Previous edition may be used.

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 3. PAGE NO. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) 2. CERTIFICATE NO. U.S. DEPARTMENT OF AGRICULTURE FROM VS.FORM 17-140 ANIMAL AND PLANT HEALTH INSPECTION SERVICE L068279 **VETERINARY SERVICES** 16. CONSIGNEE'S NAME CONTINUATION SHEET FOR Cavel Canada Export, Inc. **NEGATIVE TUBERCULIN BRUCELLOSIS BLOOD** NEGATIVE RESULTS OF CTAIN TESTS SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE DISEASE DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST TYPE TEST TYPE TEST **CERTIFIED BRUCELLOSIS** 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREEL DATE DATE DATE DATE VAC 1/25 1/50 1/100 DATE DESCRIPTION 0 Steve Landfair **HSEY 4362** 120 F OH LH-pas tern.Ral Shreve, Ohio 44676 (34) 1. The animals were inspected within 30 have prior found to be healthy and free from export and evidence of communicable disease. - 2. The animal was, to the best of the isskind veterindrian, not exposed of the - to any communicable disease within 60 days brecedinb inspection. date of 3. The animal has resided in the United States or Canada since 4. The animals, at the time of the nspection 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. b. During the previous twenty-one (21) days, the animal(s9) 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, injury or any other condition that could be adgravated when the animal is being transported causing the animal to suffer

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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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

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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.)

VS FORM 10-13A (SEP 2002) *U.S. Government Printing Office: 2004—616-624/99766

PAGE 2 OF 2

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. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) 3. PAGE NO. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE Landfair, Steve VETERINARY SERVICES 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR BRUCELLOSIS BLOOD **NEGATIVE TUBERCULIN** SAMPLE COLLECTED UNITED STATES ORIGIN HEALTH CERTIFICATE ☐ 48 HRS. ☐ 72 HRS. DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST CERTIFIED BRUCELLOSIS FREE AREA 18. INDIVIDUAL IDENTIFICATION Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREEL DATE DATE DATE DATE VAC 1/25 1/50 1/100 DESCRIPTION 0 USBY 4475 168 BT Steve Landfair **USRY 4476** 156 RT. USBY 4477 168 BT. Shreve, Ohio 44676 **USRY 4478** 120 N SN 1. The animals were inspected within 30 days prior to export found to be healthy and free from and evidence of communicable disease. 2. The animal was, to the best of the knbwledge and belief of the lasting veterindrian, 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 -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 our 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(so 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, ho animal has an infirmity, illness, injury or any other condition that could be addfavated when the animal is being transported causing the animal to suffer. ACUT THE 1

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

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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.)

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VS FORM 10-13 (AUG 2004)

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 GMB No. 0579-0020 FIRST CONSIGNOR'S NAME (last-game, first name, middle initial or business name) U.S. DEPARTMENT OF AGRICULTURE 2 CERTIFICATIONS PAGE NO. Landfair, Steve FROM VS FORM TOTAL ANIMAL AND PLANT HEALTH INSPECTION SERVICE **VETERINARY SERVICES** 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. L068266 CONTINUATION SHEET FOR **NEGATIVE TUBERCULIN BRUCELLOSIS BLOOD** READING SAMPLE COLLECTED UNITED STATES ORIGIN HEALTH CERTIFICATE ☐ 48 HRS. ☐ 72 HRS. DISEASE MODIFIED ACCREDITED AREA (TB)-TYPE TEST 17. FARM ORIGIN TYPE TEST TYPE TEST CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREEC DATE DATE VAC DATE DATE DATE 1/25 1/50 1/100 DESCRIPTION Steve Landfair USEV 4330 Stripe | Serrel incl White Muzzle, Lity Rill-socks, Sourcell Shreve, Ohio 44676 Star, Stripe, Sorrell Blaze, Sorrell Stripe Chestnut 1. The animals were inspected within 30 days prior to export and bound to be healthy and free from evidence of communicable disease 2. The animal was, to the best of the knowledge and belief of Liseul Tangissuing votorinarian 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 4. The animals, at the time of the inspection, were found healthy and in a physical condition ---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) ways, The amimat(s) in this shipment has/have not been in the - state of Texas or New Mexico. Fit to be transported means that, dn the day of inspection, no animal has an infirmity, illnes, injury or any tother condtibut that could be aggravated when the animal is being transported causing the animal to suffer. SHOW

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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

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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.)

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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

(Please type or print in lnk)

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FORM APPROVED OMB NO. 0579-0160

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VS FORM 17-140a (MA7. 2005)

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This certificate is authorized by law (21 USC 112), while you	ı are not requ	ired to respond, no	heaith ce	rtificate	can be v	alidated ι	ınless the	data re	quested is p	rovided	f. See	reverse	side for	additional information.	Form Approved OMB No. 05	79-0020
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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

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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.)

(SEP 2002)

PAGE 2 OF 2

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in lnk)

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.

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This certificate is authorized by law (21 USC 112), while you are not	t require	ed to res	pond, no	health ce	rtificate	can be v	rions relidated t	uniess the	data re	equested is p	provided	l. See i	reverse	side for	additional Information	Serm Applemen OMB No. 051	79-0020
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(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27) 4. DATE ISSUED 5. U.S. PORT OF EMBARKATION (Clys and State) 7. SEMEN (X* y**) 10. NO. DOSES OF SEMEN 11. TRAINSPORTATION CLASS 11. Pail 3-Ab 12. CONSIGNORS STATE 12. CONSIGNORS STATE 13. Pail 3-Ab 14. COASIN (Clys and Above 11 to 10	UNIT	U.S. DEPARTMENT OF ANIMAL AND PLANT HEALTH VETERINARY SE ED STATES ORIGIN H	INSPECTION RVICES	SERVICE	CATE	, ,34		1	consign andfa			tev.		rame, m F	iddle ir	nitial or i	busin a s	is .	17.14	နိုင်ရပ	i wa	
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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

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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.)

