓		
2		4458					✓				✓			✓				RIGHT HEND MILK LEG
3		4459					✓				✓					✓		RIGHT HEND MILK LEG
4		4460						SORREL			✓			✓				
5		4461					✓				✓					✓		
6		4462						SORREL			✓					✓		
7		4463					✓				✓					✓		
8		4464						SORREL			✓					✓		
9		4465					✓				✓			✓				
10		4466					✓			✓						✓		
11		4467			✓						✓					✓		
12		4468			✓						✓			✓				
13		4469					✓				✓			✓				
14		4470	✓							✓						✓		
15		4471						SORREL			✓					✓		

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE: 2011-12-20

TIME: 9h15 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

FOIA 2012-02848 p.8

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): Landfair, Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L068266

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export, Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4339	144	F	BL											
USEY 4340	144	M	BL											
USEY 4341	180	F	BK											
USEY 4342	180	M	BK											
USEY 4343	180	F	BL											

Stripe, Sorrell
Stripe, White Muzzle, LH, RH socks, Sorrell
Star, Stripe, Sorrell
Blaze, Sorrell
Stripe, Chestnut

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the ~~issuing~~ veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition, fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animal that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, The animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illnes, injury or any bother condtion that could be aggravated when the animal is being transported, causing the animal to suffer.

Joseph A. Taylor

(b)(6)

VS FORM 17-140a *Previous edition may be used.*

FOIA 2012-02848 Pg. 9

PART 2 - VS RIVERDALE, MARYLAND

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair, Steve F

2. CERTIFICATE NO.: L068266

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/29/2011

5. U.S. PORT OF EMBARKATION (*City and State*): Alexandria,Bay, N.Y.

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN (*"X" if yes*):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; X 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. c/o Shelli Oxtoby,P.O.Box 442 Whitewood,Sk./S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
X 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4322	36	F	QH		Whorls on forehead and both hips,Black									
USEY 4323	132	F	BL		Whorls on forehead and both hips, Black									
USEY 4324	144	N	SN		Stripe, Bay									
USEY 4325	180	N	BK		Blaze,Sorrell									
USEY 4326	168	N	SN		Snip on forehead,Bay									
USEY 4327	120	N	SN		Star,LH,RH-socks,LF,RF-coronet, Bay									
USEY 4328	120	N	BL		Stripe,LF,RF-cor9onet,LH,RH-sock,Sorrell									
USEY 4329	180	N	BL		Blaze,Sorrell									
USEY 4330	168	N	BL		Stripe,White Muzzle,Sorrell,									
USEY 4331	144	F	QH		Star,LF,RF,LH,RH-pastern,Bay									
USEY 4332	180	F	QH		Stripe,White Lips,LH,RF-sock,RH,LF-coronet,Sorrell									
USEY 4333	144	N	SN		LH-sock,RH,LF-pastern,Bay									
USEY 4334	144	N	BK		Blaze, Chestnut									
USEY 4335	120	N	SN		Star,Snip on nose,LH,RH-coronet,Black									
USEY 4336	120	F	QH		LH-pastern,Bay									
USEY 4337	168	N	SN		Star,Snip on nose,LH,RH-pastern,LF-coronet,Bay									
USEY 4338	169	F	BL		Whorls on forehead and both hips,Black									

~~22 Mixed Horses~~
~~Back Tags 4322 - 4343~~
~~VSe~~VS Form 10-13 Accomaphies Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 1 2011

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga, Joseph J.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 22

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4337	✓										SN			✓		BAD LEFT EYE
17		4338			✓						✓			✓				
18		4339						SORREL			✓			✓				
19		4340						SORREL			✓					✓		
20		4341						SORREL			✓			✓				
21		4342						SORREL			✓					✓		
22		4343					✓				✓			✓				
23																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

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: 12-0171 RICHARD 4 PM

DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OH. 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	CASEY	4322			✓					✓				✓				
2		4323			✓						✓			✓				BOTH EYES BAD
3		4324	✓										SN			✓		BOTH EYES BAD
4		4325						SORREL			✓					✓		
5		4326	✓										SN			✓		BAD RIGHT EYE
6		4327	✓										SN			✓		SCAR ON LOW LEFT HIP
7		4328						SORREL			✓					✓		
8		4329						SORREL			✓					✓		
9		4330						SORREL			✓					✓		
10		4331	✓							✓				✓				
11		4332						SORREL		✓				✓				
12		4333	✓										SN			✓		BOTH EYES BAD
13		4334					✓				✓					✓		
14		4335			✓								SN			✓		CUT ON LEFT HIND LEG
15		4336	✓							✓				✓				BOTH EYES BAD

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2011-12-02

TIME 13:50

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED-OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair , Steve F

2. CERTIFICATE NO.: L0682[illegible]

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/13/2011

5. U.S. PORT OF EMBARKATION (*City and State*): Port Huron,Mich.

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

ZIP CODE: 44676

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. c/o Shelli Oxtoby, P.o.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[x] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)												DISEASE	DISEASE	DISEASE
												TYPE TEST	TYPE TEST	TYPE TEST
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4433	168	N	SN		Star, Black									
USEY 4434	168	N	SN		LH-pastern,Bay									
USEY 4435	144	N	SN		Star,RH-sock,Bay									
USEY 4436	132	F	SN		LH-coronet,Bay									
USEY 4437	120	N	SN		LH-pastern, Bay									
USEY 4438	144	F	QH		Striep,LF,LH,RF,RH-stockings,Sorrell & White Markings as a paint									
USEY 4439	120	N	SN		Star,Lower Lip,LH,LF-pastern,Bay									
USEY 4440	132	N	SN		Star, Black									
USEY 4441	120	F	SN		Whorls on forehead and both hips, Bay									
USEY 4442	60	N	QH		Snip on nose,LH-sock, Buckskin									
USEY 4443	96	N	QH		Blaze,LH,RH,LF,RF-stockings,Brown & White markings as a paint									
USEY 4444	120	N	SN		Whorls on forehead and both hips, Bay									
USEY 4445	96	F	SN		LH-spot on heel, Bay									
USEY 4446	120	N	SN		Star, Bay									
USEY 4447	156	F	SN		LH-coronet, Black									
USEY 4448	132	N	SN		Star,LH,LF-sock, Bay									

24 Mixed Horses
Back Tags 4433-4456
VS Form 10-13 Accompanies Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 14 2011

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [x] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 24

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE4	4448	✓										SN			✓		
17		4449	✓										SN	✓				
18		4450	✓										SN			✓		
19		4451			✓						✓			✓				
20		4452					✓				✓			✓				
21		4453					✓				✓			✓				
22		4454					✓				✓					✓		
23		4455						SPOTTED			✓			✓				
24		4456					✓				✓					✓		
25																		
26																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

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: 00:30 AM

DATE: 15-12-11

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 512, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1N0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-7941

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	USE)	4433			✓								SN			✓		
2		4434	✓										SN			✓		CUT ON RIGHT HIND LEG
3		4435	✓										SN			✓		CUT ON LEFT HIND LEG
4		4436	✓										SN	✓				
5		4437	✓										SN			✓		
6		4438						SORREL + WHITE		✓				✓				BAD RIGHT EYE
7		4439	✓										SN			✓		
8		4440			✓								SN			✓		
9		4441	✓										SN	✓				
10		4442						BUCK SKIN		✓						✓		
11		4443						BROWN + WHITE		✓						✓		
12		4444	✓										SN			✓		
13		4445	✓										SN	✓				
14		4446	✓										SN			✓		
15		4447			✓								SN	✓				

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2011-12-16

TIME 8:30 AM

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair , Steven F

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: USA8280

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)	USEY 4380	96	N	BL	Blaze,Chestnut									
	USEY 4381	120	M	QH	Stripe,RF,RH-socks,Bay									
Shreve, Ohio 44676	USEY 4382	180	F	BL	Bald Face,Red Roan									
(39)	USEY 4383	180	N	BL	Stripe, White Muzzle,Sorrell									
	USEY 4384	168	F	BK	Stripe,LF,RF,LH,RH-pasterns,Chestnut									

1. The animals, were inspected within 30 days prior to export and found to be healthy and free from evidnece of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day or inspection, no animal has an infirmity,illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR. 2005) *Previous edition may be used.*

PART 3 - PORT VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Steve Landfair

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3492

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Steve Landfair														
[redacted] (b)(6)	USEY 3773	132	N	SN	Stripe,RF-pastern,LH,RH-sock,BAy									
	USEY 3774	24	N	SN	LH-coronet, BAy									
Shreve, Ohio 44676	USEY 3775	96	F	SN	Star,LH-sock,Bay									
(39)	USEY 3776	120	N	SN	Whorls on forehead and both hips, Bay									
	USEY 3777	108	M	BL	Stripe, Sorrell									
	USEY 3778	144	N	SN	Star,RF,LH-sock,RH-pastern,BAy									
	USEY 3779	156	N	SN	Star,LH-sock,RH-pastern, BAy									
	USEY 3780	84	N	SN	Star,RF,RH-coronet, Bay									
	USEY 3781	120	N	SN	Whorls on forehead and both hips, Bay									
	USEY 3782	72	F	SN	Whorls on forehead and both hips, Bay									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a; physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(a) in this shipment has/have not been in the state of Texas, New Mexico, or Arizona.

Fit to be transported means, thatt on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

[redacted] (b)(6)

[redacted] (b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

The certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
Steve Landfair	J 3492	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
7/9/2011	Port Huron, Mich	26	(b)(6)	Shreve

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Ohio	39	44676

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavel Canada Export,Inc. c/oShelli Oxtoby, P.O.Box 442 Whitewood, Sk. S0G 5C0	Canada	Ca

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 3755	36	N	QH		Star,LH-sock, Bay									
USEY 3756	48	N	SN		Star,LH,RH-sock, BAy									
USEY 3757	24	N	SN		Star,LH-sock,RH-pastern, BAy									
USEY 3758	72	N	SN		Star,LH,RH,RF-sock, Bay									
USEY 3759	168	F	BL		Stripe,Red Roan									
USEY 3760	180	N	BL		Stripe,Sorrell									
USEY 3761	132	M	SN		LH,RH-pastern,RF-coronet,Black									
USEY 3762	144	F	SN		Whorls on forehead and both hips, Bay									
USEY 3763	36	F	SN		Star,Snip,RH-sock, Bay									
USEY 3764	180	F	Mule		Stripe, Sorrell									
USEY 3765	144	N	SN		Whorls on forehead and both hips, Bay									
USEY 3766	120	F	BL		Stripe,Snip,Chestnut									
USEY 3767	144	N	BL		Stripe,Chestnut									
USEY 3768	168	N	SN		Rh-coronet, Bay									
USEY 3769	144	F	SN		Star,LH-pastern, Black									
USEY 3770	132	F	SN		Star, BAy									
USEY 3771	72	F	Mule		Whorls on forehead and both hips, Bay									
USEY 3772	120	F	SN		Star,LH,RH-socks, Bay									

28 Mixeed Horsed
Back Tags 3755 - 3782
VS Form 10-13 Accompanies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUL 11 2011	Varga Joseph J.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	28

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

(b)(6)

23. Signature of endorsing federal veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	3720	✓										SN	✓				
17		3721	✓										mule	✓				
18		3722	✓										SN	✓				
19		3723	✓										SN			✓		
20		3724	✓										SN			✓		
21		3725	✓										SN	✓				
22		3726	✓										SN			✓		
23		3727						SORREL			✓				✓			
24		3728	✓										SN			✓		
25		3729	✓										SN			✓		
26		3780	✓										SN			✓		
27		3781	✓										SN			✓		
28		3782	✓										SN	✓				BUMP ABOVE LEFT EYE
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

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: 2:30 AM

DATE: 12-7-11

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 512, RANG ST-JULIE EST.

CITY, STATE, ZIP CODE: SHREVE, OH. 44676

CITY, STATE, ZIP CODE: ST.-ANDRE-AVELLIN, QC J0V1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	3255	✓							✓						✓		
2		3256	✓										SN			✓		
3		3257	✓										SN			✓		
4		3258	✓										SN			✓		
5		3259					RED ROAN				✓			✓				
6		3260					SORREL				✓					✓		
7		3261			✓								SN		✓			
8		3262	✓										SN	✓				
9		3263	✓										SN	✓				
10		3264					SORREL						MULE	✓				
11		3265	✓										SN			✓		
12		3266					✓				✓			✓				BAD RIGHT EYE
13		3267					✓				✓					✓		BAD RIGHT EYE
14		3268	✓										SN			✓		BAD LEFT EYE
15		3269			✓								SN	✓				

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 300

DATE Jan 12 2011

TIME 1945

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. *Form Approved OMB No. 0579-0020*

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L068282

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export, Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Steve Landfair	USEY 4429	180	N	BL	Stripe, Chestnut						
(b)(6)	USEY 4430	180	N	BL	Blaze, Sorrell						
Shreve, Ohio 44676	USEY 4431	144	[redacted]	SN	Star, LH.-sock, Bay						
(39)	USEY 4432	120	N	SN	Star, Ship on nose, Black						

1. The animals are inspected within 10 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found to be healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment top be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animals has an infirmity, illenss, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 3 – PORT VETERINARIAN

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business): Landfair, Steve F

L068286 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
12/10/2011	Alexandria Bay, N.Y.	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): (b)(6)

8. CONSIGNOR'S CITY (or Town): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export, Inc. c/o Shelli Oxtoby, P.O.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

CERTIFIED BRUCELLOSIS FREE AREA

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Steve Landfair
(b)(6)
Shreve, Ohio 44676
(39)

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USEY 4411	132	F	BL		Blaze,Lowerlip,LH-stocking,RH-sock,RED Roan									
USEY 4412	120	F	BL		Stripe,Sorrell									
USEY 4413	144	F	BL		Star, Black									
USEY 4414	156	N	BL		Star, Sorrell									
USEY 4415	168	N	BL		Blaze,Lower Lip,LH-stocking, Red Roan									
USEY 4416	144	F	BL		Star, Sorrell									
USEY 4417	132	N	BL		Blaze, Sorrell									
USEY 4418	60	M	SN		Whorls on forehead and both hips, Bay									
USEY 4419	156	F	QH		Star,Stripe,Bay									
USEY 4420	84	F	QH		Stripe, Tan & White markings as a paint									
USEY 4421	132	F	SN		Whorls on forehead and both hips,Bay									
USEY 4422	144	F	BL		Stripe,Lower lip,LH,RF-socks,Black									
USEY 4423	156	F	BL		Stripe,LH-sock,Chestnut									
USEY 4424	168	F	BL		Blaze,LH-stocking, Chestnut									
USEY 4425	180	F	BL		Blaze,Chestnut									
USEY 4426	60	F	BL		Star,Stripe,Sorrell									
USEY 4427	72	N	BL		Stripe,White Muzzle, Chestnut									
USEY 4428	180	F	BL		Stripe, Chestnut									

22 Mixed Horses
Back Tags 4411-4432
VS Form 10-13 Accompnies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 14 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Varga, Joseph J.

21. STATUS ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 22

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2. PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4426						SORREL			✓			✓				
17		4427					✓				✓					✓		
18		4428					✓				✓			✓				
19		4429					✓				✓					✓		
20		4430						SORREL			✓					✓		
21		4431	✓										SN	✓				RH-LEG CUT
22		4432			✓								SN			✓		
23																		
24																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

FOIA 2012-02848 Pg. 23

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: 11:45 PM

DATE: 14/12/2011

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517 RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OH. 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-1941

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

- [1] Pregnant mares are not likely to foal (give birth) during the trip.
- [2] Foals are older than 6 months of age.
- [3] Horses are able to bear weight on all 4 limbs.
- [4] Horses are not blind in both eyes.
- [5] 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	USEY	4411						RED ROAN			✓			✓				
2		4412						SORREL			✓			✓				
3		4413			✓						✓			✓				BAD LEFT EYE
4		4414						SORREL			✓					✓		
5		4415						RED ROAN			✓					✓		
6		4416						SORREL			✓			✓				
7		4417						SORREL			✓					✓		
8		4418	✓										SN	✓				
9		4419	✓							✓				✓				
10		4420						TAN WHITE		✓				✓				
11		4421	✓										SN	✓				
12		4422			✓						✓			✓				BOTH EYES BAD
13		4423					✓				✓			✓				
14		4424					✓				✓			✓				
15		4425					✓				✓			✓				

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2011-12-15

TIME 13:00

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

Previous editions are obsolete

FOIA 2012-02848 Pg. 24

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4378						TAN FLANKS		✓				✓				NOT LOADED
17		4379	✓							✓				✓				NOT LOADED
18		4380					✓				✓					✓		BAD LEFT EYE
19		4381	✓										SW		✓			
20		4382						RED ROAN			✓			✓				
21		4383						SORREL			✓					✓		BAD RIGHT EYE
22		4384					✓				✓			✓				
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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.)

(b)(6)

(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 25

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: 11:00 PM

DATE: 12/08/2011

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 519, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OH. 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC JOV 1W0

AR: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-1941

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	USEY	4363			✓								SN		✓			
2		4364					✓				✓			✓				
3		4365						SORREL			✓			✓				
4		4366						SORREL			✓					✓		
5		4367					✓				✓			✓				
6		4368					✓				✓			✓				
7		4369						SORREL			✓			✓				
8		4370						SORREL			✓					✓		
9		4371						SORREL			✓					✓		
10		4372						SORREL			✓			✓				
11		4373					✓				✓			✓				
12		4374					✓				✓			✓				
13		4375					✓				✓					✓		
14		4376					✓				✓					✓		
15		4377	✓										SN	✓				NOT LOADED

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0083

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Steve Landfair

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3490

3. PAGE NO.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6) USEY 3632	168	N	BL				L Stripe, Sorrell							
USEY 3863	180	N	BL				Stripe,LF,RF,LH,RH-socks, Chestnut							
Shreve, Ohio 44676														
(39) USEY 3634	144	F	BL				Stripe, Sorrell							
USEY 3635	156	N	SN				LH-pastern, Bay							
USEY 3636	168	F	SN				Whorls on forehead and both hips, Bay							

1.The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2.The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3.The animal has resided in the United States or Canada since birth.
4.The animals, at the time of the inspection,were found healthy and in a physical condition fit to be transported.
5.The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to berrefused entry to Canada.
6.During the previous twenty-one (21) days, the animal(s) in thie shipment has/have not been in the state of Texas, New Mexico, oo Arizona.

Fit to betransported means that, on the day of shipmenton, no animal has an infirmity,illnes, injury or any other condition that could be aggravated when the animal is being transported, causing the animal tosuffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 - PORT VETERINARIAN

The certificate is authorized by law 21 U.S.C 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Steve Landfair

2. CERTIFICATE NO: J 13490

3. PAGE NO: 1 OF 2

4. DATE ISSUED: 5/28/2011

5. U.S. PORT OF EMBARKATION *(City and State)*: Port Huron, Mich

6. STATE CODE: 26

(b)(6) *(Mailing Address)*

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean XX

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. c/o Shellimar Ktoby,P.O.Box 442 Whitewood,Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Steve Landfair											
(b)(6)											
Shreve, Ohio 44676											
(39)											
USEY 3614	168	F	BBL		Stripe, Cheestnut						
USEY 3615	156	N	BL		Stripe,Chestnut						
USEY 3616	132	N	SN		Few white hairs on forehead,LH,RH-socks,Bay						
USEY 3617	144	F	AP		Whorls, Tan spots						
USEY 3618	168	F	SN		Whorls on forehead and both hips, Bay						
USEY 3619	60	F	QH		Stripe,LH,RH-stockings,LF-sock, Sorrell						
USEY 3620	96	F	BN		Whorls on forehead and both hips,Bay						
USEY 3621	96	N	QH		Stripe,LF,RF,LH,RH-socks,Sorrell						
USEY 3622	144	N	BL		White Muzzle, Sorrell						
USEY 3623	144	N	BL		Stripe,Chestnut						
USEY 3624	180	F	BL		Star,LF,RF,LH,RH-socks, Chestnut						
USEY 3625	108	F	BL		Stripe,Sorrell						
USEY 3626	168	N	BL		Blaze,Chestnut						
USEY 3627	144	N	BL		Stripe, Chestnut						
USEY 3628	108	N	BL		Stripe,Sorrell						
USEY 3629	96	F	BL		Stripe, Chestnut						
USEY 3630	132	N	BL		Star, Sorrell						
USEY 3631	108	F	QH		Stripe,LF-sock,LH-Coronet, Sorrell						

23 Mixed Horses
Back Tags 3614-3636
VS Form 10-13 Accompanies Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 31, 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Varga Joseph J.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 23

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEK	3629					✓				✓			✓				Bad Left Eye
17		3630						Sorrel			✓					✓		
18		3631						Sorrel		✓				✓				
19		3632						Sorrel			✓					✓		
20		3633					✓				✓					✓		
21		3634						Sorrel			✓			✓				Bad Left Eye
22		3635	✓										SN			✓		
23	↓	3636	✓										SN	✓				
24																		
25																		
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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.)