(SEP 2002)

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

PAGE 2 OF 2

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

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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.)

PAGE 2 OF 2

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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 OMS NO. 2. CERTIFICATE NO. FROM VS FORM 17,140 FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE Steve Landfair **VETERINARY SERVICES** 100 16. CONSIGNEE'S NAME J 3490 Cavel Canada Export, Inc CONTINUATION SHEET FOR NEGA TESTS **NEGATIVE TUBERCULIN** BRUCELLOSIS BLOOD SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE DISEASE DISEASE MODIFIED ACCREDITED AREA (TB)-TYPE TEST TYPE TEST TYPE TEST 17. FARM ORIGIN CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code SEX BREEF DATE DATE DATE DATE VAC 1/25 1/50 1/100 DATE DESCRIPTION 0 Steve Landfair **USEY 3632** 168 N BLL Stripe. Sorrel1 USEY 3863 180 N BI ripe, LF, RF, LH, RH-socks Chestnut Shreve, Ohio 44676 USEY 3634 F BI 144 Stripe Sorrell1 (39) 3635 156 N SN LH-pastern. 3636 168 P SN dn forehead and both hime. 1. The animals were inspected within 30 days prior be healthy and free from evidence of communicable disease 2. The animal was, to the heat of the knowledge sswing veterinarian, not expected to any communicable disease within 3. The animal has resided in the Unitled 4. The animals, at the time of the inspection, in a physical condition fit -to-be transported. 5. The exporter has been advised that deterioration in health any physical condition of the OC -animals that may render animals unfilt for thansport may result the shipment to berrefused In entry to Canada. the animal(s) in thie shipment has/have not been in 6.During the previous twenty-one (21) days, the state of Texas, New Mexico, on A Fit to beetransported means that, on the day of shipmenton, no animal has an infirmity, illnes. injury or any other condition that dould be addravated when the anlima is being transported causing the animal tosuffer.

VS FORM 17-140a (MAR 2005)

U.S. DEPARTMENT OF ANIMAL AND PLANT HEALTH VETERINARY SE UNITED STATES ORIGIN H (This document does not replace Certificate of Ins	AGRICULTUI NSPECTION RVICES EALTH (RE I SERVICE CERTIFICATE		1,		OR'S NA	ME (L	ast na	ame, first i			al or bu	siness		A CALL STORY	NO 3.	
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OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

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According to the Paperwork Reduction Act of 1995, no persons are required to espond 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

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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.)

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

Please type or print in ink)

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

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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.)

PAGE 20F

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in lnk)

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.

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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. Earth Approved OME No. 1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) U.S. DEPARTMENT OF AGRICULTURE Landfair ANIMAL AND PLANT HEALTH INSPECTION SERVICE Steve VETERINARY SERVICES 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR NEGATIVE TUBERCULIN **BRUCELLOSIS BLOOD** READING SAMPLE COLLECTED UNITED STATES ORIGIN HEALTH CERTIFICATE ☐ 48 HRS. ☐ 72 HRS. DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST TYPE TEST CERTIFIED BRUCELLOSIS Owner's name (Last name, two initials, & business name) 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's street address ID NO. OR Owner's city/town, state code & zip code SEX DATE AGE BREE DATE DATE 1/25 1/50 DATE DESCRIPTION O Steve Landfair USEY 4671 24 and white markings as rpe Brown a paint USEY 4672 144 BL Stripe Chestnut 72 BL Shreve, Ohio 44676 **USEY 4673** Stripel Blond headdand) Snip on nose . Black (39)USEY 4674 180 F BT. 1. The animals were inspected within 30 days prior to expert and found to be healthy and free from evidence of communicable disease4 2. The animalwas, to the best bf the knowledde sauing veterinarian, not exposed to any communicable disease within 60 days preceding of inspection. 3. The animal has resided in the United States 4. The animals, at the time of the inspection, were found healthy and in a physical condition tit to be transported. 5. The exporter has been advised that any deterioration in health or physical condition of the 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, eauding-the animal to suffer. causing AND BEINGER

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

(Please type or print in lnk)

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.

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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.)

(SEP 2002)

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

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# 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.

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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.)

VS FORM 10-13A (SEP 2002)

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

PAGE 2 OF 1

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

(Please type or print in ink)

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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 OMS 105 1050-1020 FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)

Steve Landfair 3. PAGE NO. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. J 3500 CONTINUATION SHEET FOR 2 **BRUCELLOSIS BLOOD NEGATIVE TUBERCULIN** SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE DISEASE 48 HRS. 72 HRS. DISEASE DISEASE MODIFIED ACCREDITED AREA (TB)-TYPE TEST TYPE TEST TYPE TEST 17. FARM ORIGIN CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/lown, state code & zip code SEX BREED AGE DATE VAC 1/25 1/50 DATE DATE DATE DESCRIPTION O Steve Landfair USRY 3965 56 F BL Sorrell .RH USRY 3966 68 F BL DO TIF RIF-Shreve, Ohio 44676 3967 SN N both hine Black (39) 3968 80 SN 3969 BT 3970 Y 3971 TE 11SHY 3072 Whiotisoenforeheld and both hips, black USBY 3973 USBY 3974 Stripe, Blond -BL 1. The animals were inspected within 30 days priok to export and tound to be healthy and freerrom evidence of communicable disease 2. The animal was, to the best of the knowledge and derief 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 dnimals 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 here here in the state of Texas or New Mexico. Fit to be transported means that, on the day of inspection. no injury or any other condition that could be aggravated when causing the animal to suffer

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17. FARM ORIGIN Owner's name (Last name, two initials, or business name)	18. INDIVIDUAL II (Instructions for columns										0.4			TYPE TEST	TYPE TEST
Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX	BREED	Į.	DATE	9	DATE H	VAC	1/25	1/50 K	1/100	DATE	DATE	DATE
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(b)(6)	USEY 3950	24	F	OН							ors	Bla	ze,LH,R	H-stock	ings.
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25 - 1990 COM	USEY 3954	132	N	QH	S	bar,	int	p,LH	RH	LF.	-soc	cks,	Sorrel	1	
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VS Form 10-13 Accompanies	USEY 3963	108	N	OH	. 8	brin	٠,	mate	on	16	P+ 4	al de	belly.	LH.RH.R	9.1.9-
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# OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in lnk)

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

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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.)

VS (SEP 2002) PAGE JOF J

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

(Please type or print in ink)

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**FORM APPROVED** OMB NO. 0579-0160

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VS FORM 17-140a

Previous edition may be used.

# 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.

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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.)

PAGE 2 OF 2

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

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

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

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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 mln. 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.

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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.)

PAGE OF ___

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

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## 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 explection of information.

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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.)

VS FORM 10-13A (SEP 2002)

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

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

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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 . FIRST CONSIGNOR'S NAME (last name, first name, middle Initial or business name) RTIFICATE NO. PAGE NO. U.S. DEPARTMENT OF AGRICULTURE FROM 17-140 ANIMAL AND PLANT HEALTH INSPECTION SERVICE Landffair Steve **VETERINARY SERVICES** 16. CONSIGNEE'S NAME 2 Cavel Canada Export, Inc. CONTINUATION SHEET FOR **NEGATIVE TUBERCULIN BRUCELLOSIS BLOOD** NECATIVE RESTAUTE OF STHER TESTS SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE MODIFIED ACCREDITED AREA (TB)-TYPE TEST 17. FARM ORIGIN CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREEL DATE TTY TO BATE DATE VAC 1/25 1/50 1/100 DESCRIPTION 0 UE Steve Landfair USEY 4797 20 BL ower OH Shreve, Ohio 44676 USTY 4798 (39) USEY 4799 SN HISTY 4800 72 N OH .RF. Wade Hedl LH RH-socks, Bay 11Sty 4801 84 OH N - 1. The animals were inspected within 3d days bride to export and found to be healthy and free from <del>-evidence of communicable disease</del> 2. The aniams1 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 deteridration in health or physicalceondition fo the animals unfit for transport may result in the shipment to be #44refused animals that may render entry to Canada. 6.DDuring the previous tweaty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas or New Mexicol Fit to be transported means that, on the day of inspection, nd ahimal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

VS FORM 17-140a

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#### 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

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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.)

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

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### 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.

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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 2. CERTIFICATE NO. 2. PAGE NO. FROM VS FORM 47-140 . FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) U.S. DEPARTMENT OF AGRICULTURE Landfair ANIMAL AND PLANT HEALTH INSPECTION SERVICE Steve **VETERINARY SERVICES** 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR **NEGATIVE TUBERCULIN** BRUCELLOSIS BLOOD SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST TYPE TEST TYPE TEST **CERTIFIED BRUCELLOSIS** FREE AREA 18. INDIVIDUAL IDENTIFICATION Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX DATE DATE DATE DATE DESCRIPTION 30 days prior to export and found to be healthy and free 1. The animals were inspected within evidence of communicable disease. 2. The animal was, to the best of the knowledge and bylief of the issuing veterinarian, not exposed ## to any communnicable disease within 60 days prededing the date of inspection 3. The animal has resided in the United States or Canada sinde Hirth were found hedithy and in a physical condition 4. The animals, at the time of the inspection. to be transported. 5. The exporter has been advised that deterioration or physical - animals that may renderr animals unfit for transport may result in the bhipment to be --refused-entry-to-Canada. -6.During the previous twenty -one(21) dyas, the adimals 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, iliness or injury or any other condition that doud be adgravated wee when the animal is being transported, causing the animal to suffet.

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# 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.

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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.)

(SEP 2002)

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

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

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# 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

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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.)

PAGE 2 OF 2

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

(Please type or print in ink)

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**FORM APPROVED** OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE DATE CI													CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE									
VEHICLE LICENSE NO. AND DRIVER'S NAME												SHREYE, OH.										
_	CONSIGNOR (OWNER/SHIPPER) NAME  CONSIGNEE (RECEIVER CAYEL CAN													A) /A								
(b)(6)												512, RANG ST- JULIE EST										
ARE	SPARVE OHTO 44676											CITY, STATE, ZIP CODE ST- ANDRE - AVELLEN, QL JOV LW AREA CODE & TELEPHONE NO.  819-983-7941										
CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CE Pregnant mares are not likely to foal (give birth) during the trip.  Foals are older than 6 months of age.												oear wei	ght on a	ll 4 limb	4	Horses are able	a to walk unassisted.					
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If more lines are needed below - use VS Form 17-14	OA MODIE	TED ACCREDITED	ARE	A (TB)		CEF	RTIFIED	RUCE AREA							
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Owner's name (Last name, two initials, or business name) Owner's street address		columns A, B, C & D			J	/		T	1 4/50 1 2222		<u> </u>			DATE	
Owner's city/town, State code (FIPS code on reverse) & zin	D NO. OR DESCR	IPTION AGE B	C	BREED	V DATE	G H	VAC	1/25 J	1/50 K	1/100 L	DATE M		DATE N	DATE O	
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VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE	This is to certify that the					on this date a	and found	to be f	ree from	evide					
SI VIVA	determined exposure the on the dates indicated.	Arrangements have	e bee	n made f	or the animals	to be handle	d in a tra	nsportir	ng vehicle	e that	has been cle	aned and	disinfected	since last used for	
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23. Signatura of Endorsing Rederal Vetalinarian /	KELLIE A. HO VETERINARY M	IUGH, UVM IFDTCAT, OFF	eTC:	FR										20	
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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 PROM VS FORM 17-140 1, FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE Landfair Steve VETERINARY SERVICES 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR BRUCELLOSIS BLOOD ŲLĮS OF OTHER TESTS NEGATIVE TUBERCULIN SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST TYPE TEST TYPE TEST CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code DATE AGE SEX BREEF DATE DATE DATE DATE 1/50 1/100 1/25 DESCRIPTION M 0 Steve Landfair USEY 4911 132 77 SN bF.T.F ar. -shows . Ba USRY 4912 180 M CIN Whort and both hins forlehe 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 Issuind veterinarian, not exposed to any communicable disease within 60 days brededido the inspection. 3. The animal has resided in the Uni had States OF 4. The animals, at the time of the i handetibn. WATE physical be s transported 5. The exporter has been advised tha animals that may render animals unfil <del>shi oment</del> entry to Canada 6.During the previous twenty-one(2) <del>enimal(s)</del> shipment has/have not been in the 111 state of Texas eQs or New Moxico Fit to be transported means that, day of inspection, no animal has an infirmity, illness, ijury or any other condition that chuld be aggravated when the animal is being transported. causing the animal to suffer