(b)(6)

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: 6.00 A.M.

DATE: 6/2/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shreve, OH

(b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Steve Landfair

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export, Inc.

(b)(6)

STREET ADDRESS: 517, Rang St. - Julie Est.

CITY, STATE, ZIP CODE: Shreve, OH 44676

CITY, STATE, ZIP CODE: St-Andre-Avellin, QC. J0V 1W0

(b)(6)

AREA CODE & TELEPHONE NO.: (819) 983-7941

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	USEY	3614					✓				✓			✓				
2		3615					✓				✓					✓		
3		3616	✓										SN			✓		
4		3617						Tan w/ SN					AP	✓				Bad Right Eye
5		3618	✓										SN	✓				
6		3619						Sorrel		✓				✓				Bad Left Eye
7		3620	✓										SN	✓				
8		3621						Sorrel		✓						✓		
9		3622						Sorrel			✓					✓		
10		3623					✓				✓					✓		
11		3624					✓				✓			✓				
12		3625						Sorrel			✓			✓				Left Eye Out
13		3626					✓				✓					✓		
14		3627					✓				✓					✓		Bad Left Eye
15		3628						Sorrel			✓					✓		Bad Right Eye

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2011-06-03

TIME 7h50 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE 2011-06-03

TIME 7:50

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 2

PART 1 - INSPECTOR

FOIA 2012-02848 Pg. 30

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Steve Landfair

16. CONSIGNEE'S NAME: CaveCaCanada Export, Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3487

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
[redacted]														
Shreve, Ohio 44676														
USEY 3700	36	F	OH											
USEY 3701	48	N	SN											
USEY 3702	84	F	AP											
USEY 3703	144	F	SN											
USEY 3704	72	F	OH											
USEY 3705	108	F	OH											
USEY 3706	144	F	OH											
USEY 3707	72	F	BL											
USEY 3708	60	F	SN											
USEY 3709	96	F	OH											
USEY 3710	36	F	OH											

Steve Landfair: Small Star, Bay
Stripe, Rh-sock, RF-Coronet, Bay
Gray speckles on WWhite
Stripe, SShip on nose, LF-sock, Bay
Stripe, RF-sock, LH, RH-stockings, Sorrell
StripeSShipp Black
Star, SShip, Brown
Stripe, Sorrell
Star, Bay
Star, RH-pastern, Black
Wwhirle on forehead and both hips, Black

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease,
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported,
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit ro transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one((21) days, the animal(s) in this shipment has/have not been in the state or Texas, New Mexico, or Arizona.

Fit to be trransported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6) [redacted]

(b)(6) [redacted]

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART C - ORIGIN VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE4	3698	✓										SN	✓			CUT ON RT - LEG SORE LEFT HIP	
17		3699			✓								SN			✓	BAD LEFT EYE	
18		3700	✓							✓				✓				
19		3701	✓										SN			✓		
20		3702		✓				GRAY SKELETAL SNAILITE					AP	✓				
21		3703	✓										SN	✓			CUT ON RIGHT HIND & LEFT HIND LEG	
22		3704						SORE		✓				✓				
23		3705			✓					✓				✓				
24		3706						BROWN SORE		✓				✓				
25		3707		✓							✓			✓				
26		3708	✓										SN	✓				
27		3709			✓					✓				✓				
28		3710			✓					✓				✓				
29																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

(SEP 2002)

FOIA 2012-02848 Pg. 32

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: 1:00 PM

DATE: 20-6-2011

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

(b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNERSHIP PER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.

(b)(6)

STREET ADDRESS: 517 RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC. J0V 1W0

AREA CODE (b)(6)

AREA CODE & TELEPHONE NO: 819-983-1941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	3683						SORREL			✓					✓		
2		3684						SORREL		✓				✓				BAD Right HIND LEG
3		3685	✓										SN	✓				
4		3686	✓										SN	✓				
5		3687	✓										SN			✓		
6		3688					✓				✓					✓		
7		3689						SORREL			✓					✓		BAD RIGHT EYE
8		3690			✓					✓				✓				
9		3691						GREY + WHITE		✓				✓				
10		3692			✓								SN	✓				
11		3693						SORREL		✓						✓		
12		3694						SORREL		✓				✓				
13		3695			✓					✓				✓				
14		3696	✓										SN	✓				
15		3697			✓					✓					✓			

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 565

DATE 2011-06-21

TIME 13:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

FOIA 2012-02848 Pg 83

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

CERTIFICATE NO. FROM VS FORM 17-140: L0682276

PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

17. FARM ORIGIN
Owner's name *(Last name, two initials & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	TYPE TEST / DATE M	TYPE TEST / DATE N	TYPE TEST / DATE O
Steve Landfair USEY 4671	24	M	QH	Stirpe,Brown and white markings as a paint										
(b)(6) USEY 4672	144	F	BL	Stripe,Chestnut										
Shreve, Ohio 44676 USEY 4673	72	N	BL	Stripe, Blond										
(39) USEY 4674	180	F	BL	Star,(like a headband)Snip on nose,Black										

1.The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease4.
2.The animalwas, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease withihn 60 days preceding the date of inspection.
3.The animal has resided in the United States or Canada since bith.
4.The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5.The exporter has been advised that any deterioration in health or physical condie condition of th e animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6.During the previous twenty-one(21) dyas, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

¥ Fit to be transported means that, on the day of inspection, no animal has an infirmity,illness, injury or any other condition that could be aggravated when the animal is being transported, ~~causing~~-the animal to suffer.
causing

(b)(6)

(b)(6)

VS FORM 17-140a *Previous edition may be used.*

PART 2 - VS RIVERDALE, MARYLAND

...ION SERVICE
...RVICES

ORIGIN HEALTH CERTIFICATE

...e Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair dLandfair Steve F

2. CERTIFICATE NO.: L068276

3. PAGE NO.: 1 OF 1

4. ...012

5. U.S. PORT OF EMBARKATION (*City and State*): Champlain,N.Y.

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): [redacted] (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Ca vel Canada Export,Zinc. P.O.Box 442, C/o Shelli Oxtoby Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE

[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL

[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
[redacted] (b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4654	96	F	SN		Star,LH-sock,Bay									
USEY 4655	180	F	BL		Star,Snip on nose, Chestnut									
USEY 4656	120	F	SN		Star,LH-pastern,Chestnut									
USEY 4657	168	N	SN		Whorls on forehead and both hips, Black									
USEY 4658	120	F	QH		Star,Stripe,Snip,LH-pastern,Sorrell									
USEY 4659	36	M	QH		Star,Snip,LH,RH,LF-stocking,Brown and white markings as a paint									
USEY 4660	180	F	BL		N Blaze,White Muzzle,Sorrell									
USEY 4661	96	N	BL		Blaze,Chestnut									
USEY 4662	120	N	BL		Stripe,LH-sock,Chestnut									
USEY 4663	96	F	BL		Stripe,Chestnut									
USEY 4664	120	F	BL		Blaze,Chestnut									
USEY 4665	120	N	BL		Blaze,Chestnut									
USEY 4666	96	N	Mule		Whorls on forehead and both hips, Bay									
USEY 4667	96	F	BL		Blaze,Sorrell									
USEY 4668	60	N	SN		Star,Bay									
USEY 4669	84	F	SN		Star,Chestnut									
USEY 4670	144	N	SN		Whorls on forehead and both hips, Bay									

21 Mixed Horses
Back Tags 4654 - 4674
VS Form 10-13 Accompanies Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB 27 2012

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 21

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

[redacted] (b)(6)

23. Signature of Endorsing Federal Veterinarian

[redacted] (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

LO68276

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4669					✓						SN	✓				SORE ON RH-Leg
17		4670	✓										SN			✓		
18		4671						BROWN WHITE		✓					✓			
19		4672					✓				✓			✓				
20		4673						BLOND			✓					✓		
21		4674			✓						✓			✓				
22																		
23																		
24																		
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26																		
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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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 36

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

L068276

TIME HORSES LOADED ON CONVEYANCE: 11:30 PM

DATE: 05/03/2012

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

(b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0

AREA (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-1941

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	USEY	4654	✓										SN	✓				
2		4655					✓				✓			✓				
3		4656					✓						SN	✓				
4		4657			✓								SN			✓		
5		4658						SORREL		✓				✓				
6		4659						SORREL WITH BROWN		✓					✓			
7		4660						SORREL			✓			✓				
8		4661					✓				✓					✓		
9		4662					✓				✓					✓		
10		4663					✓				✓			✓				LEFT HIND - MILK LEG
11		4664					✓				✓			✓				
12		4665					✓				✓					✓		
13		4666	✓										MULE			✓		
14		4667						SORREL			✓			✓				BAD LEFT EYE
15		4668	✓										SN			✓		SORES ON BOTH HIND FEET

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2012.03.06

TIME 3h:45PM 15:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

CERTIFICATE NO. FROM VS FORM 17-140: 1098273

PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

Steve Landfair
(b)(6)redacted
Shreve, Ohio 44676
(39)

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION				✓		✓						DISEASE	DISEASE	DISEASE
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	TYPE TEST / DATE M	TYPE TEST / DATE N	TYPE TEST / DATE O
USEY 4623	108	F	SN		LF-pastern, Bay									
USEY 4624	84	N	QH		LH,RH-socks,Black									
USEY 4625	180	F	SN		Stripe,LH-sock,Bay									
USEY 4626	180	F	BL		Blaze, White Mizzle,Sorrell									
USEY 4627	180	N	BL		Stripe, Sorrell									
USEY 4628	144	N	QH		Star,LH,RH,LF-socks,Sorrell									
USEY 4629	144	F	BL		Stripe, White Mizzle, Sorrell									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birht.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transportd
5. The expoorter has been advised that any deterioration in health or physical condition ofthe animals that may redder animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has aninfirmity,illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)redacted

(b)(6)redacted

VS FORM 17-140a *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

...you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair Steve F

2. CERTIFICATE NO.: L0668273

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/21/2012

5. U.S. PORT OF EMBARKATION (*City and State*): Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): [redacted] (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN (*"X" if yes*):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. c/0 Shelli Oxtoby,P.O.Box 441 Whitewood, Sk S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
[redacted] (b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4605	72	F	BL		Star, Black									
USEY 4606	72	F	SN		Whorls on forehead and both hips, Black									
USEY 4607	60	N	SN		Whorls on forehead and both hips, Bay									
USEY 4608	120	F	SN		Star,Snip,LF-coronet,LH,RH-socks,Bay									
USEY 4609	96	N	QH		Bald Face,LH,RH-stockings,Chestnut									
USEY 4610	84	N	QH		Star,Snip,LH-stocking,Brown									
USEY 4611	120	F	SN		LH-pastern,Bay									
USEY 4612	120	F	BL		Stripe,Chestnut									
USEY 4613	120	N	BL		Stripe,LH-stocking, Chestnut									
USEY 4614	108	N	BL		Stripe,Blond									
USEY 4615	144	F	BL		Blaze, Sorrell									
USEY 4616	96	N	BL		Stripe, Chestnut									
USEY 4617	120	N	SN		Star,RH-pastern,LF,RF,LH-pastern,Bay									
USEY 4618	120	F	SN		Star,LF,RF,LH,RH-socks,Bay									
USEY 4619	156	F	SN		WWhorls on forehead and both hips, Bay									
USEY 4620	60	F	SN		Whorls on forehead and both hips, Black									
USEY 4621	144	F	SN		Whorls on forehead and both hips, Black									
USEY 4622	96	F	SN		Whorls on forehead and both hips, Bay									

25 Mixed Horses
Back Tags. 4605 - 4629
VS Form 10-13 Accompanies
Shipment

VALID ONLY WHEN USDA VETERINARY SEAL APPEARS HERE

[redacted] (b)(6)

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 23 2012

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga Joseph J.

21. STATUS: ☐ 1 State ☒ 3 Accredited ☐ 2 Federal

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

[redacted] (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4620			✓								SN	✓				
17		4621			✓								SN	✓				
18		4622	✓										SN	✓				
19		4623	✓										SN	✓				
20		4624			✓					✓						✓		
21		4625	✓										SN	✓				BOTH EYES BAD
22		4626						SORREL			✓			✓				
23		4627						SORREL			✓					✓		
24		4628						SORREL		✓						✓		BOTH EYES BAD
25		4629						SORREL			✓			✓				
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
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41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 40

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: 8:00 PM

DATE: 23-1-2012

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STEVE LANDFAIR

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OH. 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELIN, QC J0V 1W0

AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	4605			✓						✓			✓				
2		4606			✓								SN	✓				
3		4607	✓										SN			✓		
4		4608	✓										SN	✓				
5		4609					✓			✓						✓		
6		4610						BROWN		✓						✓		
7		4611	✓										SN	✓				
8		4612					✓				✓			✓				
9		4613					✓				✓					✓		
10		4614						BLOND			✓					✓		
11		4615						SORREL			✓			✓				
12		4616					✓				✓					✓		
13		4617	✓										SN			✓		
14		4618	✓										SN	✓				
15		4619	✓										SN	✓				

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 565

DATE 2012-01-25

TIME 8:45 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [illegible] Previous editions are obsolete

FOIA 2012-02848 - Pg 41

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Steve Landfair

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3500

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)	USBY 3965	156	F	BL	Stripe,LH,RH,LF,RF-socks,Sorrell									
	USBY 3966	168	F	BL	Star,Stripe,LF,RF-stockings,Sorrell									
Shreve, Ohio 44676	USBY 3967	36	N	SN	Whorls on forehad and both hips,Black									
(39)	USBY 3968	180	N	SN	LH,RH-Coronet,Bay									
	USBY 3969	180	N	BL	Stripe,Sorrell									
	USBY 3970	156	F	BL	Stripe, Chestnut									
	USBY 3971	180	N	BL	Stripe, Sorrell									
	USBY 3972	144	N	BL	Whorls on forehead and both hips,Black									
	USBY 3973	132	N	BL	Stripe,Sorrell									
	USBY 3974	144	N	BL	Stripe,Blond									

1. The animals were inspected within 30 days prior to export and found to be healthy and freefrom evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days precedding the date of inspection.
3. The animal has resided in the United States or Canada since birht.
4. The animals,At the time of the inspection, were found healthy an in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physcial condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) Days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 - VS RIVERDALE MARYLAND

...While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
Steve Landfair	J 3500	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
9/17/2011	Port Huron, Mich (Queen Sr/at Surfer.)	26	(b)(6)	Shreve

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHio	39	44676

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS (1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean)	16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
☐		2	Cavel Canada Export, Inc c/o Shellis Stoby, P.O. Box 442 Whitwood, Sk, S0G 5C0	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Steve Landfair
(b)(6)
Shreve, Ohio 44676
(39)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USEY 3949	144	N	SN											
USEY 3950	24	F	QH											
USEY 3952	36	F	QH											
USEY 3952	48	F	QH											
USEY 3953	120	F	SN											
USEY 3954	132	N	QH											
USEY 3955	48	F	SN											
USEY 3956	36	N	SN											
USEY 3957	168	F	SN											
USEY 3958	120	F	AP											
USEY 3959	144	F	SN											
USEY 3960	180	F	SN											
USEY 3961	96	N	SN											
USEY 3962	96	F	QH											
USEY 3963	108	N	QH											
USEY 3964	96	F	QH											

RH,LH-pastern,Bay
Palamino paint colors,Blaze,LH,RH-stockings,
Star,Snip,LH,RH,LF,RF-stockings,Brown & White as a paint
Whorls on forehead and both hips,Dunn
LH,pastern,Bay
Star,Snip,LH,RH,LF-socks, Sorrell
Whorls on forehead and both hips,Bay
Star,Bay
Star,Bay
Gray specks throughout face and body,
Whorls on forehad and both hips, Black
Few white hairs on forehead,Bay
Whorls on forehad and both hips,Bay
Star,Snip on nose,LH,RH,RF-sock,Bay
Stripe,spots on left side belly,LH,RH,RF,LF-stockings,Sorrell
Star,LH-pastern,Bay

26 Mixed Horses
Back Tags. 3949-3974
VS Form 10-13 Accompanies Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
SEP 19 2011	Varga Joseph J	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	26

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
SUSAN M. SKORUPSKI, DVM
AREA VETERINARIAN IN CHARGE OH/WV

25. SIGNATURE OF ISSUING VETERINARIAN (b)(6)

23. Signature of endorsing federal veterinarian (b)(6)

FORM 17-140 (MAR 98) Previous edition may be used.

PART 2 - TO DIVERDIATE MADYLAND

This certificate is authorized by law (21 USC 112), while you are not required to respond, no ha... ...OM VS FORM 17-140 ...nated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): Steve Landfair

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3500

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)	USEY 3965	156	F	BL		Stripe,LH,RH,LF,RF-socks,Sorrell								
	USEY 3966	168	F	BL		Star,Stripe,LF,RF-stockings,Sorrell								
Shreve, Ohio 44676	USEY 3967	36	N	SN		Whorls on forehad and both hips,Black								
(39)	USEY 3968	180	N	SN		LH,RH-Coronet,Bay								
	USEY 3969	180	N	BL		Stripe,Sorrell								
	USEY 3970	156	F	BL		Stripe, Shestnut								
	USEY 3971	180	N	BL		Stripe, Sorrell								
	USEY 3972	144	N	BL		Whorls on forehead and both hips,Black								
	USEY 3973	132	N	BL		Stripe,Sorrell								
	USEY 3974	144	N	BL		Stripe,Blond								

1. The animals were inspected within 36 days prior to export and found to be healthy and freefrom evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birht.
4. The animals,At the time of the inspection, were found healthy an in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physcial condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) Days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity,illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

VS FORM 17-140a (MAR 2005) Previous edition may be used.

PART 3 - PORT VETERINARIAN

FORM APPROVED - OMB NO. 0579-0020

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
Steve Landfair	J 3500	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
9/17/2011	Port Huron, Mich Detroit, MI	26	(b)(6)	Shreve

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]	OHio	39	44676

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavel Canada Export, Inc c/o Shellis Ontoby, P.O. Box 442 Whitwood, Sk, S0G 5C0	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USEY 3949	144	N	SN		RB,LH-pastern,Bay						
USEY 3950	24	F	QH		Palamino paint colors,Blaze,LH,RH-stockings,						
USEY 3952	36	F	QH		Star,Snip,LH,RH,LF,RF-stockings,Brown & White as a paint						
USEY 3952											
USEY 3952	48	F	QH		Whorls on forehead and both hips,Dunn						
USEY 3953	120	F	SN		LH,pastern,Bay						
USEY 3954	132	N	QH		Star,Snip,LH,RH,LF-socks, Sorrell						
USEY 3955	48	F	SN		Whorls on forehead and both hips,Bay						
USEY 3956	36	N	SN		Star,Bay						
USEY 3957	168	F	SN		Star,Bay						
USEY 3958	120	F	AP		Gray speckles throughout face and body,						
USEY 3959	144	F	SN		Whorls on forehad and both hips, Black						
USEY 3960	180	F	SN		Few white hairs on forehead,Bay						
USEY 3961	96	N	SN		Whorls on forehad and both hips,Bay						
USEY 3962	96	F	QH		Star,Snip on nose,LH,RH,RF-sock,Bay						
USEY 3963	108	N	QH		Stripe,spote on left side belly,LH,RH.RF,LF-stovckings,Sorrell						
USEY 3964	96	F	QH		Star,LH-pastern,Bay						

Steve Landfair
(b)(6)
Shreve, Ohio 44676
(39)

26 Mixed Horses
Back Tags. 3949-3974
VS Form 10-13 Accompanies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
SEP 19 2011	Varga, Joseph J.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	26

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
(b)(6)	SUSAN M. SKORUPSKI, DVM AREA VETERINARIAN IN CHARGE OH/WV	(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	3964	✓							✓				✓				CUT ON CHEST
17		3965						SORREL			✓			✓				
18		3966						SORREL			✓			✓				CUT ON Right HIND LEG
19		3967		✓	✓								SN			✓		
20		3968	✓										SN			✓		
21		3969						SORREL			✓					✓		
22		3970					✓	SORREL			✓			✓				
23		3971						SORREL			✓					✓		
24		3972			✓						✓					✓		
25		3973						SORREL			✓					✓		~~RIGHT~~ EAR
26		3974						BLAZE			✓					✓		
27																		
28																		
29																		
30																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

VS
(SEP 2002)

FOIA 2012-02848 Pg. 46

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: 11-AM

DATE: 9-23-11

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OH.