VS FORM 17-140a (MAR 2005)

Previous edition may be used.

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

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FORM APPROVED OMB NO. 0579-0160

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

(Please type or print in lnk)

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	TAG	Tox		-		SCRIPT				BF	REED/TY	PE			SEX		BRANDS	REMARKS
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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.)

VS FORM 10-13A (SEP 2002) U.S. Government Printing Office; 2004---616-624/99766

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#### **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, FormApproxed OMB No. 0579-0020 FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) 2. CERTIFICATE NO. FROM VS FORMAZ-14 3. PAGE NO. U.S. DEPARTMENT OF AGRICULTURE Landfair Steve ANIMAL AND PLANT HEALTH INSPECTION SERVICE **VETERINARY SERVICES** 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR BRUCELLOSIS BLOOD NEGATIVE TUBERCULIN SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE DISEASE 48 HRS. 72 HRS. DISEASE DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST TYPETEST TYPE TEST CERTIFIED BRUCELLOSIS FREE AREA 18. INDIVIDUAL IDENTIFICATION Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code SEX BREE DATE AGE DATE DATE DATE DATE 1/100 DESCRIPTION 1/25 1/50 0 USEY 4888 156 N BI. Steve Landfair Star.LH.RH-socks USEX 4889 144 -BL 108 TISEY 4890 N BI. Stripe LB.RF.LH.kG-stockings. Chestnut Shreve, Ohio 44576 4891 108 PT. TISEY H BIAZO. TH RH-stockings Chestnut 1(30) St-Ine TISPY 4892 132 AT. 1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of eman-communicable disease 2. The animal was, to the best of the knowledged anH helitet of isshind veterildarian, not to any communicable disease with preceding 3. The animal has resided in the United C3.7" 4 The animals, at the time of the inspection. lwerb <del>physical condititob fit</del> <del>to be transported.</del> 5. The exporter has been advised that any deterioration in hebith or physical condition of the animals that may render addmats unfit for **** transport way result in the shipment to be refused entry to Canada. 5.During the previous twenty-one(21) days, the animalis 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, ho animal has han infirmity, illness, injury or any other condition that could be addrawated when the adimal is being transported. causing the animal to suffer VS FORM 17-140a Previous comon may be used

PART 4 - FIELD STATION

(MAR 2005)

## 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.

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# 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

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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.)

V5 FORM 10-13A (SEP 2002) U.S. Government Printing Office: 2004—616-624/99766

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**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. 1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) CERTIFICATE AGE NO. U.S. DEPARTMENT OF AGRICULTURE PROM VS FORM Landfair Steve ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR **NEGATIVE TUBERCULIN** BRUCELLOSIS BLOOD ACIVE RESULTS OF OTHER TESTS SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE ☐ 48 HRS. ☐ 72 HRS. DISEASE DISEASE DISEASE MILLEN V MODIFIED ACCREDITED AREA (TB)-TYPE TEST TYPE TEST TYPE TEST 17. FARM ORIGIN CERTIFIED BRUCELLOSIS Owner's name (Last name, two initials, & business name) 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE BREED DATE DATE DATE VAC 1/25 1/50 1/100 DATE DATE DESCRIPTION M 0 USITY 4864 96 Steve Landfair SN Stripe Borre USILY 4865 44 BI RH-stockings, LH-sock, Sdrrell R. HH-stdckings. Chesthut USTY 4866 144 BI Shreve. Ohio 44676 USI 4867 168 BL (39) Blaze USEY 4858 108 SN Star-DH. cotonet. 168 OH Whort forehead and both bins 1. The animals were inspected within 30 days prior to found to be healthy and free exhort evidence of communicable disease. 2. The animals was, to the best of the knowledge and belief the issuing veteribarian. to any communicable disease within 60 davs brededina inspection 3. The animal has resided in the United States 4. The animals, at the time of the inspection to he transported 5. The exporter has been advised the 5. The exporter has been advised that any deterioration inhealth of physical condition of the n-animals animals that may render animals unfit for transport may result in the animant to be refused entry to Canada. 6.During the previous twenty-one(200 days) this shipment has/have not been the animal(s) state of Texas or New Mexico. Fit to be transported means *hat <u>zadioles</u> fillness, injury or sex that donid transported, causing the and

VS FORM 17-140a (MAR 2005)

## 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.

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## 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

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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.)

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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 1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) #PAGE NO. U.S. DEPARTMENT OF AGRICULTURE Landfair Steve ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR **BRUCELLOSIS BLOOD** NEGATIVE TUBERCULIN NEGATIVE RESULTS OF OTHER TESTS SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE DISEASE DISEASE MODIFIED ACCREDITED AREA (TB) TYPE TEST TYPE TEST TYPE TEST 17. FARM ORIGIN CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREED DATE DATE DATE DATE VAC 1/25 1/50 1/100 DATE DESCRIPTION Steve Landfair USRY 4841 168 N SIN LH, RH-socks, Bay **USRY 4842** BL Chestnut 18108 Stripe. Shreve, Ohio 44676 4843 SN Mer Whorls own florehead and both hips, Bay (39) Blaze, LH, RH, AF, LF-stdckings, Chestnut Y 4844 84 N QH Stripe, RF-sodk, IH, RH-096#0Dstockings, Chestnut USRY 4845 120 N QH **USEY 4846** 98 M OH Star, TF-bock, LH, RH-sock, Bay 1. The animals were inspected within 30 dava prior to export and found to be healthy and free from evidenace of communicable disease 2. The animal was, to the best of the nă 100 <u>suimo veteriharian.</u> exposed to any communicabi 3.The animal wa has resided in the 4. The animals, at the time of the insudetion. to be transported. 5. The exporter has been advised that any deterioration in health br physical condition of animals that may render adimals unfit FOL tkansport <u>En | the | shipment| to be refused</u> mpy result entry to Canada/. 5. During the previous twenty-one(21) days, the adimal(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 ere or inspection, no animals has an infirmity, iliness, injury or any other condition that could be appravated when the animal is being transporte d, causing the animal to suffer. ile mi

VS FORM 17-140a (MAR 2005)

Previous edition may be used.

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

(Please type or print in lnk)

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

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#### **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

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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.)

(SEP 2002)

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**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 Approximation 10 Met No. 12. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) PAGE NO. U.S. DEPARTMENT OF AGRICULTURE Landfair Steve ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES 16. CONSIGNEE'S NAME CAVEL Canada Espect, Export, Inc. CONTINUATION SHEET FOR **NEGATIVE TUBERCULIN** BRUCELLOSIS BLOOD NEGATIVE RESULTS OF OTHER TESTS SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST YPE TEST CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREEL DATE DATE DATE DATE DATE VAC 1/25 1/50 1/100 DESCRIPTION M 0 Steve Landfair **USEY 4819** BL Brown Star, **USEY 4820** QH Stripe, White Muzzle, AF, RF, LH-stockings, RH-socks, Sor Shreve, Ohio 44676 rell (39)USEY 4821 144 Whorls on forehead and both hips, Bay **USEY 4822** 96 N OH Stripe, Brown & White markings as a-pint-paint Star, \$nip, Spot on LF-pastern, RH, LH, RF-socks, Bay 120 N USEY 4823 1. The animasi were inspected wishi within 30 days ere prior to and found to be healthy and disease freefrom evidence of communicable 2. The animals was, to the best of the knowledge belief duing veterinarian, not to any communicable disease within 3. The anim at has resided in the United States 4. The animals, at the time of the inspection fit to be transported. physical condition of th -5. The exporter has been advised that any <del>delterlioration</del> -animals that mmay render ahimals the shipment tiransport entry to Canada. 6.During the previous twenty-one(21) days the adimals in this shippment has/have not been state of Texas or New Mexito. Fit to be transported mmeans that, on the day of inspection, no animals has an infirmtly, it ness, injury or any other condition that dould be addrested whe the animalis being transported. Causing the anim al to suffer.

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

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

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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.)

*U.S. Government Printing Office: 2004—616-624/99766 37 500/95 FOIA 2012-02848 Pg. 90 PAGE OF

#### 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 FIRST CONSIGNOR'S NAME (last name, first name, middle_initial or business name) CERTIFICATE NO. 3. PAGE NO. U.S. DEPARTMENT OF AGRICULTURE FROM VS FORM 17-140 ANIMAL AND PLANT HEALTH INSPECTION SERVICE Landffair Steve **VETERINARY SERVICES** 16. CONSIGNEE'S NAME L068292 2 CONTINUATION SHEET FOR Cavel Canada Export, Inc. **BRUCELLOSIS BLOOD** NEGATIVE TUBERCULIN SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREED DATE DATE VAC 1/25 1/50 1/100 DATE DESCRIPTION В Chavo Landfair UE USEY 4797 20 P BT. Stripe Chestant Lover 84 OH Star . Bay Shreve, Unio 440/6 4799 96 F SN (39)Hedi .T. F. RH-socks 4800 77 M OH TP DP 1. The animals were inspected within 30 days prior to Found to be healthy and free from ekport <del>evidence of communicable disease</del> 2. The aniamel was, to the best and lssuing veterinarian, no to any communicable disease witthin 60 dyab preceding inspection 3. The animal has resided in the United Statles Canada since 4. The animals, ata the time of the inspection, ere found healthy and in a physical condition fit to be transported. 5. The exporter has been advised that any deterioration in health of physical condition to the animals that may render animals unfit for transport may result in the shipment to be #4#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 of Texas of New Mexico. Fit to be transported means that, on the day of inspection no ahimal has an infirmity, illness, injury or any other condition that could be addravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005)

### 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

PAGE 1 OF_

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#### **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

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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.)

VS FORM 10-13A (SEP 2002)

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

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23. Signature or Engorsing Federal Veterinarian

VS FORM 17-140 (MAR 98)

Previous edition may be used.