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC. J0V 1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-2941

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	USEY	3949	✓										SN			✓		BAD Right EYE
2		3950						PALA MIND BRN COLORS		✓				✓				
3		3951						BROWN & WHITE		✓				✓				
4		3952						DUN		✓				✓				
5		3953	✓										SN	✓				
6		3954						SORREL		✓						✓		
7		3955	✓										SN	✓				
8		3956	✓										SN			✓		
9		3957	✓										SN	✓				
10		3958						GRAY SPECKS					AP	✓				BAD LEFT EYE
11		3959			✓								SN	✓				CUT ON LEFT FRONT KNEE
12		3960	✓										SN	✓				
13		3961	✓										SN			✓		
14		3962	✓							✓				✓				CUT ON FOREHEAD / CUT ON LEFT SHOULD
15		3963						SORREL		✓						✓		

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 24 Sept 2011

TIME 7:55 am.

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

4. ISSUE DATE NO. | 5. PAGE NO.

1068295 | 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)	USEY 4841	168	N	SN	LH,RH-socks, Bay									
	USEY 4842	168	M	BL	Stripe, Chestnut									
Shreve, Ohio 44676	USEY 4843	96	F	SN	Wht Whorls onn forehead and both hips, Bay									
(39)	USEY 4844	84	N	QH	Blaze,LH,RH,RF,LF-stockings, Chestnut									
	USEY 4845	120	N	QH	Stripe,RF-sock,LH,RH-Sstockings,Chestnut									
	USEY 4846	96	M	QH	Star,LF-sock,LH,RH-sock,Bay									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidendce of communicable disease.
2. The animal was, to the best of the knoowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 50 days preceding the date of inspection.
3. The animal has resided in the United States or canada since birth.
4. The animals, at the time of the inspection, wwere found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada/.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animals has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

a

(b)(6)

(b)(6)

VS FORM 17-140a *Previous edition may be used.*

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0038 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO.: L 068295

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/5/2012

5. U.S. PORT OF EMBARKATION *(City and State)*: Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S MAILING ADDRESS *(Mailing Address)*: [redacted] (b)(6)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*: [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. c/oShelli Oxtoby,P.O.Box 442 Whitewood, W Sk. S0g 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*: [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
[redacted] (b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4824	96	N	SN		Star, Bay									
USEY 4825	120	N	BL		Stripe, Chestnut									
USEY 4826	120	F	SN		Star, Bay									
USEY 4827	60	N	BL		Stripe, Chestnut									
USEY 4828	120	F	BL		Stripe,LH-stocking, Sorrell									
USEY 4829	144	N	BL		Stripe, Sorrell									
USEY 4830	72	F	QH		Stripe, Rh-sock, Chestsnut									
USEY 4831	60	F	SN		Star,LF-sock,RH-stocking,Chestnut									
USEY 4832	60	F	SN		SN Whorls on forehead and both hips, Bay									
USEY 4833	168	M	SN		Whorls on forehead and both hips, Bay									
USEY 4834	120	F	SN		Star, Bay									
USEY 4835	108	F	BL		Stripe,LH,RH-stockings, Chestnut									
USEY 4836	180	N	SN		Whorls on forehead and both hips, BAy									
USEY 4837	108	N	BL		Stripe, Sorrell									
USEY 4838	120	N	BL		Stripe, Chestnut									
USEY 4839	144	N	BL		Star,Stripe,LH,RH-socks,Chestnut									
USEY 4840	120	N	SN		Whorls on forehead and both hips, Bay									

23 Mixed Horses
Back Tags 4824 - 4846
VS Form 10-13 Accompanies
Shipemet

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 7 2012

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Varga, Joseph J.

21. STATUS: [ ] 1 State [X] 2 Federal [ ] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 23

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: [redacted] (b)(6)

[redacted] (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEV	4839					✓				✓					✓		
17		4840	✓										SN			✓		
18		4841	✓										SN			✓		
19		4842					✓				✓				✓			
20		4843	✓										SN	✓				
21		4844					✓			✓						✓		LAMP ON RIGHT EYE
22		4845					✓			✓						✓		BLIND RIGHT EYE
23		4846	✓							✓					✓			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

...vernment Printing Office: 2004—616-624/99766

(SEP 2002)

FOIA 2012-02848 Pg. 50

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: 5:00 PM

DATE: 2012-05-08

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OH- 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC. J0V 1W0

AREA (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	4824	✓										SN			✓		BLIND LEFT EYE
2		4825					✓				✓					✓		
3		4826	✓										SN	✓				
4		4827					✓				✓					✓		
5		4828						SORREL			✓			✓				
6		4829						SORREL			✓					✓		
7		4830					✓			✓				✓				
8		4831					✓						SN	✓				
9		4832	✓										SN	✓				
10		4833	✓										SN		✓			
11		4834	✓										SN	✓				
12		4835					✓				✓			✓				No RIGHT EYE
13		4836	✓										SN			✓		
14		4837						SORREL			✓					✓		
15		4838					✓				✓					✓		

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

SIGNATURE (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2012-05-10

TIME 8:29 AM

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

Previous editions are obsolete

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. (FROM VS FORM 17-140): 1068293

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada ~~Export~~,Export,Inc. (KAH)

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

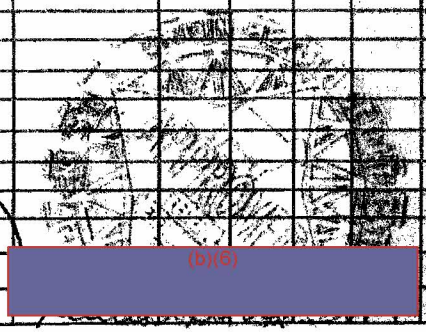
18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	TYPE TEST / DATE M	TYPE TEST / DATE N	TYPE TEST / DATE O
Steve Landfair														
[redacted] (b)(6)	USEY 4819	96	N	BL	Star, Brown									
	USEY 4820	108	F	QH	Stripe,White Muzzle,LF,RF,LH-stockings,RH-socks,Sor									
Shreve, Ohio 44676														rell
(39)	USEY 4821	144	N	SN	Whorls on forehead and both hips, Bay (KAH)									
	USEY 4822	96	N	QH	Stripe, Brown & White markings as a-~~pint~~-paint									
	USEY 4823	120	N	QH	Star,Snip,Spot on LF-pastern,RH,LH,RF-socks,Bay									

(KAH)

1. The animasl were inspected ~~wi~~hi within 30 days ~~oru~~ prior to export and found to be healthy and freefrom evidence of communicable disease.
2. The animals was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communcable disease within 60 days precedding the date of ~~sin~~ inspection.
3. The anim al has resided in the United States or Canada since birth. (KAH)
4. The animals, at the time of the inspection, were found healthy and in a physical ~~eod~~ condition fit to be transported. (KAH)
5. The exporter has been advised that any deterioration in health or physical condition of the animals that mmay render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days , the animals in this shipmment has/have not been in the state of Texas or New Mexico.

Fit to be transported mmeans that, on the day of inspection, no animals has an infirmtiy, illness, injury or any other condition that could be aggrvated whe the animalis being transported, Causing the anim al to suffer.



(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED, OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Landfair Steve F	L068293	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
04/25/2012	Port Huron,MIch	26	(b)(6)	Shreve

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Ohio	39	44676

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavel Canada Export,Inc. c/oShelli Oxtoby, P.O.Box 442 Whitewood,Sk. S0G 5C0	Canada	Ca

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USEY 4802	120	F	BL		Stripe, Chestnut									
USEY 4803	120	N	SN		Stripe, Black									
USEY 4804	72	F	QH		Stripe,LF,RF-socks, Bay									
USEY 4805	96	N	SN		Star,Snip,Bay									
USEY 4806	36	F	SN		Star,RF-pastern,LH,RH-socks, Bay									
USEY 4807	108	N	SN		Whorls on forehead and both hips, Bay									
USEY 4808	48	F	SN		Star,LH,RH-socks, Bay									
USEY 4809	108	N	BL		Stripe, Chestnut									
USEY 4810	144	N	BL		Star,Chestnut									
USEY 4811	84	F	QH		Stripe,LH,RH-stockings, Chestnut									
~~USEY 4812~~	~~341~~													
USEY 4812	24	N	BL		Star, Sorrell									
USEY 4813	144	N	BL		Stripe,White Muzzle, Sorrell									
USEY 4814	84	N	SN		RF-coronet on heel,LH,RH,LF-pastern,Bay									
USEY 4815	120	N	SN		Star,LH,RH-socks, Bay									
USEY 4816	144	F	BL		Stripe, Sorrell									
USEY 4817	180	N	SN		Whorls on forehead and both hips, Bay									
USEY 4818	72	N	SN		LH-Heel,Bay									

(b)(6)
Shreve, Ohio 44676
(39)

22 Mixed Horses
Back Tags 4802-4823
VS Form 10-13 Accompanies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
APR 26 2012	Varga, Joseph J.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	22

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN (b)(6)

23. Signature of Endorsing Federal Veterinarian (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4817	✓										SN			✓		
17		4818	✓										SN			✓		
18		4819						BROWN			✓					✓		
19		4820						SORREL		✓				✓				
20		4821	✓										SN			✓		
21		4822						BROWN WHITE		✓						✓		
22		4823	✓							✓						✓		
23																		
24																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

7437- 500195

FOIA 2012-02848 Pg. 54

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: 3h00 Am

DATE: 04/27/2012

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

(b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1X0

AREA CODE (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	4802					✓				✓			✓				
2		4803			✓								SN			✓		
3		4804	✓							✓				✓				
4		4805	✓										SN			✓		
5		4806	✓										SN	✓				
6		4807	✓										SN			✓		
7		4808	✓										SN	✓				
8		4809					✓				✓					✓		BLIND RIGHT EYE
9		4810					✓				✓					✓		BLIND RIGHT EYE
10		4811					✓			✓				✓				
11		4812						SOREL			✓					✓		
12		4813						SOREL			✓					✓		
13		4814	✓										SN			✓		
14		4815	✓										SN			✓		
15		4816						SOREL			✓			✓				

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

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 27/04/2012

TIME 7:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO FROM VS FORM 17-140: L068291

3. PAGE NO: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
[redacted]	USEY 4778	120	F	SN	LH-pastern,LF-sock, Bay									
	USEY 4779	108	N	Mule	Whorls on forehad and both hips, Bay									
Shreve, Ohio 44676	USEY 4780	132	N	BL	Stripe, Chestnut									
(39)														

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinnarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised ~~cat~~ that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means ~~ca~~ that on the day of inspection, ~~s~~ no animal has an infirmity,illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animmal to suffer.

[redacted] (b)(6)

[redacted] (b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Landfair Steve F

2. CERTIFICATE NO.: L068291

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/14/2012

5. U.S. PORT OF EMBARKATION (City and State): Port Huron, Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): (b)(6)

8. CONSIGNOR'S CITY (or Town): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export,Inc. c/oShelli Oxtoby,P.O.Box 442 Whitewood, Sk.S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USEY 4760	144	F	QH		Stripe, Chestnut									
USEY 4761	96	N	BL		Stripe, Blond									
USEY 4762	180	M	BL		Stripe,LF,RF,LH-stockings,RH-coronet,Chestnut									
USEY 4763	180	F	BL		Star,LH,RH-stockings,Sorrell									
USEY 4764	144	N	BL		Star,Black									
USEY 4765	120	N	BL		Star,Stripe,Sorrell									
USEY 4766	144	F	BL		Stripe, Chestnut									
USEY 4767	108	N	BL		Stripe, Sorrell									
USEY 4768	120	F	BL		Stripe,Sorrell									
USEY 4769	96	F	SN		Whorls on forehead and both hips, Bay									
USEY 4770	84	N	QH		Star, Bay									
USEY 4771	60	F	SN		Star,Snip,LH-sock,Bay									
USEY 4772	84	F	SNSN		Whorls on forehead and both hips,Bay									
USEY 4773	120	F	QH		Star,LH,sock, Chestnut									
USEY 4774	120	N	BL		Stripe, Sorrell									
USEY 4775	144	F	BL		Stripe, Chestnut									
USEY 4776	120	F	BL		White Face, Sore Sorrell									
USEY 4777	48	N	BL		Stripe-Lower Lip,LH,Stocking,Chestnut									

(b)(6)
Steve Landfair
(b)(6)
Shreve, Ohio 44676
(39)

21 Mixed Horses
Back Tags 4760 - 4780
VS Form 10-13 Accompanies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 16 2012

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Varga, Joseph J.

21. STATUS [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 21

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4775					✓				✓			✓				
17		4776						SORREL			✓			✓				
18		4777					✓				✓					✓		
19		4778	✓										SN	✓				BLIND LEFT EYE
20		4779	✓										MULE			✓		
21		4780					✓				✓					✓		RIGHT HIND MILK LEG
22																		
23																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

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: 3 h 30 A.M.

DATE: 04/17/2012

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 512, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-2941

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	USEY	4760					✓			✓				✓				
2		4761						BLOND			✓					✓		
3		4762					✓				✓				✓			
4		4763						SORREL			✓			✓				
5		4764			✓						✓					✓		
6		4765						SORREL			✓					✓		
7		4766					✓				✓			✓				
8		4767						SORREL			✓					✓		
9		4768						SORREL			✓			✓				
10		4769	✓										SN	✓				
11		4770	✓							✓						✓		
12		4771	✓										SN	✓				BLIND RIGHT EYE
13		4772	✓										SN	✓				BLIND Right EYE
14		4773					✓			✓				✓				
15		4774						SORREL			✓					✓		

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

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 17/04/2012

TIME 20:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landf£air Steve F

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

2. CERTIFICATE NO. (VS FORM 17-140): L0664292

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

Steve Landfair
(b)(6)
Shreve, Ohio 44676
(39)

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USEY 4797	120	F	BL								
USEY 4798	84	F	QH								
USEY 4799	96	F	SN								
USEY 4800	72	N	QH								
USEY 4801	84	N	QH								

Stripe, Lower Lip, Chestnut
Star,Bay
Star, Bay
Stripe,LF,RF-Hede Heel,LH,RH-socks, Bay
Stripe, White nostrils,Brown

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The aniamsl was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease witthin 60 dyas preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, ata the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physicalcdondition fo the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. DDuring the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state or Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a

PART 2 - VS RIVERDALE, MARYLAND

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Landfair Steve F

2. CERTIFICATE NO.: L068292

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/18/2012

5. U.S. PORT OF EMBARKATION (City and State): Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): (b)(6)

8. CONSIGNOR'S CITY (or Town): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN ("X" if yes):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; X 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export,Inc. c/o Shelli Oakoxtoby,P.O.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

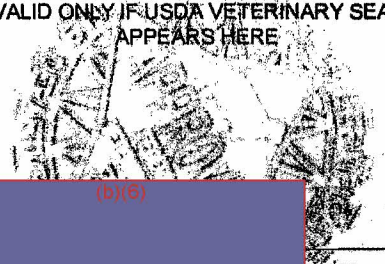
CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohhio 44676 (KAH)														
(39)														
USEY 4781	96	F	SN		Star, Bay									
USEY 4782	144	F	QH		Tan & White markings as a paint, Stripe,LF,RF, LH,RH--stockings									
USEY 4783	48	F	BL		Stripe, Sorrell									
USEY 4784	180	F	SN		Star,LH,RH,LF-pastern, Bay (KAH)									(KAH)
USEY 4785	144	N	HK		LH,RH,LF,RF-sock,Black & White markings as a pa paint									
USEY 4786	72	N	HK		LF-sock,RH-coronet, Bay									
USEY 4787	96	N	BL		Star, Sorrell									
USEY 4788	84	N	BL		Stripe, Sorrell									
USEY 4789	180	F	QH		Star, Chestnut									
USEY 4790	132	F	BL		Blaze, RH-stocking, Chestnut									
USEY 4791	96	F	QH		Stripe,LF-Heel,RH,LH-socks,Chestnut									
21 Mixed Horses (KAH)	USEY 4792	48	F	AP		Black & White spotted as Leopard spots								
Back Tags 4781 - 4801	USEY 4793	36	F	QH		Stripe, Chestnut								
VS Form 10-13 Accompanies	USEY 4794	132	F	SN		Star, Bay								
Shipment	USEY 4795	132	F	SN		Star, Bay								
	USEY 4796	168	M	BL		Stripe,LF,RF-stockings, Chestnut								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 19 2012

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Varga, Joseph J.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 21

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4796					✓				✓				✓			
17		4797					✓				✓			✓				
18		4798	✓							✓				✓				
19		4799	✓										SN	✓				
20		4800	✓							✓						✓		
21		4801						BROWN		✓						✓		
22																		
23																		
24																		
25																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

1Y37500194

FOIA 2012-02848 Pg. 62

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: 6:00 A.M.