APR 16 2012

please print)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

VETERTNARY MEDICAL OFFICER

KELLIE A. HOUGH, DVM

1 State 3 Accredited

25. SICNATURE OF ISSUING VETERINADIAN

(Certified for export or donated

semen) (include nos, from all attached VS Forms 17-140A)

#### **READ INSTRUCTIONS FROM VS FORM 17-140**

This certificate is authorized by law (21 USC 112), while you are not requ	iired to re	spond, no	health ce	rtificate d	an be va	alidated u	nless the	data re	quested is p	orovideo	i. See i	reverse	side for a	additiona	i information.	Form A	pproved	OMB No. 057	9-0020	
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### OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in lnk)

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.

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## 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.

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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.)

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#### **READ INSTRUCTIONS FROM VS FORM 17-140**

This certificate is authorized by law (21 USC 112), while you are not req	uired to	respond, no	health ce	rtificate d	an be v	alidated u	nless the	data re	quested is	provided	d. See	reverse	side for a	dditional information.	Form Approved QMB No. 05	79-0020
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VS FORM 17-140a (MAR 2005)

## 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

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(AUG 2004) /

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

(Please type or print in lnk)

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 mln. 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

SEX COLOR DESCRIPTION BREED/TYPE REMARKS **BRANDS** TAG Tag NO. Include Tattoos, etc. **PREFIX** precondition Stal Geld Bay Pony Grey Pinto Chestn Other TB QT Draft Other Mare SOFEEL 4645 45EY 17 18 19 20 21 22 CREEK GORE ON 23 24 25 26 27 28 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.)

PAGE & OF 2

Previous edition may be used.

VS FORM 17-140 TMAR 98)

KELLIE A. HOUGH, DVM

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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

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PART 4 - FIELD STATION

Previous edition may be used.

VS FORM 17-140a (MAR 2005)

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

(Please type or print in lnk)

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FORM APPROVED OMB NO. 0579-0160

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

(Please type or print in lnk)

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

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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.)

VS FORM 10-13A (SEP 2002)

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

PAGE 2 OF 2

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

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# 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

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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.)

(SEP 2002)

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

PAGE 2 OF X

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**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. FormApproved OMB No. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) U.S. DEPARTMENT OF AGRICULTURE GE NO. Landfair. Steve ANIMAL AND PLANT HEALTH INSPECTION SERVICE **VETERINARY SERVICES** 16. CONSIGNEE'S NAME Cavel Canada Exeport, Inc. CONTINUATION SHEET FOR **BRUCELLOSIS BLOOD** NEGATIVE TUBERCULIN SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST TYPE TEST TYPE TEST CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code BREEC SEX AGE DATE DATE DATE VAC 1/25 1/50 1/100 DATE DATE DESCRIPTION **USEY 4571** 36 N Steve Landfair OH Star, Chestnu 72 BL Stripe, Sorrel USEW 4572 White Leopard spotted Shreve, Ohio 44676 84 AP Stripe, RH, LH-socks, Tan & USEY 4573 **USEY 4574** 96 OH Star, (390 USEY 4575 120 SN Star. Star, Ship, LF, RF-bastern, spot on RH-coronet, Bak 4576 84 OH Stripe, Lower Lip, RH, LH, RF, LFFOF-stockings, Chestnut 72 N BL 48 SN LH-corbnet Brown SN forehead and both hips, 20 forehead land both hips. DSEV 4580 and found to bre healthy and free from 1. The animals were inspected within 30 days prior to expert, evidence of communicable disease. 2. The animalswas, to the best of the knowledge and belief of the issuing veterinadian, not exposed to any communicable disease within 60 bays preceding the date of snapedtion. birth. 3. The animal was reseded in the United States dr Chnada condition fit to healthy physical 4. The animals, at the time of the inspection found and in a bere be transported 5. The exporter has been advised that any deter oraltion health OI physical condition of the animals that may render animals untit For transport may regult in the shipment to be refused entr v to Canada eninment 6.During the precious twenty-one(21) has/have not heen <del>state of Texas or New Mexic</del> has an infilmity, illness. Fit to be transported means that, being transported that c -injury or any other condition causing the animal to suffer

VS FORM 17-140a (MAR 2005)

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

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# 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

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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.)

(MAR 2005) VS FOR

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 **READ INSTRUCTIONS FROM VS FORM 17-140** 

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

PAGE NO.

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

of the issuing veterinarian, not TYPE TEST rrom 42 found to be healthy and free -an Inflicatery 1214 a physical condition physical confittion of the shipment has/have not been transported in the shipment to bee be NEGATIVE RESULTS OF OTHE PRESE DATE of inspection. Bay Thestnut is being both hips, TYPE TEST DISEASE Star, Lf-cbronet, JH, RH-socks, Bay antinet tres date į. irt 1/100 animat Star, RM-spck, NF-dorbnet, CERTIFIED BRUCELLOSIS FREE AREA and pue 0 1/50 N E BRUCELLOSIS BLOOD SAMPLE COLLECTED 2. The animals was, to the best of the knewted knowledge and belief PI TO 1/25 Sinc forehead ay result vara found healthy 42 242 E 古 to export and Star, LH, RH-socks, preceding Export, Inc. VAC b Star, Saip, Black **本元·参本1(18)** 土地 Canada aggravated when 101 DATE Bay Whdr1s on Steve 1 cherioration LH-SOCK, dave 3 missembe animals has resided in the United States of D SH DATE F THE BANDE Canada NEGATIVE TUBERCULIN READING 48 HRS. 72 HRS. days prior 60 Landfairk 7 16. CONSIGNEE'S NAME 6 BREED within 4. The animals, at the time of the inspection, MODIFIED ACCREDITED AREA (TB)-SS OH SN 20 Cavel Cavel 20 S 7 could he 411 18, INDIVIDUAL IDENTIFICATION Ç. 2 12 1 SEX 5. The exporter has been advised that and exposed to any commujuicable disease 30 96 ۵. ش antacts—that may render chimats watil 120 84 77 96 AGE -one 4210 .The animals were inspected within disease. or any other condition that ID NO. OR DESCRIPTION 4603 4599 4600 4602 4604 **** 4601 to be transported means that, UNITED STATES ORIGIN HEALTH CERTIFICATE USEY USEY USEY USEY 6.During the previous twenth S S S the state of Texas or Yes the animal so surte evidence of communicable refused entry to Canada. CONTINUATION SHEET FOR Owner's name (Last name, two initials, & business name) Owner's street address Owner's cityllown, state code & zip code to be transported. Shreve, Ohio 44676 17. FARM ORIGIN Steve Landfair causing injury 30

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

(Please type or print in ink)

(AUG 2004)

VS FORM 10-13

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

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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.)