DATE: 4/20/12

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, Qc J0V 1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	4781	✓										SN	✓				
2		4782						TAN WHITE		✓				✓				
3		4783						SOREL			✓			✓				
4		4784	✓										SN	✓				
5		4785						BLACK & WHITE				✓				✓		
6		4786	✓									✓				✓		
7		4787						SOREL			✓					✓		
8		4788						SOREL			✓					✓		
9		4789					✓			✓				✓				
10		4790					✓				✓			✓				
11		4791					✓			✓				✓				
12		4792						BLACK & WHITE LEOPARD					AP	✓				
13		4793					✓			✓				✓				
14		4794	✓										SN	✓				
15		4795	✓										SN	✓				

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

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. [illegible]

DATE 21 Avril 2012

TIME 8:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L068290

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed ~~to~~ to any communnicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. ~~The exporter has been advised that nay dd deterioration in health or physical codition of the animals that may renderr animals unfit for tranp- transport nay result in the shipment to be refused entry to Canada.~~
6. ~~During the previous twenty-one(21) dyas, the animals in this shipment has/have not been in the state of Texas or New Mexico.~~

Fit to be transported means that on the day of inspection, no animal has an ~~if~~ infirmity,illness or injury or any other condition that could be aggravated ~~wse~~ when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0220 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Landfair Steve F

2. CERTIFICATE NO.: L068290

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/31/2012

5. U.S. PORT OF EMBARKATION (City and State): Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): (b)(6)

8. CONSIGNOR'S CITY (or Town): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: OH

14. ZIP CODE: 44676

9. SEMEN ("X" if yes):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; XX 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export,Inc.
C/oShelli Oxtoby,P.O.Box 442
Whitewood,Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve,Ohio 44676														
(39)														
USEY 4742	144	F	BL		Star, Black									
USEY 4743	120	F	BL		Stripe,Chestnut									
USEY 4744	96	N	BL		Stripe,Sorrell									
USEY 4745	84	F	SN		Whorls on forehead and both hips,Bay									
USEY 4746	120	F	SN		LH,RH-socks,Bay									
USEY 4747	96	F	SN		Star,LH-pastern, Bay									
USEY 4748	120	F	BL		Stripe, Chestnut									
USEY 4749	120	N	SN		Star,LH-sock, Bay									
USEY 4750	96	F	SN		LH,RRH-socks, BAy									
USEY 4751	96	F	QH		WWhite Face,LH,RH,LF,RF-socks, Sorrell									
USEY 4752	120	N	SN		White Stripe above Left Eye, BAy									
USEY 4753	96	F	BL		Stripe, Chestnut									
USEY 4754	120	F	SN		Stripe,LH,RH,passtern,NB Bay									
USEY 4755	144	F	QH		Stripe, Chestnut									
USEY 4756	96	F	SN		Star,Bay									
USEY 4757	84	N	BL		Blaze,RH,LF,RF-stockings, Sorrell									
USEY 4758	144	N	SN		Whorls on forehead and both hips, Bay									
USEY 4759	36	N	HK		Stripe,LH,RH,LF,RF-socks, Black									

18 Mixed Horses
Back Tags 4742 - 4759
VS Form 10-13 Accompanies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 4 2012

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Varga Joseph J.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 18

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4757						Silver			✓					✓		
17		4758	✓										SN			✓		
18		4759			✓							✓				✓		BLIND Right EYE
19																		
20																		
21																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 66

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: 6 H 30 PM

DATE: 04/04/12

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	4742			✓						✓			✓				
2		4743					✓				✓			✓				
3		4744						SORREL			✓					✓		
4		4745	✓										SN	✓				BLIND LEFT EYE
5		4746	✓										SN	✓				BLIND RIGHT EYE
6		4747	✓										SN	✓				
7		4748					✓				✓			✓				
8		4749	✓										SN			✓		
9		4750	✓										SN	✓				
10		4751						SORREL		✓				✓				
11		4752	✓										SN			✓		BLIND RIGT EYE
12		4753					✓				✓			✓				
13		4754	✓										SN	✓				
14		4755					✓			✓				✓				
15		4756	✓										SN	✓				

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

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 05/04/2012

TIME 20:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

...aw 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Landfair Steve F	L068289	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
3/17/2012	Port Huron, Mich	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)	13. STATE CODE	14. ZIP CODE
(b)(6)	Shreve	39	44676
12. [illegible] Ohio			

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export,Inc. c/oShelli Oxtoby,P.O.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve,Ohio 44676														
(39)														
	USEY 4719	72	N	SN	Whorls on forehead and both hips, Black									
	USEY 4720	72	N	SN	LH,RH-pastern, Bay									
	USEY 4721	84	F	BL	Stripe, Sorrell									
	USEY 4722	24	F	BL	Blaze, Sorrell									
	USEY 4723	72	F	SN	Star,Rh-Heel,Bay									
	USEY 4724	132	F	SN	Whorls on forehead and both hips,Brown									
	USEY 4725	72	F	SN	Whorls on forehead and both hips,Black									
	USEY 4726	156	N	SN	Star,LH,RH-socks,LF-pastern, Bay									
	USEY 4727	108	F	SN	Stripe,Bay									
	USEY 4728	120	N	QH	Stripe, Palamino									
	USEY 4729	72	N	SN	Whorls ehn (RHP) on forehead and both hips, Bay									
	USEY 4730	72	N	BL	Blaze, Chestnut									
	USEY 4731	120	N	SN	Stripe,RH-sock,LF-coronet, Bay									
23 Mixed Horses	USEY 4732	144	F	BL	Star,Stripe,Snip,Sorrell									
Back Tags 4719-4741	USEY 4733	120	F	SN	Whorls on forehead and both hips, Brown									
VS Form 10-13 Accompanies	USEY 4734	36	N	SN	Star,RH-sock, Black (RHP)									
Shipment	USEY 4735	180	F	SN	Whorls on forehead and both hips, Bay (RHP)									
	USEY 4736	48	F	BL	Stripe,RF-stocking,LH-sock, Chestnut									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
MAR 19 2012	Varga, Joseph J.	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	23

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4734			✓								SN			✓		
17		4735	✓										SN	✓				
18		4736					✓				✓			✓				BLIND RIGHT EYE
19		4737	✓										SN	✓				
20		4738						SORREL		✓				✓				
21		4739			✓					✓				✓				
22		4740						SORREL			✓					✓		
23		4741					✓				✓				✓			
24																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 69

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: 5:00 AM

DATE: 3/20/2012

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 512, RANG ST. JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0

AREA CODE & TELEPHONE NO.:

AREA CODE & TELEPHONE NO.: 819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4719			✓								SN			✓		
2		4720	✓										SN			✓		
3		4721						SORREL			✓			✓				
4		4722						SORREL			✓			✓				
5		4723	✓										SN	✓				
6		4724						Brown					SN	✓				
7		4725			✓								SN	✓				
8		4726	✓										SN			✓		
9		4727	✓										SN	✓				
10		4728						Palomino		✓						✓		
11		4729	✓										SN			✓		
12		4730					✓				✓					✓		
13		4731	✓										SN			✓		
14		4732						SORREL			✓			✓				
15		4733						Brown					SN	✓				

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 21-3-2012

TIME 11h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

FOIA 2012-02848 - Pg 70

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair Steve F

2. CERTIFICATE NO.: L068298

3. PAGE NO.: 1 OF

4. DATE ISSUED: 6/12/2012

5. U.S. PORT OF EMBARKATION (*City and State*): Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: OHio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN ("X" *if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. c/o Shelli Oxtoby,P.O.Box 442 Whitewood,Sk S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" *one - use VS Form 17-6 for Poultry*)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4893	168	F	SN		Whorls on forehead and both hips,								Bay	
USEY 4894	180	N	SN		LH-pastern, Bay									
USEY 4895	180	N	BL		Stripe,LF,RF-socks, Sorrell									
USEY 4896	180	M	BL		Blaze, Red Roan									
USEY 4897	180	N	BL		Stripe, Chestnut									
USEY 4898	72	N	AS		Small Star, Liver Chestnut									
USEY 4899	108	N	BL		Stripe,Chestnut									
USEY 4900	120	N	BL		Stripe, Sorrell									
USEY 4901	120	F	BL		Stripe, Sorrell									
USEY 4902	120	N	BL		Stripe, Sorrell									
USEY 4903	72	N	BL		Stripe,LH,RH-socks, Sorrell									
USEY 4904	144	N	BL		Stripe, Sorrell									
WUSEY 4905	96	F	BL		Blaze, Red Roan									
20 Mixed Horses														
USEY 4906	72	N	BL		Stripe, Liver Chestnut									
Back Tags 4893 - 4912														
USEY 4907	132	N	BL		Star, Bay									
VS Form 10-13 Accompanies														
USEY 4908	168	N	BL		Whorls on forehead and both hips,Black									
Shipment														
USEY 4909	60	N	SN		RH-pastern, Bay									
USEY 4910	24	F	QH		Star,RH-sock, Bay									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUNE 13 2012

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 20

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. *Form Approved.OMB No. 0579-0020*

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L068298

PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair	USEY 4911	132	F	SN	Star,LF,RF,LH,RH-socks,Bay									
[redacted]	USEY 4912	180	N	SN	Whorls on forehead and both hips, Bay									
Shreve, Ohio 44676														
(39)														

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

[redacted]

[redacted]

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.
(b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, Qc. J0V 1W0
AREA CODE (b)(6)	AREA CODE & TELEPHONE NO: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4893	✓										SN	✓				
2		4894	✓										SN			✓		
3		4895						SORREL			✓					✓		
4		4896						RED ROAN			✓				✓			
5		4897					✓				✓					✓		BLIND RIGHT EYE
6		4898						LIVER CHESTNUT					AS			✓		
7		4899					✓				✓					✓		
8		4900						SORREL			✓					✓		
9		4901						SORREL			✓			✓				
10		4902						SORREL			✓					✓		
11		4903						SORREL			✓					✓		
12		4904						SORREL			✓					✓		
13		4905						RED ROAN			✓			✓				
14		4906						LIVER CHESTNUT			✓					✓		
15		4907	✓								✓					✓		BLIND LEFT EYE

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE4	4908			✓						✓					✓		
17		4909	✓										SN			✓		BLIND RIGHT EYE
18		4910	✓							✓				✓				
19		4911	✓										SN	✓				
20		4912	✓										SN			✓		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004---616-624/99766

FOIA 2012-02848 Pg. 74

...While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Landfair Steve F	L068297	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
6/2/2012	Port HronHuron,Mich	26	(b)(6)	Shreve

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Ohio	39	44676 3367644678

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavel Canada Export,Inc. c/o Shelli Oxtoby,P.O.Box 442 Whitewood, Sk. S0G 5C0	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair (b)(6) Shreve, Ohio 44676 (39)														
USEY 4870	132	N	BL		Blaze, Chestnut									
USEY 4871	24	N	QH		Star, Black									
USEY 4872	96	N	BL		Stripe,RH-stocking,Chesnut									
USEY 4873	96	F	S/N		LH-pastern,Bay									
USEY 4874	60	F	S/N		Star,LH,RH-pastern,Bay									
USEY 4875	84	N	BL		Blaze,Blond									
USEY 4876	156	N	QH		Stripe,LRLF-pastern,RF,LH,RH-socks,Sorrell									
USEY 4877	144	F	SN		LH,RH-coronet,Bay									
USEY 4878	108	N	SN		Star,RH-pastern,Bay									
USEY 4879	144	F	SN		Whorls on forehead and both hips,Bay									
USEY 4880	84	F	SN		RH-socks,Bay									
USEY 4881	120	F	BL		Stripe,Lower Lip,LH,RH,RF-stockings,Sorrell									
USEY 4882	84	N	SN		Whorls on forehead and both hips, Bay									
USEY 4883	108	F	BL		Star, Black									
USEY 4884	120	F	BL		Star,LH,RH-pasterns, Black									
USEY 4885	120	N	SN		Star,LF-pastern,RF,LH,RH-socks,Bay									
USEY 4886	156	N	QH		Stripe,LH-sock,Bay									
USEY 4887	144	F	BL		Stripe,Chestnut									

23 Mixed Horses
Back Tags 4870-4892
VS Form 10-13 Accompanies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUNE 4 2012	Varga, Joseph J.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	23

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN (b)(6)

(b)(6)

23. Signature of Endorsing Accredited Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved-OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: 2068297

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)	USEY 4888	156	N	BL	Star,LH,RH-socks, Bay									
	USEY 4889	144	F	BL	Stripe, Sorrell									
Shreve, Ohio 44676	USEY 4890	108	N	BL	Stripe,LF,RF,LH,RG-stockings, Chestnut									
1(39)	USEY 4891	108	N	BL	Blaze,LH,RH-stockings Chestnut									
	USEY 4892	132	N	BL	Stripe, Sorrell									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease with 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for the transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has han infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a
(MAR 2005)
Previous edition may be used.

PART 4 - FIELD STATION

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

DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFACK

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OH. 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, Qc. J0V 1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-2941

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	USEY	4870					✓				✓					✓		
2		4871			✓					✓						✓		
3		4872					✓				✓					✓		
4		4873	✓										SN	✓				
5		4874	✓										SN	✓				
6		4875						BLOND			✓					✓		BLIND LEFT EYE
7		4876						SORREL		✓						✓		
8		4877	✓										SN	✓				
9		4878	✓										SN			✓		
10		4879	✓										SN	✓				
11		4880	✓										SN	✓				
12		4881						SORREL			✓			✓				
13		4882	✓										SN			✓		
14		4883			✓						✓			✓				
15		4884			✓						✓			✓				

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

Previous editions are obsolete

PAGE 1 OF 2

PART I - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4885	✓										SN			✓		BLIND RIGHT EYE
17		4886	✓							✓						✓		BLIND LEFT EYE
18		4887					✓				✓			✓				
19		4888	✓								✓					✓		
20		4889						SORREL			✓			✓				
21		4890					✓				✓					✓		
22		4891					✓				✓					✓		
23		4892						SORREL			✓					✓		
24																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair Steve F

2. CERTIFICATE NO.: LD68296

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/15/2012

5. U.S. PORT OF EMBARKATION (*City and State*): Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN ("X" if yes):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; XX 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. c/ooShelli Oxtoby, P.O.Box 442 Whitewood, Sk. SoG 5c0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE

XX 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL

☐ 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4847	168	M	BL		Stripe, Chestnut									
USEY 4848	108	N	SN		Star,RF,RRH-Pastern, Bay									
USEY 4849	120	N	BL		Stripe, Blond									
USEY 4850	120	N	QH		Whorls on forehead and both hips,Black									
USEY 4851	120	F	SN		Star,LF,LH-sock,RF,RH-Heel,Bay									
USEY 4852	96	N	SN		Star, Bay									
USEY 4853	108	N	SN		Star, Black									
USEY 4854	24	N	QH		Bald Face,LH,LF-stocking, RH-sock,Chestnut									
USEY 4855	132	N	BL		Stripe,Blond									
USEY 4856	168	N	BL		Stripe,LH-sock,Black									
USEY 4857	120	F	BL		Stripe,Lower Lip,Blond									
USEY 4858	156	N	SN		Star,LH-sock,Bay									
USEY 4859	84	M	QH		Star, Dunn									
USEY 4860	180	N	SN		Whorls on forehead and both hips, Bay									
USEY 4861	120	F	QH		Star, Bay									
USEY 4862	144	N	SN		Star,LH,RH-socks,LF-pastern,Bay									
USEY 4863	108	N	AP		Whorls on forehead and boxthips,with speckles on neck									
					BLACK SPECKLES ON WHITE									

823 Mixed Horses
Back Tags 4847 - 4869
VS Form 10-13 Accompanies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 17, 2012

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga, Joseph J.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 23

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

(b)(6)

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L0682296

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)	USEY 4864	96	F	SN	Stripe, Sorrell									
	USEY 4865	144	F	BL	Blaze,LF,RF-stockings,RH-stockings,LH-sock,Sorrell									
Shreve, Ohio 44676	USEY 4866	144	F	BL	Blaze,LF,RF,LH,RH-stockings,Chestnut									
(39)	USEY 4867	168	N	BL	Blaze, Red Roan									
	USEY 4868	108	N	SN	Star,LH-sock,RH-coronet,Bay									
	USEY 4869	168	F	OH	Whorls on forehead and both hips, Bay									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animals was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration inhealth or physical condition of the ~~n-animals~~ animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of ~~inspection~~ inspection, no animals has an affirmity, illness, injury or ~~any~~ any other condition that could be aggravated when the animal is being transported, causing the aniaml to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
[redacted] (b)(6)	STREET ADDRESS: 517, RANG ST - JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OH. 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC. J0V 1W0
AREA CODE & TELEPHONE NO. [redacted] (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-3941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEW	4847					✓				✓				✓			
2		4848	✓										SN			✓		
3		4849						BLOND			✓					✓		
4		4850			✓					✓						✓		
5		4851	✓										SN	✓				
6		4852	✓										SN			✓		
7		4853			✓								SN			✓		
8		4854					✓			✓						✓		
9		4855						BLOND			✓					✓		
10		4856			✓						✓					✓		
11		4857						BLOND			✓			✓				
12		4858	✓										SN			✓		
13		4859						DUN		✓					✓			
14		4860	✓										SN			✓		
15		4861	✓							✓				✓				

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

[redacted] (b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4862	✓										SN			✓		
17		4863						BLACK SPOTTED GELDING					AP			✓		
18		4864						SORREL					SN	✓				
19		4865						SORREL			✓			✓				
20		4866					✓				✓			✓				
21		4867						RED ROAN			✓					✓		
22		4868	✓										SN			✓		
23		4869	✓							✓				✓				
24																		
25																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

...(5 U.S.C. 552). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair Steve F

2. CERTIFICATE NO.: L068295

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/5/2012

5. U.S. PORT OF EMBARKATION (*City and State*): Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): [redacted] (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*):
Cavel Canada Export,Inc.
c/oShelli Oxtoby,P.O.Box 442
Whitewood, W Sk. S0g 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Steve Landfair
[redacted] (b)(6)
Shreve, Ohio 44676
(39)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USEY 4824	96	N	SN		Star, Bay									
USEY 4825	120	N	BL		Stripe, Chestnut									
USEY 4826	120	F	SN		Star, Bay									
USEY 4827	60	N	BL		Stripe, Chestnut									
USEY 4828	120	F	BL		Stripe,LH-stocking, Sorrell									
USEY 4829	144	N	BL		Stripe, Sorrell									
USEY 4830	72	F	QH		Stripe, Rh-sock, Chestsnut									
USEY 4831	60	F	SN		Star,LF-sock,RH-stocking,Chestnut									
USEY 4832	60	F	SN		SN Whorls on forehead and both hips, Bay									
USEY 4833	168	M	SN		Whorls on forehead and both hips, Bay									
USEY 4834	120	F	SN		Star, Bay									
USEY 4835	108	F	BL		Stripe,LH,RH-stockings, Chestnut									
USEY 4836	180	N	SN		Whorls on forehead and both hips, BAy									
USEY 4837	108	N	BL		Stripe, Sorrell									
USEY 4838	120	N	BL		Stripe, Chestnut									
USEY 4839	144	N	BL		Star,Stripe,LH,RH-socks,Chestnut									
USEY 4840	120	N	SN		Whorls on forehead and both hips, Bay									

23 Mixed Horses
Back Tags 4824 - 4846
VS Form 10-13 Accompanies
Shipemet

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

[redacted] (b)(6)

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 7 2012

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 23

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: [redacted] (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

1. CERTIFICATE NO. FROM VS FORM 7-140: 1068295 2

2. PAGE NO.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)	USEY 4841	168	N	SN	LH,RH-socks, Bay									
	USEY 4842	16168	M	BL	Stripe, Chestnut									
Shreve, Ohio 44676	USEY 4843	96	F	SN	Wx Whorls onn forehead and both hips, Bay									
(39)	USEY 4844	84	N	QH	Blaze,LH,RH,RF,LF-stockings, Chestnut									
	USEY 4845	120	N	QH	Stripe,RF-sock,LH,RH-Oatse0stockings,Chestnut									
	USEY 4846	96	M	QH	Star,LF-sock,LH,RH-sock,Bay									

1.The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2.The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3.The animal wa has resided in the United States or Canada since birth.
4.The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5.The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada/.
6.During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.
fit to be transported meand means that, on the day of inspection, no animals has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.
e

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
(b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OH. 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC. J0V 1W0
AREA CODE & TELEPHONE NO. (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4824	✓										SN			✓		BLIND LEFT EYE
2		4825					✓				✓					✓		
3		4826	✓										SN	✓				
4		4827					✓				✓					✓		
5		4828						SORREL			✓			✓				
6		4829						SORREL			✓					✓		
7		4830					✓			✓				✓				
8		4831					✓						SN	✓				
9		4832	✓										SN	✓				
10		4833	✓										SN		✓			
11		4834	✓										SN	✓				
12		4835					✓				✓			✓				No Right Eye
13		4836	✓										SN			✓		
14		4837						SORREL			✓					✓		
15		4838					✓				✓					✓		

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEV	4839					✓				✓					✓		
17		4840	✓										SN			✓		
18		4841	✓										SN			✓		
19		4842					✓				✓				✓			
20		4843	✓										SN	✓				
21		4844					✓			✓						✓		Lump on Right Eye
22		4845					✓			✓						✓		Blind Right Eye
23		4846	✓							✓					✓			
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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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

Government Printing Office: 2004—616-624/99766

FOIA 2012-02848

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO.: L068293

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/25/2012

5. U.S. PORT OF EMBARKATION *(City and State)*: Port Huron,MIch

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: (b)(6)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*: [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. c/oShelli Oxtoby, P.O.Box 442 WWhitewood,Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4802	120	F	BL		Stripe, Chestnut									
USEY 4803	120	N	SN		Stripe, Black									
USEY 4804	72	F	QH		Stripe,LF,RF-socks, Bay									
USEY 4805	96	N	SN		Star,Snip,Bay									
USEY 4806	36	F	SN		Star,RF-pastern,LH,RH-socks, Bay									
USEY 4807	108	N	SN		Whorls on forehead and both hips, Bay									
USEY 4808	48	F	SN		Star,LH,RH-socks, Bay									
USEY 4809	108	N	BL		Stripe, Chestnut									
USEY 4810	144	N	BL		Star,Chestnut									
USEY 4811	84	F	QH		Stripe,LH,RH-stockings, Chestnut									
~~USEY 4812~~	~~241~~													
USEY 4812	24	N	BL		Star, Sorrell									
USEY 4813	144	N	BL		Stripe,White Muzzle, Sorrell									
USEY 4814	84	N	SN		RF-coronet on heel,LH,RH,LF-pastern,Bay									
22 Mixed Horses														
Back Tags 4802-4823														
VS Form 10-13 Accompanies														
Shipment														
USEY 4815	120	N	SN		Star,LH,RH-socks, Bay									
USEY 4816	144	F	BL		Stripe, Sorrell									
USEY 4817	180	N	SN		Whorls on forehead and both hips, Bay									
USEY 4818	72	N	SN		LH-Heel,Bay									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 26 2012

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Varga, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 22

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L068293

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

Steve Landfair
(b)(6)
Shreve, Ohio 44676
(39)

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEY 4819	96	N	BL	Star, Brown										
USEY 4820	108	F	QH	Stripe,White Muzzle,LF,RF,LH-stockings,RH-socks,Sorrell										
USEY 4821	144	N	SN	Whorls on forehead and both hips, Bay										
USEY 4822	96	N	QH	Stripe, Brown & White markings as a-~~pint~~-paint										
USEY 4823	120	N	QH	Star,Snip,Spot on LF-pastern,RH,LH,RF-socks,Bay										

1.The animasl were inspected ~~wi5hi~~ within 30 days ~~eru~~ prior to export and found to be healthy and freefrom evidence of communicable disease.
2.The animals was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communcable disease within 60 days precedding the date of ~~sia-~~ inspection.
3.The anim al has rasided in the United States or Canada since birth.
4.The animals, at the time of the inspection, were found healthy and in a physical ~~sod~~- condition fit to be transported.
5.The exporter has been advised that any deterioration in health or physical condition of the animals that mmay render animals unfit for transport may result in the shipment to be refused entry to Canada.
6.During the previous twenty-one(21) days , the animals in this shipmment has/have not been in the state of Texas or New Mexico.

Fit to be transported mmeans that, on the day of inspection, no animals has an infirmtiy, illness, injury or any other condition that could be aggrvated whe the animalis being transported, causing the anim al to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1X0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-2941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4802					✓			✓	✓			✓				
2		4803			✓								SN			✓		
3		4804	✓							✓				✓				
4		4805	✓										SN			✓		
5		4806	✓										SN	✓				
6		4807	✓										SN			✓		
7		4808	✓										SN	✓				
8		4809					✓				✓					✓		BLIND RIGHT EYE
9		4810					✓				✓					✓		BLIND RIGHT EYE
10		4811					✓			✓				✓				
11		4812						SORREL			✓					✓		
12		4813						SORREL			✓					✓		
13		4814	✓										SN			✓		
14		4815	✓										SN			✓		
15		4816						SORREL			✓			✓				

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4817	✓										SN			✓		
17		4818	✓										SN			✓		
18		4819						BROWN			✓					✓		
19		4820						SORREL		✓				✓				
20		4821	✓										SN			✓		
21		4822						BROWN WHITE		✓						✓		
22		4823	✓							✓						✓		
23																		
24																		
25																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

PAGE 2 OF 2

1937-500195

FOIA 2012-02848 Pg. 90

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO.: L068292

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/18/2012

5. U.S. PORT OF EMBARKATION *(City and State)*: Port Huron,Mich

6. STATE CODE: 26

7. [redacted] (b)(6) g Address)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*:

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. c/o Shelli Oakoxtoby,P.O.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
[redacted] (b)(6)														
Shreve, Ohhio 44676														
(39)														
USEY 4781	96	F	SN		Star, Bay									
USEY 4782	144	F	QH		Tan & White markings as a paint, Stripe,LF,RF, LH,RH--stockings									
USEY 4783	48	F	BL		Stripe, Sorrell									
USEY 4784	180	F	SN		Star,LH,RRH,LF-pastern, Bay									
USEY 4785	144	N	HK		LH,RH,LF,RF-sock,Black & White markings as a pa paint									
USEY 4786	72	N	HK		LF-sock,RH-coronet, Bay									
USEY 4787	96	N	BL		Star, Sorrell									
USEY 4788	84	N	BL		Stripe, Sorrell									
USEY 4789	180	F	QH		Star, Chestnut									
USEY 4790	132	F	BL		Blaze, RH-stocking, Chestnut									
USEY 4791	96	F	QH		Stripe,LF-Heel,RH,LH-socks,Chestnut									
21 Mixed Horses	USEY 4792	48	F	AP		Black & White spotted as Leopard spots								
Back Tags 4781 - 4801	USEY-~~USHY~~ 4793	36	F	QH		Stripe, Chestnut								
VS Form 10-13 Accompanies	USEY 4794	132	F	SN		Star, Bay								
Shipment	USEY 4795	132	F	SN		Star, Bay								
	USEY 4796	168	M	BL		Stripe,LF,RF-stockings, Chestnut								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

[redacted] (b)(6)

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 19 2012

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: Varga Joseph J.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 21

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: [redacted] (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landffair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L068292

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

Steve Landfair
(b)(6)
Shreve, Ohio 44676
(39)

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEY 4797	120	F	BL											
USEY 4798	84	F	OH											
USEY 4799	96	F	SN											
USEY 4800	72	N	OH											
USEY 4801	84	N	OH											

Stripe, Lower Lip, Chestnut
Star,Bay
Star, Bay
Stripe,LF,RF-Hock Heel,LH,RH-socks, Bay
Stripe, White nostrils,Brown

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The aniamsl was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease witthin 60 dyas preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, ata the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physicalcdondition fo the animals that may render animals unfit for transport may result in the shipment to be #4refused entry to Canada.
6. DDuring the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state or Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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 | DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

(b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0

(b)(6)

AREA CODE & TELEPHONE NO.: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4781	✓										SN	✓				
2		4782						TAN WHITE		✓				✓				
3		4783						SORREL			✓			✓				
4		4784	✓										SN	✓				
5		4785						BLACK WHITE				✓				✓		
6		4786	✓									✓				✓		
7		4787						SORREL			✓					✓		
8		4788						SORREL			✓					✓		
9		4789					✓			✓				✓				
10		4790					✓				✓			✓				
11		4791					✓			✓				✓				
12		4792						BLACK WHITE LEOPARD					AP	✓				
13		4793					✓			✓				✓				
14		4794	✓										SN	✓				
15		4795	✓										SN	✓				

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4796					✓				✓				✓			
17		4797					✓				✓			✓				
18		4798	✓							✓				✓				
19		4799	✓										SN	✓				
20		4800	✓							✓						✓		
21		4801						Brown		✓						✓		
22																		
23																		
24																		
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27																		
28																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 94

1Y37500194

...y ... while you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Landfair Steve F	L068291	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
04/14/2012	Port Huron, Mich	26	(b)(6)	Shreve

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Ohio	39	44676

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavel Canada Export,Inc. c/oShelli Oxtoby,P.O.Box 442 Whitewood, Sk.S0G 5C0	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
	USEY 4760	144	F	QH	Stripe, Chestnut									
	USEY 4761	96	N	BL	Stripe, Blond									
	USEY 4762	180	M	BL	Stripe,LF,RF,LH-stockings,RH-coronet,Chestnut									
	USEY 4763	180	F	BL	Star,LH,RH-stockings,Sorrell									
	USEY 4764	144	N	BL	Star,Black									
	USEY 4765	120	N	BL	Star,Stripe,Sorrell									
	USEY 4766	144	F	BL	Stripe, Chestnut									
	USEY 4767	108	N	BL	Stripe, Sorrell									
	USEY 4768	120	F	BL	Stripe,Sorrell									
	USEY 4769	96	F	SN	Whorls on forehead and both hips, Bay									
	USEY 4770	84	N	QH	Star, Bay									
	USEY 4771	60	F	SN	Star,Snip,LH-sock,Bay									
	USEY 4772	84	F	SNSN	Whorls on forehead and both hips,Bay									
21 Mixed Horses	USEY 4773	120	F	QH	Star,LH,sock, Chestnut									
Back Tags 4760 - 4780	USEY 4774	120	N	BL	Stripe, Sorrell									
VS Form 10-13 Accompanies	USEY 4775	144	F	BL	Stripe, Chestnut									
Shipment	USEY 4776	120	F	BL	White Face, Sore Sorrell									
	USEY 4777	48	N	BL	Stripe-Lower Lip,LH,Stocking,Chestnut									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
APR 16 2012	Varga, Joseph J.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	21

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
(b)(6)	KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L068291

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Steve Landfair														
(b)(6)	USEY 4778	120	F	SN	LH-pastern,LF-sock, Bay									
	USEY 4779	108	N	Mule	Whorls on forehad and both hips, Bay									
Shreve, Ohio 44676	USEY 4780	132	N	BL	Stripe, Chestnut									
(39)														

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinnarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that on the day of inspection, no animal has an infirmity,illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animmal to surfer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
(b)(6)	STREET ADDRESS: 512, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-2941

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	USEY	4760					✓			✓				✓				
2		4761						ROAN			✓					✓		
3		4762					✓				✓				✓			
4		4763						SORREL			✓			✓				
5		4764			✓						✓					✓		
6		4765						SORREL			✓					✓		
7		4766					✓				✓			✓				
8		4767						SORREL			✓					✓		
9		4768						SORREL			✓			✓				
10		4769	✓										SN	✓				
11		4770	✓							✓						✓		
12		4771	✓										SN	✓				BLIND RIGHT EYE
13		4772	✓										SN	✓				BLIND RIGHT EYE
14		4773					✓			✓				✓				
15		4774						SORREL			✓					✓		

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART I - INSPECTOR

FOIA 2012-02848 Pg 97

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4775					✓				✓			✓				
17		4776						SORREL			✓			✓				
18		4777					✓				✓					✓		
19		4778	✓										SN	✓				BLIND LEFT EYE
20		4779	✓										MULE			✓		
21		4780					✓				✓					✓		RIGHT HIND MILK LEG
22																		
23																		
24																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

FOIA 2012-02848 Pg. 98

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO.: L068274

3. PAGE NO.: 02

4. DATE ISSUED: 2/4/2012

5. U.S. PORT OF EMBARKATION *(City and State)*: Champlain, N.Y.

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: (b)(6)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*:

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; x 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. c/oShelli Oxtoby, P.O.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*: 01 BOVINE; 02 PORCINE; 03 OVINE; 04 CAPRINE; xx 05 EQUINE; 08 OTHER WILDLIFE - MAMMAL; 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: 48 HRS; 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4630	96	F	SN		Star,LH-sock,Bay									
USEY 4631	180	F	BL		Star,Snip on nose,Chestnut									
USEY 4632	84	F	QH		Star,LH,RH-socks, Black									
USEY 4633	120	N	QH		Star,RF-pastern,LH,RH-coronet, Black									
USEY 4634	48	F	QH		Star,LH,RH-socks, Bay									
USEY 4635	120	F	QH		Stripe, Sorrell									
USEY 4636	108	F	BL		Star,Snip, Chestnut									
USEY 4637	168	N	SN		Whorls on forehead and aboth hips, Black									
USEY 4638	132	N	SN		Star, Black									
USEY 4639	120	F	SN		Whorls on forehead and both hips, Bay									
USEY 4640	84	N	QH		LH-pastern, Sorrell									
USEY 4641	180	F	BL		Star,Snip on nose, Black									
USEY 4642	48	N	BL		Blaze, White Muzzle,Sorrell									
USEY 4643	168	N	SN		Whorls on forehead and both hips, Bay									
USEY 4644	144	N	SN		Star,LF-pastern,LH,RH-socks, Chestnut									
USEY 4645	180	F	BL		Blaze, White Muzzle,Sorrell									
USEY 4646	168	F	SN		Star, Bay									
USEY 4647	180	F	SN		RH-pastern,Lh-pastern,Bay									

24 Mixed Horses
Back Tags 4630-4653
VS Form 10-13 Accompanies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB 6 2012

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Varga, Joseph J.

21. STATUS: 2 Federal; 1 State; x 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 24

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0068274

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Steve Landfair														
[redacted]	USEY 4648	168	N	QH	RH-sock,Black									
	USEY 4649	180	N	SN	Whorls on forehead and both hips, Bay									
Shreve, Ohio 44676	USEY 4650	168	N	SN	LH-coronet, Bay									
(39)	USEY 4651	108	F	SN	Star, Bay									
	USEY 4652	108	F	QH	Blaze,LF,RF,LH,RH-socks,Sorrell									
	USEY 4653	144	F	SN	Star,RH-sock, Bay									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any dommun?cable diecase within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment hs/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

[redacted]

[redacted]

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OH. 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	4630	✓										SN	✓				
2		4631					✓				✓			✓				
3		4632			✓					✓				✓				
4		4633			✓					✓						✓		
5		4634	✓							✓				✓				
6		4635						SORREL		✓				✓				
7		4636					✓				✓			✓				
8		4637			✓								SN			✓		
9		4638			✓								SN			✓		
10		4639	✓										SN	✓				
11		4640						SORREL		✓						✓		
12		4641			✓						✓			✓				
13		4642						SORREL			✓					✓		
14		4643	✓										SN			✓		BAD RIGHT EYE
15		4644					✓						SN			✓		BOTH EYES BAD

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	4645						SORREL			✓			✓				
17		4646	✓										SN	✓				
18		4647	✓										SN	✓				
19		4648			✓					✓						✓		
20		4649	✓										SN			✓		
21		4650	✓										SN			✓		
22		4651	✓										SN	✓				
23		4652						SORREL		✓				✓				SORE ON LEFT HIND LEG
24		4653	✓										SN	✓				
25																		
26																		
27																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO.: L068277

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/24/2012

5. U.S. PORT OF EMBARKATION *(City and State)*: Champlain, N.Y.

6. STATE CODE: 36

7. CONSIGNOR'S ADDRESS *(Mailing Address)*: (b)(6)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 31

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*: [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. c/oShelli Oxtoby,P.O.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Steve Landfair (b)(6) Shreve, Ohio 44676 (39)														
USEY 4675	108	F	QH		Blaze,LH,RH,LF,RF-socks,Sorrell									
USEY 4676	132	N	SN		Star,Black									
USEY 4677	144	N	SN		Star,LH-pstern,Bay									
USEY 4678	24	N	SN		Star,LH-coronet,Black									
USEY 4679	144	F	SN		Star,RH-sock,Bay									
USEY 4680	180	N	SN		LF-coronet,Bay									
USEY 4681	168	N	SN		Whorls on forehead and both hips,Bay									
USEY 4682	144	N	SN		Star,LF-pastern,LH,RH-socks,Chestnut									
USEY 4683	120	N	SN		Star, Black									
USEY 4684	96	F	SN		LF-pastern,Bay									
USEY 4685	144	N	BL		Stripe,Chestnut									
USEY 4686	84	N	QH BL		Blaze,LF,LH,RH-stockings,Chestnut									
USEY 4687	96	N	AP		Star,RH-pastern,Black Speckles									
USEY 4688	24	F	QH		Whorls on forehead and both hips, Bay									
USEY 4689	24	F	SN		Stripe,LH,RH-sock,Chestnut									
USEY 4690	48	N	QH		Blaze,LF-sock,RF-sock,LF,LH-sotkcing,Chestnut									
USEY 4691	84	F	SN		Star,Bay									
USEY 4692	96	N	SN		Star,LH-stocking,RH-sock,RF-pastern, Bay									

24 Mixed Horses
Back Tags 4675 - 4698
VS Form 10-13 Accompanies Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB 27 2012

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Varga, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 24

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steve F

2a. CERTIFICATE NO. FROM VS FORM 17-140: Lo68277

3. PAGE NO.: 1 - 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
DSteve Landfair	USEY 4693	24	M	SN	Whorls on forehead and bothhips,Black									
[redacted]	USEY 4694	120	F	QH	Stripe,Snip,Chestnut									
Shreve, Ohio 44676	USEY 4695	108	M	SN	Whorls on forehead and both hips, Bay									
(39)	USEY 4696	84	F	SN	Star,LH-sock, Bay									
	USEY 4697	60	F	QH	Blaze,LH-stocking, Chestnut									
	USEY 4698	84	F	BL	Stripe, Chestnut									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birht.
4. The animals, at the time of the inspection, were foun healthy and in a physical condition fit to be transported.
5. The exported has been advised that any deterioration in health or physical condition of the anima isthat may render animals unfit for transport may result in the shipmnent to be refused entry to Canada.
6. During the previous twenty-one(@21)days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

[redacted] (6)(6)

[redacted] (6)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FOIA 2012-02848 Pg. 104

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 | DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELIN, QC. J0V 1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	4675						SORREL		✓				✓				SORE ON LH-LEG
2		4676			✓								SN			✓		
3		4677	✓										SN			✓		
4		4678			✓								SN			✓		
5		4679	✓										SN	✓				
6		4680	✓										SN			✓		
7		4681	✓										SN			✓		BOTH EYES BAD
8		4682					✓						SN			✓		BOTH EYES BAD
9		4683			✓								SN			✓		
10		4684	✓										SN	✓				
11		4685					✓				✓					✓		
12		4686					✓				✓					✓		
13		4687						BLACK SPOTTED					AP			✓		
14		4688	✓							✓				✓				
15		4689					✓						SN	✓				

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4690					✓			✓						✓		SORE ON LEFT EAR
17		4691	✓										SN	✓				
18		4692	✓										SN			✓		
19		4693			✓								SN			✓		
20		4694					✓			✓				✓				
21		4695	✓										SN			✓		
22		4696	✓										SN	✓				
23		4697					✓			✓				✓				
24		4698					✓				✓			✓				
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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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 106

...y. While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: ~~Landfair~~ dLandfair Steve F

2. CERTIFICATE NO.: L068276

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
2/24/2012	Champlain,N.Y.	36	(b)(6)	Shreve

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Ohio	39	44676

9. SEMEN *("X" if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Ca vel Canada Export,Zinc. P.O.Box 442, C/o Shelli Oxtoby Whitewood, Sk. S0G 5C0~~0~~

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4654	96	F	SN		Star,LH-sock,Bay									
USEY 4655	180	F	BL		Star,Snip on nose, Chestnut									
USEY 4656	120	F	SN		Star,LH-pastern,Chestnut									
USEY 4657	168	N	SN		Whorls on forehead and both hips, Black									
USEY 4658	120	F	QH		~~Set~~Star,Stripe,Snip,LH-pastern,Sorrell									
USEY 4659	36	M	QH		Star,Snip,LH,RH,LF-stocking,Brown and white markings as a paint									
USEY 4660	180	F	BL		N Blaze,White Muzzle,Sorrell									
USEY 4661	96	N	BL		Blaze,Chestnut									
USEY 4662	120	N	BL		Stripe,LH-sock,Chestnut									
USEY 4663	96	F	BL		Stripe,Chestnut									
USEY 4664	120	F	BL		Blaze,Chestnut									
USEY 4665	120	N	BL		Blaze,Chestnut									
21 Mixed Horses														
Back Tags 4654 - 4674														
VS Form 10-13 Accompanies														
Shipment														
USEY 4666	96	N	Mule		Whorls on forehead and both hips, Bay									
USEY 4667	96	F	BL		Blaze,Sorrell									
USEY 4668	60	N	SN		Star,Bay									
USEY 4669	84	F	SN		Star,Chestnut									
USEY 4670	144	N	SN		Whorls on forehead and both hips, Bay									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
FEB 27 2012	Varga, Joseph J.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	21

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

23. Signature of Endorsing Federal Veterinarian: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

CERTIFICATE NO. FROM VS FORM 17-140: L0688276

2. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair USEY 4671	24	M	QH		Stirpe,Brown and white markings as a paint									
(b)(6) USEY 4672	144	F	BL		Stripe,Chestnut									
Shreve, Ohio 44676 USEY 4673	72	N	BL		Stripe, Blond									
(39) USEY 4674	180	F	BL		Star,(like a headband)Snip on nose,Black									