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

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

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

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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.

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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.)

**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 approved OMB No. 0579-0020 FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) 2. CERTIFICATE 2. CERTIFICATE NO. 12. FROM VS FORM 13.140 3. PAGE NO. U.S. DEPARTMENT OF AGRICULTURE Landfair. Steve ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR **BRUCELLOSIS BLOOD NEGATIVE TUBERCULIN** NEGATIVE RESULTS C READING SAMPLE COLLECTED UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE MODIFIED ACCREDITED AREA (TB)-TYPE TEST 17. FARM ORIGIN TYPE TEST TYPE TEST CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE BREED SEX DATE DATE DATE DATE DATE VAC 1/25 1/50 1/100 DESCRIPTION N 0 **USEY 4496** E QH Steve Landfair Stripe, LH, RF-SOC **USEY 4497** F 144 BL Mu Sorre11 F BL 4498 180 Shreve, Ohio 44676 Sorre11 USEY 4499 P HH USEY 4500 156 N OH H-Dastern PISM 4501 96 forbboad and both bing USRY 4502 27 V SM T.H. beel NAT 30 Bayd 1. The animals were inspected within prior to and found to bea healthy and free from <del>txport</del> evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the Assking veterinarian, not exposed to any commitmicable disease within 60 ddys preceding the date dininspection. 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 be transported. 5. The exporter has been advised that any deterioration in health dr sayskewat- physical condition o I 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 lexas or New Mexico. Fit to be transported means that, on the day of inspection, no animal has an infirmity, injury. illness or lany other condition that could be aggravated when the animal is being transported causing the appearant animal to suffer. WHICH V. Sept. mark

## 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.

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## 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

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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.)

PAGE 2 OF 2

**READ INSTRUCTIONS FROM VS FORM 17-140** orm Approved OMB-No. 0579-0020 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 1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) 3. PAGE NO. U.S. DEPARTMENT OF AGRICULTURE Landfair, Steve ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR NEGATIVE TUBERCULIN BRUCELLOSIS BLOOD SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE ☐ 48 HRS. ☐ 72 HRS. DISEASE DISEASE MODIFIED ACCREDITED AREA (TB)-TYPE TEST TA PYPE TEST 17. FARM ORIGIN TYPE TEST CERTIFIED BRUCELLOSIS 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREED DATE DATE DATE DATE VAC 1/25 1/50 1/100 DATE DESCRIPTION 0 USHY 4475 168 N BL Stirtne BI. 4476 156 N Star. tern. Black TISH 4477 168 F PIT. SIL Shreve. Ohio 44676 4478 120 SW Star 1201 1. The animals were inspected within 30 back prior to evidence of communicable disease 7. The animal was, to the hest of the <del>veterindrian, not dxpoeed</del> to any commonicable diseade withi 3. The animal has resided in the 4.The animals, at the time in a physical condition fit to <del>-be-transported.</del> S.The exporter has been advised that any deterioration in helatin or physical condition our the animals that may reduce adimals unfit for transport may result in the shipment to be refused entry to Canada. 6.During the previous twenty-one(21) days, the animal(st in this shipment has/have not been in the state of Texas of 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. 115

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

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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.)

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**READ INSTRUCTIONS FROM VS FORM 17-140** 

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

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

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# 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

COLOR DESCRIPTION BREED/TYPE SEX REMARKS **BRANDS** TAG Tag Include **PREFIX** NO. Tattoos, etc. Geld precondition. Bay Grey Blk. Pinto Chestn Other TB QT Draft Pony Other Stal Mare THE twhe 16 4378 USEV 17 BAD LET 18 19 KED 20 ROAL SOPPER BAD REGHT 21 22 23 24 25 26 27 28 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.)

VS FORM 10-13A (SEP 2002)

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

PAGE 2 OF 2

#### **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 ONB No. 0579-0020 2. CERTIFICATE NO. FIRST CONSIGNOR'S NAME_(fast name, first name, middle initial or business name)
Landfalr, Steven U.S. DEPARTMENT OF AGRICULTURE PAGE NO. ANIMAL AND PLANT HEALTH INSPECTION SERVICE L068279 **VETERINARY SERVICES** 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR NEGATIVE RESULTS OF OTHER TESTS **BRUCELLOSIS BLOOD NEGATIVE TUBERCULIN** SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE DISCASE DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST TYPE TEST TYPE TEST **CERTIFIED BRUCELLOSIS** 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's name (Last name, two initials, & business name) Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREEL DATE DATE DATE DATE VAC 1/25 1/50 1/100 DATE DESCRIPTION D 0 Steve Landfair **USEY 4362** 120 100 OH Shreve, Ohio 44676 (30) 1. The animals were inspected within 30 days and found to be healthy and free from evidence of communicable discase -2.The-animal-was, to the best of the and **issting veterinakian, not ekposed** to any communicable disease within thapection. preceding the date of -3. The animal has resided in the Unit Janada SINCE 4. The animals, at the time of the nspection 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. b.During the previous twenty-one (21) days. the ahimal(s0) 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, illhess, injury or any other condition that dould be adgravated when the animal is being thransported causing the animal to suffer Mil Su 1311 1 1912

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

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

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FORM APPROVED OMB NO. 0579-0160

BREED/TYPE SEX **COLOR DESCRIPTION** REMARKS TAG **BRANDS** Tag Include **PREFIX** NO. Tattoos, etc. Chestn Other precondition Bay Grey Pinto TB QT Draft Stal Geld Pony Other Mare 16 17 BOTH EYES 18 BAD BOTH EYES 19 BAD 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

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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.)