1.The animals were inspected within 10 days prior to export and found to be healthy and free from evidence of communicable disease4.
2.The animalwas, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease withihn 60 days preceding the date of inspection.
3.The animal has resided in the United States or Canada since bibh.
4.The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5.The exporter has been advised that any deterioration in health or physical condie condition of th e animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6.During the previous twenty-one(21) dyas, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

* Fit to be transported means that, on the day of inspection, no animal has an infirmity,illness, injury or any other condition that could be aggravated when the animal is being transported, causing ~~causing~~ the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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 | DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 517, RANG ST-JULIE EST

CITY, STATE, ZIP CODE: SHREVE, OHIO 44676

CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 819-983-1941

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	USEY	4654	✓										SN	✓				
2		4655					✓				✓			✓				
3		4656					✓						SN	✓				
4		4657			✓								SN			✓		
5		4658						SORREL		✓				✓				
6		4659						BROWN TUNITE		✓					✓			
7		4660						SORREL			✓			✓				
8		4661					✓				✓					✓		
9		4662					✓				✓					✓		
10		4663					✓				✓			✓				LEFT HIND - MILK LEG
11		4664					✓				✓			✓				
12		4665					✓				✓					✓		
13		4666	✓										MULE			✓		
14		4667						SORREL			✓			✓				BAD LEFT EYE
15		4668	✓										SN			✓		SORES ON BOTH HIND FEET

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

VS

Previous editions are obsolete

FOIA 2012-02848 Pg 109

PART I - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4669					✓						SN	✓				SORE ON RH-LEG
17		4670	✓										SN			✓		
18		4671						BROWN ROAN		✓					✓			
19		4672					✓				✓			✓				
20		4673						BLOND			✓					✓		
21		4674			✓						✓			✓				
22																		
23																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED, OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair, Steve F

2. CERTIFICATE NO.: L068272

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/14/2012

5. U.S. PORT OF EMBARKATION *(City and State)*: Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: (b)(6)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*: [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,inc, ~~517,-Rang-St-Julie-Estc~~/oShelloi Oxtoby,P.O.Box 442, Whitewood,Sk.S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4553	108	N	QH		Stripe,LF,RF,RH-sock,RH-coronet,Bay									
USEY 4554	168	F	SN		Star,RH,LH-socks, Bay									
USEY 4555	132	F	SN		Star,Black									
USEY 4556	180	F	SN		Star,Bay									
USEY 4557	180	N	SN		Star,RF,LH-socks,Black									
USEY 4558	132	N	BL		Stripe,Chestnut									
USEY 4559	120	N	SN		Star,Snip,LH-sock,LF-pastern,Bay									
USEY 4560	144	F	BL		Stripe,Sorrell									
USEY 4561	120	N	BL		Star,LH-sock,RH-Heel,Black									
USEY 4562	96	F	BL		Stripe, Sorrell									
USEY 4563	96	N	SN		Whorls on forehead and both hips, Bay									
USEY 4564	84	N	SN		Star,LH,RH-socks, Black									
USEY 4565	144	F	BL		Stripe,Snip,RH-sock,Chestnut									
28 Mixed Horses	USEY 4566	156	F	BL		Stripe,RH,LH-socks,Chestnut									
Back Tags 4553-4580	USEY 4567	156	F	QH		Stripe,Snip,Blood									
VS Form 10-13 Accompanies	USEY 4568	60	F	SN		Star,RH-sock,LH-pastern,Black									
Shipoment	USEY 4569	156	F	QH		Star,Snip,LH-sock,RF,LF-pastern,Black									
	USEY 4570	120	F	SN		Star,Snip,LF-coronet,LH,RH-socks,Bay									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 17 2012

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Varga Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L0681?2

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Exkport,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Steve Landfair														
(b)(6)	USEY 4571	36	N	QH	Star, Chestnut									
	USEW 4572	72	F	BL	Stripe,Sorrell									
Shreve, Ohio 44676	USEY 4573	84	F	AP	Stripe,,RH,LH-socks,Tan & White Leopard spotted									
(390	USEY 4574	96	F	QH	Star, Bay									
	USEY 4575	120	F	SN	Star, Bay									
	USEY 4576	84	N	QH	Star,Ship,LF,RF-pastern,spot on RH-coronet,Bay									
	USEY 4577	72	N	BL	Stripe,Lower Lip,RH,LH,RF,LFF0F-stockings,Chestnut									
	USEY 4578	48	N	SN	LH-coronet,Brown									
	USEY 4579	120	N	SN	Whorls on forehead and both hips, Bay									
	USEY 4580	96	F	SN	WWorks on forehead and both hips, Black									

1. The animals were inspected within 30 days prior to export, and found to bre healthy and free from evidence of communicable disease.
2. The animalswas, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal was resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entr y to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity,illness, injury or any other condition that could be aggravated when the animal is being transpotted, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAER	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OH 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-1941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4553	✓							✓						✓		
2		4554	✓										SN	✓				
3		4555			✓								SN	✓				
4		4556	✓										SN	✓				
5		4557			✓								SN			✓		
6		4558					✓				✓					✓		
7		4559	✓										SN			✓		
8		4560						SORREL			✓			✓				
9		4561			✓						✓					✓		
10		4562						SORREL			✓			✓				
11		4563	✓										SN			✓		
12		4564			✓								SN			✓		
13		4565					✓				✓			✓				
14		4566					✓				✓			✓				
15		4567						BLOND		✓				✓				

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4568			✓								SN	✓				BLIND RIGHT EYE
17		4569			✓					✓				✓				
18		4570	✓										SN	✓				
19		4571					✓			✓						✓		
20		4572						SORREL TAN WHITE LEGGED			✓			✓				
21		4523											AP	✓				
22		4574	✓							✓				✓				
23		4575	✓										SN	✓				
24		4576	✓							✓						✓		
25		4577					✓				✓					✓		
26		4578					BROWN						SN			✓		
27		4579	✓										SN			✓		
28		4580			✓								SN	✓				
29																		
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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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

(SEP 2002)

FOIA 2012-02848 Pg. 114

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED, OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO.: L-088408

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/16/2012

5. U.S. PORT OF EMBARKATION *(City and State)*: Lewiston,N.Y.

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: (b)(6)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*:

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; XX 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. (VVP) c/oShelli Oxtoby, P.O.Box-442442 Whitewood, Sk S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*: 01 BOVINE; 02 PORCINE; 03 OVINE; 04 CAPRINE; XX 05 EQUINE; 08 OTHER WILDLIFE - MAMMAL; 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: 48 HRS; 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town. State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
	USEY 4581	96	N	SN		Star,RF-pastern,LH,RH-socks,	Bay							
	USEY 4582	180	N	SN		Star,LH,RH-coronet,	Bay							
	USEY 4583	132	F	SN		Star,	Bay							
	USEY 4584	120	F	Mule		Whorls on forhead and both hips,	White							
	USEY 4585	180	N	SN		Whorls on forehead and both hips,	Bay							
	USEY 4586	120	N	SN		Whorls on forehead and both hips,	Bay							
	USEY 4587	60	F	QH		Whorls on forehead and both hips,	Chestnut							
	USEY 4588	60	F	SN		Whorls on forehead and both hips,	Bay							
	USEY 4589	144	N	SN		RH-Heel,	Bay							
	USEY 4590	96	N	SN		Star,LH-sock,	Bay							
	USEY 4591	120	N	SN		Star, RH-coronet,	Bay							
	USEY 4592	96	F	SN		Star,	Bay							
	USEY 4593	120	F	SN		Star,Snip,RH,LH-socks,RF-coronet,	Bay							
24 Mixed Horses	USEY 4594	84	N	SN		Star,Bay								
Back Tags 4581 - 4604	USEY 4595	120	N	SN		Star,Bay								
VS Form 10-13 Accompanies	USEY 4596	96	F	SN		RH-sock,Bay								
Shipment	USEY 4597	24	N	QH		Whorls on forehead and both hips,	Dunn							
	USEY 4598	120	F	QH		Stipe,LH-pastern,	Bay							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 17 2012

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Virgin Joseph J.

21. STATUS: 2 Federal; 1 State; 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 24

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L0682[illegible] 2.1

3. PAGE NO.

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Steve Landfair														
[redacted]	USEY 4599	120	M	SN	Star,LF-coronet,LH,RH-socks,Bay									
	USEY 4600	84	N	SN	Star,LH,RH-socks, Bay									
Shreve, Ohio 44676	USEY 4601	96	F	SN	LH-sock, Bay									
(39)	USEY 4602	24	N	QH	Star,RH-sock,RF-coronet, Chestnut									
	USEY 4603	48	F	SN	Whorls on forehead and both hips, Bay									
	USEY 4604	96	F	SN	Star,Snip,Black									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animals was, to the best of the knowlde knowledge and belief of the issuing veterinarian, not exposed to any commujnicable disease within 60 days preceding the date of inspection.
3. The The animals has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condtiion of the animals that may render animals unfit for transport may result in the shipment to bre be refused entry to Canada.
6. During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

[redacted] (b)(6)

[redacted] (b)(6)

VS FORM
(MAR 2005)

PART 4 – FIELD STATION

FOIA 2012-02848 Pg. 116

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHAEVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT.	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4581	✓										SN			✓		BOTH EYES BAD
2		4582	✓										SN			✓		BOTH EYES BAD
3		4583	✓										SN	✓				
4		4584						APPY					MULE	✓				
5		4585	✓										SN			✓		BOTH EYES BAD
6		4586	✓										SN			✓		BOTH EYES BAD
7		4587					✓			✓				✓				
8		4588	✓										SN	✓				BLIND LEFT EYE
9		4589	✓										SN			✓		
10		4590	✓										SN			✓		
11		4591	✓										SN			✓		
12		4592	✓										SN	✓				
13		4593	✓										SN	✓				
14		4594	✓										SN			✓		
15		4595	✓										SN			✓		

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEV	4596	✓										SN	✓				
17		4597						DUN		✓						✓		
18		4598	✓							✓				✓				
19		4599	✓										SN			✓		
20		4600	✓										SN			✓		
21		4601	✓										SN	✓				
22		4602					✓			✓						✓		
23		4603	✓										SN	✓				
24		4604			✓								SN	✓				
25																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 118

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair Steve F

2. CERTIFICATE NO.: L068286

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/3/2012

5. U.S. PORT OF EMBARKATION (*City and State*): Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN (*"X" if yes*):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; X 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. P.O.Box 442, c/o Shelli Oxtoby Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: canada

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
XX 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Steve Landfair
(b)(6)
Shreve, Ohio 44676
(39)

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USEY 4504	180	F	QH		Star,Snip on nose,Brown									
USEY 4505	156	F	QHP		Black spots on white									
USEY 4506	144	F	BL		Stripe,Star, Sorrell									
USEY 4507	180	F	BL		Bald Face,LF,RF-socks, Red Roan									
USEY 4508	180	F	BL		Stripe, Chestnut									
USEY 4509	120	N	SN		Star,LH-coronet,RH-pastern,Black									
USEY 4510	96	F	QH		Whorls on forehead and both hips,								Bay	
USEY 4511	108	F	SN		Whorls on forehead and both hips,								Black	
USEY 4512	144	N	QH		Star, RH-sock, Bay									
USEY 4513	180	F	QH		Star, RH,LH-sock,Chestnut									
USEY 4514	180	F	BL		Star, White Muzzle, Sorrell									
USEY 4515	156	F	SN		Star, Bay									
USEY 4516	120	N	SN		Star,RF,LF,RH-pastern,Bay									
USEY 4517	144	F	SN		Star, RF,LH-pastern,LF-heel, Bay									
USEY 4518	144	N	SN		Star, Bay									
USEY 4519	132	N	SN		Whorls on forehead and both hips,								Bay	
USEY 4520	108	F	SN		Whorls on forehead and both hips,								Chestnut	
USEY 4521	96	N	SN		Star, Bay									

~~225~~ 25 Mixed Horses
VS Form 10=-13 Accompnies
Shipment
Back Tags 4504-4528

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 4 2012

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga, Joseph J.

21. STATUS: ☐ 2 Federal ☐ 1 State ☑ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): SUSAN M. SKORUPSKI, DVM
AREA VETERINARIAN IN CHARGE OH/WV

(b)(6)

(b)(6)

Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: LI068286

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair	USEY 4522	144	N	SN	Whorls on forehead and both hips,Bay									
[redacted]	USEY 4523	96	N	BL	Stripe,Chestnut									
Shreve, Ohio 44676	USEY 4524	168	M	BL	Stripe,Chestnut									
(39)	USEY 4525	180	M	QH	Star,Snip,LF,RF-socks,RH-stocking,Chestnut									
	USEY 4526	36	F	AP	Star,Bay with brown specles on face									
	USEY 4527	132	N	BL	Blaze,Lower Lip,LH,RH,RF-socks,Sorrell									
	USEY 4528	84	F	BH	White Head,LF,RF,LH,RH-pasterns,Dapple Gray									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspectionm..
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition or the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During ythe previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or Neww New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

FOIA 2012-02848 Pg. 120

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OH. 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1N0
AREA: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4504						BROWN		✓				✓				
2		4505						BLACK & WHITE					AP	✓				SOREON LEFT BUTT CHECK + FLANK
3		4506						SORREL			✓			✓				
4		4507						RED ROAN			✓			✓				
5		4508					✓				✓			✓				
6		4509			✓								SN			✓		
7		4510	✓							✓				✓				
8		4511			✓								SN	✓				
9		4512	✓							✓						✓		
10		4513					✓			✓				✓				
11		4514						SORREL			✓			✓				
12		4515	✓										SN	✓				
13		4516	✓										SN			✓		
14		4517	✓										SN	✓				
15		4518	✓										SN			✓		

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4519	✓										SN			✓		
17		4520					✓						SN	✓				
18		4521	✓										SN			✓		
19		4522	✓										SN			✓		
20		4523					✓				✓					✓		
21		4524					✓				✓				✓			
22		4525					✓			✓					✓			
23		4526	✓										AP	✓				
24		4527						SORREL			✓					✓		
25		4528						DAPPLE GRAY		✓				✓				
26																		
27																		
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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.)

(b)(6)

by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair, Steve F

2. CERTIFICATE NO.: L0682850

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/26/2011

5. U.S. PORT OF EMBARKATION *(City and State)*: Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: (b)(6)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*:

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; XX 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. c/o Shelli Oxtoby,P.O.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*: 01 BOVINE; 02 PORCINE; 03 OVINE; 04 CAPRINE; XX 05 EQUINE; 08 OTHER WILDLIFE - MAMMAL; 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: 48 HRS; 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4479	96	F	SN				RH-Heel,LH-coronet, Bay							
USEY 4480	72	F	SN				RH-coronet,Bay							
USEY 4481	96	F	SN				Star,Snip on nose, Bay							
USEY 4482	72	F	AP				Black on White appaloosa markings							
USEY 4483	36	N	SN				Star, Bay							
USEY 4484	168	F	SN				Whorls on forehead and both hips, Bay							
USEY 4485	120	F	BL				Stripe, Sorrell							
USEY 4486	108	F	QH				Star,Snip,LH,RH-socks,LF,RF-pastern, Chestnut							
USEY 4487	120	N	SN				Star, Bay							
USEY 4488	132	N	SN				Star,RH-sock,LF-heel, Brown							
USEY 4489	24	M	BL				Stripe,RH-sock,Sorrell							
USEY 4490	120	M	BL				Whorls on forehead and both hipOs,Black							
USEY 4491	144	N	SN				Star, Bay							
25 Slaughter Horses	USEY 4492	96	N	QH				Star,LH,RH,LF,RF-stockings,Buckskin and white						
Back Tags 4479 - 4503								markins as a paint						
VS Form 10-13 Accompanies	USEY 4493	132	N	BL				Star,White Muzzle,Stripe, Sorrell						
Shipment	USEY 4494	120	F	BL				Star,White Muzzle, Sorrell						
	USEY 4495	168	F	BL				Stripe,Chestnut Stripe, Chestnut						

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 28 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Vagn, Joseph J.

21. STATUS: 2 Federal; 1 State; ☑ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: JILL M DUEL, DVM
VETERINARY MEDICAL OFFICER

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: IL068285

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
[redacted] (b)(6)														
Shreve, Ohio 44676														
(3$)														
USEY 4496	72	M	QH		Stripe,LF,RF-socks,Sorrell									
USEY 4497	144	F	BL		Stripe, White Muzzle, Sorrell									
USEY 4498	180	F	BL		Stripe, White Muzzle, Sorrell									
USEY 4499	72	F	RH		Stripe, Sorrell									
USEY 4500	156	N	QH		Star,LH,RH-pastern, BAy									
USEY 4501	96	F	SN		Whorls on forehead and both hips, Bay									
USEY 4502	132	F	SN		LH-heel,Bay									
USEY 4503	96	N	QH		Stripe, Chestnut									

1. The animals were inspected within 30 days prior to export and found to b4e healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any commiunicable disease within 60 days preceding the date ofninspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in aphysical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or ~~physieval~~ physical condition o f the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.d
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, injury, illness or any other condition that could be aggravated when the animal is being transported, causing the animal animal to suffer.

[redacted] (b)(6)

[redacted] (b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 519, RANG ST-JULIE EST.
CITY, STATE, ZIP CODE: SHREVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC. JOV 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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

1. ✓ Pregnant mares are not likely to foal (give birth) during the trip.
2. ✓ Foals are older than 6 months of age.
3. ✓ Horses are able to bear weight on all 4 limbs.
4. ✓ Horses are not blind in both eyes.
5. ✓ 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	USEY	4479	✓										SN	✓				
2		4480	✓										SN	✓				
3		4481	✓										SN	✓				
4		4482						BLACK + WHITE					AP	✓				
5		4483	✓										SN			✓		
6		4484	✓										SN	✓				
7		4485						SORREL			✓			✓				
8		4486					✓			✓				✓				
9		4487	✓										SN			✓		
10		4488						BROWN					SN			✓		
11		4489						SORREL			✓				✓			
12		4490			✓						✓				✓			
13		4491	✓										SN			✓		
14		4492						BLACK + WHITE		✓						✓		
15		4493						SORREL			✓					✓		

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(5)

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEF	4494						SORREL			✓			✓				
17		4495					✓				✓			✓				
18		4496						SORREL		✓				✓				
19		4497						SORREL			✓			✓				
20		4498						SORREL			✓			✓				
21		4499						SORREL		✓				✓				
22		4500	✓							✓						✓		
23		4501	✓										SN	✓				
24		4502	✓										SN	✓				
25		4503					✓			✓						✓		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair, Steve F

2. CERTIFICATE NO.: L068284

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/17/2011

5. U.S. PORT OF EMBARKATION (*City and State*): Port Huron,Mich

6. STATE CODE: 26

(b)(6) (*Address*)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN (*"X" if yes*):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. c/oShelli Oxtoby,P.O.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4457	24	N	QH		Stripe,LH,LF,RF-socks, Chestnut									
USEY 4458	120	F	BL		Stripe,RF,RH-socks, Chestnut									
USEY 4459	144	N	BL		Stripe,Chestnut									
USEY 4460	168	F	BL		Stripe,LH,RF-socks,Sorrell									
USEY 4461	120	N	BL		Stripe,Snip onnose,Chestnut									
USEY 4462	144	N	BL		Stripe,White muxxle,Sorrell									
USEY 4463	108	N	BL		Blaze,Chestnut									
USEY 4464	60	N	BL		Stripe,Sorrell									
USEY 4465	144	F	BL		Star,LF,RF-socks, Chestnut									
USEY 4466	120	N	QH		Stripe,LH,RF-socks,Chestnut									
USEY 4467	144	N	BL		Star,Snip on nose,Black									
USEY 4468	168	F	BL		Star,Snip on nose,LH-pastern,Black									
USEY 4469	144	F	BL		Stripe,LH,RH-pastern,LF,RF-sock,Chestnut									
22 Mixed Horses														
Back Tags 4457 - 4478														
VS Form 10-13 Accompnaies														
Shipment														
USEY 4470	72	N	QH		Whorls on forehead and both hips,Bay									
USEY 4471	60	N	BL		Star,Snip on nose,LH,RH-socks,Sorrell									
USEY 4472	132	N	BL		Stripe,RH,LH-socks,Red Roan									
USEY 4473	144	F	SN		Star,LH,RH-pastern, Bay									
USEY 4474	180	F	BL		Stripe,LF,RF,LH-socks,Sorrell									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 19 2011

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga, Joseph J.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 22

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
Landfair, Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140
LO68284

3. PAGE NO.
2

16. CONSIGNEE'S NAME
Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676	USEY 4475	168	N	BL	Stripe, Sorrell									
(39)	USEY 4476	156	N	BL	Star,Stripe,RH-pastern,Black									
	USEY 4477	168	F	BL	Star, Black									
	USEY 4478	120	N	SN	Star,LH-sock,RF-coronet, Bay									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST.
CITY, STATE, ZIP CODE: SHREVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4457					✓			✓						✓		
2		4458					✓				✓			✓				RIGHT HEND MILK LEG
3		4459					✓				✓					✓		RIGHT HEND MILK LEG
4		4460						SORREL			✓			✓				
5		4461					✓				✓					✓		
6		4462						SORREL			✓					✓		
7		4463					✓				✓					✓		
8		4464						SORREL			✓					✓		
9		4465					✓				✓			✓				
10		4466					✓			✓						✓		
11		4467			✓						✓					✓		
12		4468			✓						✓			✓				
13		4469					✓				✓			✓				
14		4470	✓							✓						✓		
15		4471						SORREL			✓					✓		

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4472						RED ROAN			✓					✓		BAD LEFT EYE
17		4473	✓										SN	✓				
18		4474						SORREL			✓			✓				BAD RIGHT EYE
19		4475						SORREL			✓					✓		
20		4476			✓						✓					✓		
21		4477			✓						✓			✓				
22		4478	✓										SN			✓		
23																		
24																		
25																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 130

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair, Steven F
2. CERTIFICATE NO.: L068280
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/3/2011
5. U.S. PORT OF EMBARKATION (*City and State*): Alexandria Bay, N.Y.
6. STATE CODE: 36
(b)(6) ling Address)
8. CONSIGNOR'S CITY (*or Town*): Shreve
12. CONSIGNOR'S STATE: Ohio
13. STATE CODE: 39
14. ZIP CODE: 44676

9. SEMEN (*"X" if yes*):
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. c/o Shelli Oxtoby,P.O.Box 442 Whitewood,Sk. S0G 5C0
DESTINATION COUNTRY: Canada
ENTER CODE: Ca

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[XX] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)
CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
~~USEY-USEY~~ (MW)														
USEY 4363	144	M	SN		Star, Black									
USEY 4364	180	F	BL		Stripe, Chestnut									
USEY 4365	180	F	BL		Stripe,White Muzzle,Sorrell									
USEY 4366	168	N	BL		Stripe,White Muzzle, Sorrell									
USEY 4367	156	F	BL		Stripe,LH,RH-LF-socks, Chestnut									
USEY 4368	180	F	BL		Stripe, Chestnut									
USEY 4369	36	F	BL		Stripe,White Muzzle,Sorrell									
USEY 4370	144	N	BL		Stripe, White Muzzle, Sorrell									
USEY 4371	120	N	BL		Star, White Muzzle, Sorrell									
USEY 4372	132	F	BL		Blaze, White Muzzle, Sorrell									
USEY 4373	156	F	BL		Stripe, White Muzzle,Chestnut									
USEY 4374	108	F	BL		Blaze, Chestnut									
USEY 4375	120	N	BL		Stripe, White Muzzle,Chestnut									
USEY 4376	120	N	BL		Lower Lip white,Stripe, Chestnut									
USEY 4377	132	F	SN		Whorls on forehead and both hips,								Bay	
USEY 4378	84	F	QH		Stripe, Tan & White markings as a								paint	
USEY 4379	156	F	QH		Star,Stripe,Bay									
22 Mixed Horses														
BAck Tags 4363 - 4384														
VS Form 10-13 Accompanies														
Shipment														

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

(b)(6)

19. DATE ENDORSED: DEC 5 2011
20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga, Joseph J
21. STATUS: [ ] 2 Federal [ ] 1 State [✓] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 22

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER
(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair , Stevenn F

2. CERTIFICATE NO. FROM VS FORM 17-140: IO68280

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)	USEY 4380	96	N	BL	Blaze,Chestnut									
	USEY 4381	120	M	QH	Stripe,RF,RH-socks,Bay									
Shreve, Ohio 44676	USEY 4382	180	F	BL	Bald Face,Red Roan									
(39)	USEY 4383	180	N	BL	Stripe, White Muzzle,Sorrell									
	USEY 4384	168	F	BK	Stripe,LF,RF,LH,RH-pasterns,Chestnut									

1. The animals, were inspected within 30 days prior to export and found to be healthy and free from evidnece of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity,illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST.
CITY, STATE, ZIP CODE: SHREVE, OH. 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-1941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4363			✓								SN		✓			
2		4364					✓				✓			✓				
3		4365						SORREL			✓			✓				
4		4366						SORREL			✓					✓		
5		4367					✓				✓			✓				
6		4368					✓				✓			✓				
7		4369						SORREL			✓			✓				
8		4370						SORREL			✓					✓		
9		4371						SORREL			✓					✓		
10		4372						SORREL			✓			✓				
11		4373					✓				✓			✓				
12		4374					✓				✓			✓				
13		4375					✓				✓					✓		
14		4376					✓				✓					✓		
15		4379	✓										SN	✓				

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4378						TAN Flaxen		✓				✓				
17		4379	✓							✓				✓				
18		4380					✓				✓					✓		BAD LEFT EYE
19		4381	✓							✓	✓		SW		✓			
20		4382						RED ROAN			✓			✓				
21		4383						SORREL			✓					✓		BAD RIGHT EYE
22		4384					✓				✓			✓				
23																		
24																		
25																		
26																		
27																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair, Steven F

2. CERTIFICATE NO.: L068279

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/3/2011

5. U.S. PORT OF EMBARKATION *(City and State)*: Alexandria Bay,N.Y.

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: (b)(6)

8. CONSIGNOR'S CITY *(or Town)*: Shreve,

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*:

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc.
c/oShelli Oxtoby,P.O.Box 442
Whitewood,Sk S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*: [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair	USEY 4344	144	N	BL								Star,LH,RH-socks,Black		
(b)(6)	USEY 4345	144	F	BL								Stripe,White Muzzle,Chestnut		
Shreve, Ohio 44676	USEY 4346	180	F	BL								Blaze,Chestnut		
(39)	USEY 4347	156	N	BL								Stripe,White Muzzle,LH,RH-socks,Chestnut		
	USEY 4348	144	F	BL								Stripe,White Muzzle,Chestnut		
	USEY 4349	168	N	BL								Stripe, Sorrell		
	USEY 4350	180	N	BL								Blaze, Sorrell		
	USEY 4351	144	F	BL								Stripe, Chestnut		
	USEY 4352	144	F	BL								Stripe, Chestnut		
	USEY 4353	120	F	BL								Star, Black		
	USEY 4354	120	F	BL								Stripe,Chestnut		
	USEY 4355	180	N	BL								Blaze,White Muzzle,Sorrell		
	USEY 4356	156	N	BL								Stripe, Chestnut		
19 Mixed Horses	USEY 4357	120	N	BL								Star,Chestnut		
Back Tags 4344-4362	USEY 4358	144	N	BL								Stripe,LF,RF-socks,Chestnut		
VS From 10-13 Accompanies	USEY 4359	72	M	BL								Stripe,LH,RH-socks,Chestnut		
Shipment	USEY 4360	24	M	QH								Star,Snip,Bay		
	USEY 4361	72	F	BN								LH-sock,RH-coronet,Bay		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 5 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Vorva, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 19

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steven F

2. CERTIFICATE NO. FROM VS FORM 17-140: 1068279

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Steve Landfair USEY 4362	120	F	OH	LH-pastern,Bay										
(b)(6)														
Shreve, Ohio 44676														
(30)														

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection,were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one (21) days, the animal(s)in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day ofn inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.
STREET ADDRESS: (b)(6)	STREET ADDRESS: 512, RANG ST-JULIE. EST.
CITY, STATE, ZIP CODE: SHREVE, OH. 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELIN, QC J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-483-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4344			✓						✓					✓		
2		4345					✓				✓			✓				
3		4346					✓				✓			✓				
4		4347					✓				✓					✓		BAD LEFT EYE
5		4348					✓				✓			✓				
6		4349						SORREL			✓					✓		
7		4350						SORREL			✓					✓		CUT ON Right HEND Thigh
8		4351					✓				✓			✓				
9		4352					✓				✓			✓				
10		4353			✓						✓			✓				
11		4354					✓				✓			✓				
12		4355						SORREL			✓					✓		
13		4356					✓				✓					✓		BAD LEFT EYE
14		4357					✓				✓					✓		
15		4358					✓				✓					✓		

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4359					✓				✓				✓			
17		4360	✓							✓					✓			
18		4361	✓										SN	✓				BOTH EYES BAD
19		4362	✓							✓				✓				BOTH EYES BAD
20																		
21																		
22																		
23																		
24																		
25																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

*U.S. Government Printing Office: 2004---616-624/99766

FOIA 2012-02848 Pg. 138

This certificate is authorized by law (21 U.S.C. 612). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair, Steven F

2. CERTIFICATE NO.: L068281

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/3/2011

5. U.S. PORT OF EMBARKATION *(City and State)*: Port Huron-Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S MAILING ADDRESS *(Mailing Address)*: (b)(6)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*:

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; XX 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. c/o Shelli Oxtoby,P.O.Box 442 Whitewood , Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*: 01 BOVINE; 02 PORCINE; 03 OVINE; 04 CAPRINE; X 05 EQUINE; 08 OTHER WILDLIFE - MAMMAL; 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: 48 HRS; 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair	USEY 4385	168	F	SN			Star,LF-pastern,RH-sock,Sorrell							
(b)(6)	USEY 4386	120	F	SN			RH-coronet,Bay							
Shreve, Ohio 44676	USEY 4387	120	N	SN			Whorls on forehad and both hips, Bay							
(39)	USEY 4388	96	F	SN			LH-coronet & Heel, Bay							
	USEY 4389	120	N	QH			Stripe thru nose,LH-sock,LF-pastern,Sorrell							
	USEY 4390	60	F	QH			Star,LH,RH-coronet, Black							
	USEY 4391	120	F	SN			Stripe,Snip on upper lip & nose,LH,-sock,Black							
	USEY 4392	96	N	QH			Stripe,LH,RH,RF-socks,Bay							
	USEY 4393	120	F	QH			Star,Sorrell							
	USEY 4394	96	N	QH			Blaze, Tan & White markings as a paint							
	USEY 4395	96	N	QH			Stripe,RH-sock,Brown & White speckles							
	USEY 4396	144	F	SN			Whorls on forehead and both hips, Bay							
	USEY 4397	144	N	SN			LH-sock,RF-coronet, Black							
26 Mixed Horses	USEY 4398	120	F	QH			Star, Bay							
Back Tags 4385-4410	USEY 4399	144	N	SN			Star,Stripe on Botton Lip,RF-coronet,LH,RH-socks,							BAy
VS Form 10-13 Accompanies' Shipm,ent	USEY 4400	132	N	SN			LH-coronet,Bay							
	USEY 4401	120	F	SN			Whorls on forehead and both hips, Bay							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 5 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Varga, Joseph J.

21. STATUS: 2 Federal; 1 State; X 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

23. Signature of Endorsing Federal Veterinarian: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020.

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steven F

2. CERTIFICATE NO. FROM VS FORM 17-140: L0682811

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair USEY 4402	36	N	Sn	Star,LH-pastern, Bay										
[redacted] USEY 4403	120	F	SN	Star, Bay										
Shreve, Ohio 44676 USEY 4404	36	F	SN	Whorls on forehead and both hips, Black										
(39) USEY 4405	36	F	SN	Star,LH-sock,Bay										
USEY 4406	120	N	SN	Whorls on forehead and both hips, Bay										
USEY 4407	168	N	SN	Whorls on forehead and both hips, Bay										
USEY 4408	96	N	SN	LH,RH-pastern,Black										
USEY 4409	120	N	SN	Star, Bay										
USEY 4410	108	F	SN	Star,LH-sock, Bay										

1. The animalswere inspected within 30 days prior to export and found to be healtjy and free from evidnece of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarioan, not exposed to any communicable disease within 60 days preceding the date of inspectiojn.
3. The animal has rosided in the United States or canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported,
5. The exporter has been advised that any deterioration in health or physcial condition of the animals that may render animals unfit for transport ma result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipmnet has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animalhas an infirmity,illness, injuryorsrangyothheracondition that could be aggravated when the animal is being transported, causing the animal to suffer.

[redacted]

[redacted]

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 519, RANG ST-JULIE EST.
CITY, STATE, ZIP CODE: SHREVE, OH. 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA CO (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4385						SPRED					SN	✓				
2		4386	✓										SN	✓				
3		4387	✓										SN			✓		
4		4388	✓										SN	✓				
5		4389						SPREDD		✓						✓		
6		4390			✓					✓				✓				
7		4391			✓								SN	✓				
8		4392	✓							✓						✓		
9		4393						SPREDD		✓				✓				
10		4394						TAN & WHITE		✓						✓		
11		4395						BROWN & WHITE SPREDD					AP			✓		BOTH EYES BAD
12		4396	✓										SN	✓				
13		4397			✓								SN			✓		
14		4398	✓							✓				✓				
15		4399	✓										SN			✓		

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4400	✓										SN			✓		
17		4401	✓										SN	✓				
18		4402	✓										SN			✓		
19		4403	✓										SN	✓				
20		4404			✓								SN	✓				
21		4405	✓										SN	✓				
22		4406	✓										SN			✓		
23		4407	✓										SN			✓		
24		4408			✓								SN			✓		
25		4409	✓										SN			✓		
26		4410	✓										SN	✓				
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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.)

(b)(6)

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair, Steve F

2. CERTIFICATE NO.: L068282

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/10/2011

5. U.S. PORT OF EMBARKATION (*City and State*): Alexandria Bay, N.Y.

6. STATE CODE: 36

(b)(6) ng Address)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN (*"X" if yes*):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [xx] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc.
c/o Shelli Oxtoby,P.O.Box 442
Whitewood,Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4411	132	F	BL									Blaze,Lowerlip,LH-stocking,RH-sock,RED Roan		
USEY 4412	120	F	BL									Stripe,Sorrell		
USEY 4413	144	F	BL									Star, Black		
USEY 4414	156	N	BL									Star, Sorrell		
USEY 4415	168	N	BL									Blaze,Lower Lip,LH-stocking, Red Roan		
USEY 4416	144	F	BL									Star, Sorrell		
USEY 4417	132	N	BL									Blaze, Sorrell		
USEY 4418	60	F	SN									Whorls on forehead and both hips, Bay		
USEY 4419	156	F	QH									Star,Stripe,Bay		
USEY 4420	84	F	QH									Stripe, Tan & White markings as a paint		
USEY 4421	132	F	SN									Whorls on forehead and both hips,Bay		
USEY 4422	144	F	BL									Stripe,Lower lip,LH,RF-socks,Black		
USEY 4423	156	F	BL									Stripe,LH-sock,Chestnut		
USEY 4424	168	F	BL									Blaze,LH-stocking, Chestnut		
USEY 4425	180	F	BL									Blaze,Chestnut		
USEY 4426	60	F	BL									Star,Stripe,Sorrell		
USEY 4427	72	N	BL									Stripe,White Muzzle, Chestnut		
USEY 4428	180	F	BL									Stripe, Chestnut		

22 Mixed Horses
Back Tags 4411-4432
VS Form 10-13 Accompnies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 14 2011

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Vargo, Joseph T.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 22

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: 406828

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair USEY 4429	180	N	BL	Stripe, Chestnut										
(b)(6) USEY 4430	180	N	BL	Blaze, Sorrell										
Shreve, Ohio 44676 USEY 4431	144	B	SN	Star,LN,-sock,Bay										
(39) USEY 4432	120	N	SN	Star,Snip on nose, Black										

1. The animals ere inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found to be healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment top be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animals has an infirmity, illenss, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OH. 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

CHEC(b)(6)NG IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4411						RED ROAN			✓			✓				
2		4412						SORREL			✓			✓				
3		4413			✓						✓			✓				BAD LEFT EYE
4		4414						SORREL			✓					✓		
5		4415						RED ROAN			✓					✓		
6		4416						SORREL			✓			✓				
7		4417						SORREL			✓					✓		
8		4418	✓										SN	✓				
9		4419	✓							✓				✓				
10		4420						TAN WHITE		✓				✓				
11		4421	✓										SN	✓				
12		4422			✓						✓			✓				BOTH EYES BAD
13		4423					✓				✓			✓				
14		4424					✓				✓			✓				
15		4425					✓				✓			✓				

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4426						SORREL			✓			✓				
17		4427					✓				✓					✓		
18		4428					✓				✓			✓				
19		4429					✓				✓					✓		
20		4430						SORREL			✓					✓		
21		4431	✓										SN	✓				RH-LEG CUT
22		4432			✓								SN			✓		
23																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 146

...While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Landfair , Steve F	L0682	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
12/13/2011	Port Huron,Mich.	26	(b)(6)	Shreve

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Ohio	39	44676

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavel Canada Export,Inc. c/o Shelli Oxtoby, P.o.Box 442 Whitewood, Sk. S0G 5C0	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4433	168	N	SN		Star, Black									
USEY 4434	168	N	SN		LH-pastern,Bay									
USEY 4435	144	N	SN		Star,RH-sock,Bay									
USEY 4436	132	F	SN		LH-coronet,Bay									
USEY 4437	120	N	SN		LH-pastern, Bay									
USEY 4438	144	F	QH		Striep,LF,LH,RF,RH-stockings,Sorrell & White Markings as a paint									
USEY 4439	120	N	SN		Star,Lower Lip,LH,LF-pastern,Bay									
USEY 4440	132	N	SN		Star, Black									
USEY 4441	120	F	SN		Whorls on forehead and both hips, Bay									
USEY 4442	60	N	QH		Snip on nose,LH-sock, Buckskin									
USEY 4443	96	N	QH		Blaze,LH,RH,LF,RF-stockings,Brown & White markings as a paint									
USEY 4444	120	N	SN		Whorls on forehead and both hips, Bay									
USEY 4445	96	F	SN		LH-spot on heel, Bay									
USEY 4446	120	N	SN		Star, Bay									
USEY 4447	156	F	SN		LH-coronet, Black									
USEY 4448	132	N	SN		Star,LH,LF-sock, Bay									

24 Mixed Horses
Back Tags 4433-4456
VS Form 10-13 Accompanies Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
DEC 14 2011	Varga, Joseph J.	☐ 2 Federal ☐ 1 State ☑ 3 Accredited	24

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN
(b)(6)

(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L068283

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USFY 4449	120	F	SN		Star,LH,RH-sock, Ray									
USFY 4450	144	N	SN		Whorls on forehead and both hips, Ray									
USFY 4451	144	F	BL		Star, Black									
USFY 4452	180	F	BL		Stripe, Chestnut									
USFY 4453	180	F	BL		Stripe,RH-Pastern,Chestnut									
USFY 4454	132	N	BL		Stripe,LF,RF,LH,RH socks, Chestnut									
USFY 4455	120	F	BL		Star,Serrell									
USFY 4456	180	N	BL		Stripe,Lower Lip,LH-sock,Chestnut									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The exporter has been advised that any deterioration in health or physical condition of the anima ls that may render aminals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
(b)(6)	STREET ADDRESS: 572, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V1N0
AREA CODE & TELEPHONE NO. (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	4433			✓								SN			✓		
2		4434	✓										SN			✓		CUT ON RIGHT HIND LEG
3		4435	✓										SN			✓		CUT ON LEFT HIND LEG
4		4436	✓										SN	✓				
5		4437	✓										SN			✓		
6		4438						SORREL + WHITE		✓				✓				BAD RIGHT EYE
7		4439	✓										SN			✓		
8		4440			✓								SN			✓		
9		4441	✓										SN	✓				
10		4442						BUCK SKIN		✓						✓		
11		4443						BROWN + WHITE		✓						✓		
12		4444	✓										SN			✓		
13		4445	✓										SN	✓				
14		4446	✓										SN			✓		
15		4447			✓								SN	✓				

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND 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).

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.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4448	✓										SN			✓		
17		4449	✓										SN	✓				
18		4450	✓										SN			✓		
19		4451			✓						✓			✓				
20		4452					✓				✓			✓				
21		4453					✓				✓			✓				
22		4454					✓				✓					✓		
23		4455					SORREL				✓			✓				
24		4456					✓				✓					✓		
25																		
26																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 150

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Landfair Steve F

2. CERTIFICATE NO.: L068287

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: /1/09/2012

5. U.S. PORT OF EMBARKATION (City and State): Lewiston,N.Y.

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): (b)(6)

8. CONSIGNOR'S CITY (or Town): Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
Cavel Canada Export,Inc.
c/oShelli Oxtoby,P.O.Box 442
Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
(b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4529	120	N	QH		Star,RH-pastern,Black									
USEY 4530	144	F	SN		Star,LH,RH,RF-pastern,Black									
USEY 4531	84	M	SN		Whorls on forehead and both hips, Bay									
USEY 4532	96	N	SN		Star,RF-pastern,LH,RH-socks, Bay									
USEY 4533	120	F	BL		Stripe, Sorrell									
USEY 4534	180	N	SN		Star,LH,RH-coronet, Bay									
USEY 4535	180	F	SN		LH-coronet, Bay									
USEY 4536	84	N	SN		Star,RF,LH-socmk,Bay									
USEY 4537	84	F	BL		Blaze,White Muzzle,LH-sock, Sorrell									
USEY 4538	168	F	BL		Blaze,LH-sock,Sorrell									
USEY 4539	156	F	BL		Whorls on forehead and both hips, Black									
USEY 4540	72	N	BL		Blaze, Sorrell									
USEY 4541	120	N	BL		Blaze, Red Roan									
USEY 4542	132	F	BL		Stripe, Sorrell									
USEY 4543	120	F	SN		Star,LF-sock,LH,RH-stockings, Bay									
USEY 4544	156	F	AP		Black w/ spots on white coat									
USEY 4545	120	F	QH		Blaze,LF,RH,LH-stockings, Chestnut									
USEY 4546	132	F	QH		Star,RH-pastern,BAy									

24 Mixed Horses
Back Tags 4529-4552
VS Form 10-13 Accompanies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 10 2012

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Vargo, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 24

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form approved, OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair, Steve F

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

2. CERTIFICATE NO. (FROM VS FORM 17-140): 1068287

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair	USEY 4547	24	N	QH	Blazee,Chestnut & white markings as a paingt									
(b)(6)	USEY 4548	120	N	SN	Star,LH,coronet,RH-pastern, Black									
Shreve, Ohio 44676	USEY 4549	96	F	SN	Whorls on forehead and both hips, Bay									
(39)	USEY 4550	48	N	SN	LH,RH-socks,RF-pastern, Bay									
	USEY 4551	132	N	SN	Whorls on forehead and both hips, Black									
	USEY 4552	24	N	SN	Star, Bay									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable ~~iddisease~~ within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birht.
4. The animals,at the time of the inspection, were found healthy and in a physical condition,fit to bertransported.
5. The exporter has been advised that any deterioration in health or physical condition of the ~~anima~~ ~~las~~ animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the aniami is being transported causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST.
CITY, STATE, ZIP CODE: SHREVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC. J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4529			✓					✓						✓		
2		4530			✓								SN	✓				
3		4531	✓										SN		✓			
4		4532	✓										SN			✓		BOTH EYES BAD
5		4533						SORREL			✓			✓				
6		4534	✓										SN			✓		BOTH EYES BAD
7		4535	✓										SN	✓				
8		4536	✓										SN			✓		
9		4537						SORREL			✓			✓				
10		4538						SORREL			✓			✓				
11		4539			✓						✓			✓				
12		4540						SORREL			✓					✓		
13		4541						RED ROAN			✓					✓		
14		4542						SORREL			✓			✓				
15		4543	✓										SN	✓				

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4544						BLACK W/WHITE SPOTS					AP	✓				SORE ON LEFT CHEEK OF BUTT + TAIL
17		4545					✓			✓				✓				
18		4546	✓							✓				✓				
19		4547						CHEST WITH WHITE		✓						✓		
20		4548			✓								SN			✓		
21		4549	✓										SN	✓				
22		4550	✓										SN			✓		
23		4551			✓								SN			✓		
24		4552	✓										SN			✓		
25																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO.: L068273

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/21/2012

5. U.S. PORT OF EMBARKATION *(City and State)*: Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: [redacted] (b)(6)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*: [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. c/O Shelli Oxtoby,P.O.Box 442 Whitewood, Sk S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair														
[redacted] (b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4605	72	F	BL		Star, Black									
USEY 4606	72	F	SN		Whorls on forehead and both hips, Black									
USEY 4607	60	N	SN		Whorls on forehead and both hips, Bay									
USEY 4608	120	F	SN		Star,Snip,LF-soconet,LH,RH-socks,Bay									
USEY 4609	96	N	QH		Bald Face,LH,RH-stockingsCSChestnut									
USEY 4610	84	N	QH		Star,Snip,LH-stocking,Brown									
USEY 4611	120	F	SN		LH-pastern,Bay									
USEY 4612	120	F	BL		Stripe,Chestnut									
USEY 4613	120	N	BL		Stripe,LH-stocking, Chestnut									
USEY 4614	108	N	BL		Stripe,Blond									
USEY 4615	144	F	BL		BlazeS Sorrell									
USEY 4616	96	N	BL		Stripe, Chestnut									
USEY 4617	120	N	SN		Star,RH-pastern,LF,RF,LH-pastern,Bay									
USEY 4618	120	F	SN		Star,LF,RF,LH,RH-socks,Bay									
USEY 4619	156	F	SN		WWhorls on forehead and both hips, Bay									
USEY 4620	60	F	SN		Whorls on forehead and both hips, Black									
USEY 4621	144	F	SN		Whorls on forehead and both hips, Black									
USEY 4622	96	F	SN		Whorls on forehead and both hips, Bay									

25 Mixed Horses
Back Tags. 4605 - 4629
VS Form 10-13 Accompanies
Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 23 2012

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: Varga, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: [redacted] (b)(6)

23. Signature of Endorsing Federal Veterinarian: [redacted] (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L066273

PAGE NO. 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Steve Landfair											
[redacted] (b)(6)	USEY 4623	108	F	SN	LF-pastern, Bay						
	USEY 4624	84	N	QH	LH,RH-socks,Black						
Shreve, Ohio 44676	USEY 4625	180	F	SN	Stripe,LH-sock,Bay						
(39)	USEY 4626	180	F	BL	Blaze, White Mazzle,Sorrell						
	USEY 4627	180	N	BL	Stripe, Sorrell						
	USEY 4628	144	N	QH	Star,LH,RH,LF-socks,Sorrell						
	USEY 4629	144	F	BL	Stripe, White Mazzle, Sorrell						

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birht.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transportd
5. The expoorter has been advised that any deterioration in health or physical condition ofthe animals that may redder animals unfit for transport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has anninfirmity,illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

[redacted] (b)(6)

[redacted] (b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA ELPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OH. 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLEN, QC J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4605			✓						✓			✓				
2		4606			✓								SN	✓				
3		4607	✓										SN			✓		
4		4608	✓										SN	✓				
5		4609					✓			✓						✓		
6		4610						BROWN		✓						✓		
7		4611	✓										SN	✓				
8		4612					✓				✓			✓				
9		4613					✓				✓					✓		
10		4614						BLOND			✓					✓		
11		4615						SORREL			✓			✓				
12		4616					✓				✓					✓		
13		4617	✓										SN			✓		
14		4618	✓										SN	✓				
15		4619	✓										SN	✓				

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesth	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4620			✓								SN	✓				
17		4621			✓								SN	✓				
18		4622	✓										SN	✓				
19		4623	✓										SN	✓				
20		4624			✓					✓						✓		
21		4625	✓										SN	✓				BOTH EYES BAD
22		4626						SORREL			✓			✓				
23		4627						SORREL			✓					✓		
24		4628						SORREL		✓						✓		BOTH EYES BAD
25		4629						SORREL			✓			✓				
26																		
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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.)

(b)(6)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: Landfair, Steve F

2. CERTIFICATE NO.: APPROVED USDA L068278

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/9/2012

5. U.S. PORT OF EMBARKATION *(City and State)*: Champlain,N.,Y.

6. STATE CODE: 36

[redacted] (b)(6) ddress)

8. CONSIGNOR'S CITY *(or Town)*: Shreve

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *("X" if yes)*: [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [XX] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export,Inc. c/oShelli Oxtoby, P.O.Box 442 Whitewood, Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[XX] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
[redacted] (b)(6)														
Shreve, Ohio 44676														
(39)														
USEY 4699	168	N	SN		Whorls on forehead and both hips, Bay									
USEY 4700	156	N	SN		LH-coronet, Brown									
USEY 4701	180	N	QH		Star,LF,LH,RH-socks, Chestnut									
USEY 4702	108	N	QH		Blaze,LH,LF-sock,Sorrell									
~~USEY 4703~~	~~120~~	~~--~~	~~QH~~											
USEY 4703	120	F	QH		Whorls on forehead and both hips, Black									
USEY 4704	144	N	BL		Star,Snip,LF,RF,LH,RH-socks,Sorrell									
USEY 4705	48	N	QH		Small Star,RH-coronet,Black									
USEY 4706	144	F	BL		Blaze,LH-sock,Chestnut									
USEY 4707	36	F	QH		Stripe, Chestnut									
USEY 4708	120	F	SN		LF-coronet,Bay									
USEY 4709	144	N	SN		Whorls on forehead and both hips, Bay									
USEY 4710	108	F	SN		Star,RH-pastern,Bay									
USEY 4711	144	N	SN		Small Star,Bay									
USEY 4712	144	F	BL		Stripe, Sorrell									
USEY 4713	120	N	BL		Few white haris on forehead,Black									
USEY 4714	144	F	BL		Star, Sorrell									
USEY 4715	72	F	BL		Star, Sorrell									

20 Mixed Horses
Back Tags 4699-4718
VS Form 10-13 Accompanies
Shipment

KAW

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 12 2012

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: Varga, Joseph J.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 20

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

[redacted] (b)(6)

[redacted] (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0575-0179

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: APPROVED 1068278

3. PAGE NO. 1 of 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair	USEY 4716	120	N	BL	Stripe, Chestnut									
(b)(6)	USEY 4717	72	N	BL	Stripe, Sorrell									
Shreve, Ohio 44676	USEY 4718	120	F	BL	Stripe, Sorrell									
(39)														

11 (VAL)

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to anby communicable iddisease within 7 60 days preceding the date of inspection.
3. The animal has resided in the United States or canada since birth.
4. The annimals, at the time of the inspection, were found healthy and in a physical condition fit to be transpported.
5. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for trnasport may result in the shipment to be refused entry to Canada.
6. During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any eber other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, BANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-7941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4699	✓										SN			✓		BOTH EYES BAD
2		4700						BROWN					SN			✓		RIGHT HIND LEG OUT
3		4701					✓			✓						✓		BOTH EYES BAD
4		4702						SORREL		✓						✓		LEFT EAR FROST BIT
5		4703			✓					✓				✓				
6		4704						SORREL			✓					✓		
7		4705			✓					✓						✓		
8		4706					✓				✓			✓				
9		4707					✓			✓				✓				
10		4708	✓										SN	✓				
11		4709	✓										SN			✓		
12		4710	✓										SN	✓				
13		4711	✓										SN			✓		
14		4712						SORREL			✓			✓				
15		4713			✓						✓					✓		

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4714						SORREL			✓			✓				
17		4715						SORREL			✓			✓				BLIND RIGHT EYE
18		4716					✓				✓					✓		
19		4717						SORREL			✓					✓		
20		4718						SORREL			✓			✓				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

...(b)(2). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Landfair Steve F

2. CERTIFICATE NO.: APPROVED L088290

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/31/2012

5. U.S. PORT OF EMBARKATION (*City and State*): Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): (b)(6)

8. CONSIGNOR'S CITY (*or Town*): Shreve

12. CONSIGNOR'S STATE: Oyh Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN (*"X" if yes*):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; xx 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export,Inc. C/oShelli Oxtoby,P.O.Box 442 Whitewood,Sk. S0G 5C0

DESTINATION COUNTRY: Canada

ENTER CODE: Ca

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

CERTIFIED BRUCELLOSIS FREE AREA

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
Steve Landfair														
(b)(6)														
Shreve,Ohio 44676														
(39)														
USEY 4742	144	F	BL		Star, Black									
USEY 4743	120	F	BL		Stripe,Chestnut									
USEY 4744	96	N	BL		Stripe,Sorrell									
USEY 4745	84	F	SN		Whorls on forehead and both hips,Bay									
USEY 4746	120	F	SN		LH,RH-socks,Bay									
USEY 4747	96	F	SN		Star,LH-pastern, Bay									
USEY 4748	120	F	BL		Stripe, Chestnut									
USEY 4749	120	N	SN		Star,LH-sock, Bay									
USEY 4750	96	F	SN		LH,RH-socks, BAy									
USEY 4751	96	F	QH		WWhite Face,LH,RH,LF,RF-socks, Sorrell									
USEY 4752	120	N	SN		White Stripe above Left Eye, BAy									
USEY 4753	96	F	BL		Stripe, Chestsnut									
USEY 4754	120	F	SN		Stripe,LH,RH,passtern,NB Bay									
18 Mixed Horses														
Back Tags 4742 - 4759														
VS Form 10-13 Accompanies														
Shipment														
USEY 4755	144	F	QH		Stripe, Chestnut									
USEY 4756	96	F	SN		Star,Bay									
USEY 4757	84	N	BL		Blaze,RH,LF,RF-stockings, Sorrell									
USEY 4758	144	N	SN		Whorls on forehead and both hips, Bay									
USEY 4759	36	N	HK		Stripe,LH,RH,LF,RF-socks, Black									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 4 2012

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Varga Joseph J.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 18

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6)

23. Signature of Endorsing Federal Veterinarian: (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L068290

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed ~~ft~~ to any communnicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. ~~The exporter has been advised that nay ft deterioration in health or physical codition of the animals that may renderr animals unfit for trasnp- transport nay result in the shipment to be refused entry to Canada.~~
6. ~~During the previous twenty one(21) dyas, the animals in this shipment has/have not been in the state of Texas or New Mexico.~~

~~Fit~~ to be transported means that on the day of inspection, no animal has an ~~ft~~ infirmity,illness or injury or any other condition that could be aggravated wee when the animal is being transported, causing the animal to suffer.

(b)(6)

(b)(6)

VS FORM 17-140a
(MAR 2005)

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 819-983-2941

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEY	4742			✓						✓			✓				
2		4743					✓				✓			✓				
3		4744						SORREL			✓					✓		
4		4745	✓										SN	✓				BLEU LEFT EYE
5		4746	✓										SN	✓				BLEND RIGHT EYE
6		4747	✓										SN	✓				
7		4748					✓				✓			✓				
8		4749	✓										SN			✓		
9		4750	✓										SN	✓				
10		4751						SORREL		✓				✓				
11		4752	✓										SN			✓		BLIND RIGT EYE
12		4753					✓				✓			✓				
13		4754	✓										SN	✓				
14		4755					✓			✓				✓				
15		4756	✓										SN	✓				

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEY	4757						Sorrel			✓					✓		
17	"	4758	✓										SN			✓		
18	"	4759			✓							✓				✓		
19																		
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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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-02848 Pg. 166

...Public Law 107-171). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Landfair Steve F	L068289	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
3/17/2012	Port Huron, Mich	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
(b)(6)	Shreve	Ohio	39	44676

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
		☐ 1 - Rail ☐ 3 - Air XX 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavel Canada Export,Inc. c/oShelli Oxtoby,P.O.Box 442 Whitewood, Sk. S0G 5C0	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
XX 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair (b)(6) Shreve,Ohio 44676 (39)	USEY 4719	72	N	SN	Whorls on forehead and both hips, Black										
	USEY 4720	72	N	SN	LH,RH-pastern, Bay										
	USEY 4721	84	F	BL	Stripe, Sorrell										
	USEY 4722	24	F	BL	Blaze, Sorrell										
	USEY 4723	72	F	SN	Star,Rh-Heel,Bay										
	USEY 4724	132	F	SN	Whorls on forehead and both hips,Brown										
	USEY 4725	72	F	SN	Whorls on forehead and both hips,Black										
	USEY 4726	156	N	SN	Star,LH,RH-socks,LF-pastern, Bay										
	USEY 4727	108	F	SN	Stripe,Bay										
	USEY 4728	120	N	QH	Stripe, Palamino										
	USEY 4729	72	N	SN	Whorls on forehead and both hips, Bay										
	USEY 4730	72	N	BL	Blaze, Chestnut										
	USEY 4731	120	N	SN	Stripe,RH-sock,LF-coronet, Bay										
23 Mixed Horses Back Tags 4719-4741 VS Form 10-13 Accompanies Shipment	USEY 4732	144	F	BL	Star,Stripe,Snip,Sorrell										
	USEY 4733	120	F	SN	Whorls on forehead and both hips, Brown										
	USEY 4734	36	N	SN	Star,RH-sock, Black										
	USEY 4735	180	F	SN	Whorls on forehead and both hips, Bay										
	USEY 4736	48	F	BL	Stripe,RF-stocking,LH-sock, Chestnut										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
MAR 19 2012	Varga, Joseph J.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	23

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	(b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved, OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Landfair Steve F

2. CERTIFICATE NO. FROM VS FORM 17-140: L066289

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: Cavel Canda Export,Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Steve Landfair														
[redacted]	USEY 4737	84	F	SN	Whorls on forehad and both hips,Bay									
Shreve, Ohio 44676	USEY 4738	48	F	OH	Blaze, Sorrell									
(39)	USEY 4739	120	F	OH	Star,LH-sock, Black									
	USEY 4740	156	N	BL	Stripe, White MMuzzle, Sorrell									
	USEY 4741	120	M	BL	Star,Chestnut									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to anny any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
5. The Exxporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6. DDurinng the previous twenty-one(21) days, the animal(s) in this shipmnet has/have not been in the state of Texas or New Mexico.

Fit to be transported means that, on the day of inspection, no anmmal has an infimity, illness, injury or any other condition that could be aggrvated when the animal is being ytransported, causing the animal to suffer.

[redacted] (6)(6)

[redacted] (6)(6)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 512, RANG ST. JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OHIO 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC J0V 1W0
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	4719			✓								SN			✓		
2		4720	✓										SN			✓		
3		4721						SORREL			✓			✓				
4		4722						SORREL			✓			✓				
5		4723	✓										SN	✓				
6		4724						BROWN					SN	✓				
7		4725			✓								SN	✓				
8		4726	✓										SN			✓		
9		4727	✓										SN	✓				
10		4728						PALOMINO		✓						✓		
11		4729	✓										SN			✓		
12		4730					✓				✓					✓		
13		4231	✓										SN			✓		
14		4232						SORREL			✓			✓				
15		4733						BROWN					SN	✓				

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 CFIA TO DISCLOSE THIS DOCUMENT AND 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	4734			✓								SN			✓		
17		4735	✓										SN	✓				
18		4736					✓				✓			✓				BLIND RIGHT EYE
19		4737	✓										SN	✓				
20		4738						SORE		✓				✓				
21		4739			✓					✓				✓				
22		4740						SORE			✓					✓		
23		4741					✓				✓				✓			
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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.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

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