PAGE 2 OF 2

#### **READ INSTRUCTIONS FROM VS FORM 17-140**

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

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FORM APPROVED OMB NO. 0579-0160

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# 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

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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.)

**READ INSTRUCTIONS FROM VS FORM 17-140** 

This certificate is authorized by law (21 USC 112), with	nile you are not requ	ired to	respond, no	health cei	tificate d	an be va	alidated u	nless the	data re	quested is	provide	d. See I	reverse	side for a	dditional Information	Form Approved OMB No. 057	9-0020
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#### OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print In ink)

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

(Please type or print in lnk)

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FORM APPROVED OMB NO. 0579-0160

COLOR DESCRIPTION BREED/TYPE SEX REMARKS TAG **BRANDS** Tag Include **PREFIX** Tattoos, etc. NO. Bay Grey Blk. Pinto Chestn Other Draft Pony Other Mare Stal Geld precondition . 16 USEY 17 18 19 20 21 22 23 24 25 26 27 28 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.)

PAGE OF 2

**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 OMB No. 0579-0020 FIRST CONSIGNOR'S NAME, (last name, first name, middle initial or business name PAGE NO. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE Landfair. Steve VETERINARY SERVICES 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR NEGATIVE TUBERCULIN **BRUCELLOSIS BLOOD** READING SAMPLE COLLECTED UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST TYPE TEST **CERTIFIED BRUCELLOSIS** Owner's name (Last name, two initials, & business name) 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's street address ID NO. OR Owner's city/town, state code & zip code SEX BREED AGE DATE DATE DATE DATE VAC 1/25 1/50 1/100 DESCRIPTION 0 whilte markings as a paingt USRY 4547 N OH Blazed, Chestnut Steve Landfair Star, IH, coronet, RH-pastern, Black 4548 120 N SN 96 F SN forehead and both hips, 4549 Shreve, Ohio 44676 4550 48 N SN LH, RH-socks, HF-dastern, Bay (39) 455 SN forlehead and both hips, oh Star. prior to export and found to be healthy and free from 1. The animals were inspected within 30 days avidance of communicable disease kading veterinarian, not exposed + ho anfiatuhest The animal was, to the best to any communicable iddisalse within hf linamection 3.The animal has resided in -4. The animals at the time of the inspection bertransported. ghysical cond 5. The exporter has been advised that any deterioration in (x) tas- animals that may render animals unfilt <del>dransport</del> entry to Canada. in this shidment has/have not been 6.During the previous twemny+one(ZI) days, the animal(s) state of Texas or New Mexico. Fit to be transported means that, on the day of inspectiton, no animal has an infilmity, illness, injury or any other condition that dould be adgravated when the antiant is being transported causing the animal to suffer A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA

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

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# 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

**COLOR DESCRIPTION** BREED/TYPE SEX REMARKS **TAG** Tag **BRANDS** Include **PREFIX** NO. Tattoos, etc. Pony Bay Grey Pinto Chestn Other TB QT Draft Other Mare Stal Geld precondition SORE ON LEFT Chee LSEY 4544 17 4545 18 WAT 19 20 21 22 23 24 25 26 27 28 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.)

PAGE JOF J

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while	you are not requ	ired to resp	ond, no	health cei	rtificate o	can be va	alidated u	nless the	data re	quested is p	provided	l. See i	reverse	side for a	ndditional information.	Form Approved	OMB No. 057	9-0020
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# OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in lnk)

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

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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.)

VS FORM 10-13A (SEP 2002)

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

PAGE 2 OF 2

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 of the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the data requested in the certificate can be validated unless the certificate can be validated unless the certificate can be validated unless the certificate can be validated unless the certificate can be validated unless the certificate can be validated unless the certificate can be validated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certificated unless the certif FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) U.S. DEPARTMENT OF AGRICULTURE Landfair ANIMAL AND PLANT HEALTH INSPECTION SERVICE Steve **VETERINARY SERVICES** 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR **BRUCELLOSIS BLOOD** NEGATIVE TUBERCULIN SAMPLE COLLECTED READING UNITED STATES ORIGIN HEALTH CERTIFICATE ☐ 48 HRS. ☐ 72 HRS. DISEASE DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST TYPE TEST TYPE TEST CERTIFIED BRUCELLOSIS FREE AREA Owner's name (Last name, two initials, & business name) 18. INDIVIDUAL IDENTIFICATION Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREEC DATE DATE DATE DATE DATE VAC 1/25 1/50 1/100 DESCRIPTION M Ν 0 Steve Landfair USEY 4716 120 N BL BL ine Shreve, Ohio 44676 20 7 HT. String 30) 11(VM) 1. The animals were inspected within evidence of communicable d 2. The animal was, to the bes <del>to anty communicable iddistanc</del> ne date of preceding inspection. 3. The animal has resided in the United 4. The annimals, at the time of the inspection to be transpeorted. 5. The exporter has been advised that deterior animals that may render animals unfit antru to Canada 6. During the previous twenty-one(21) state of Toxas or New Mexibe -Pit-to be transported means that, do Animal has an infilmity, illness, imspection, -injury or any over other condition the animal is being transported, **AUGE** causing the animal to suffer 1

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

### 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.

APPROVED OMB NO. 0579-0160

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PART 1 - INSPECTOR

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

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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.)

PAGE LOF 2

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VALID ONLY IF W	DA VETERINARY SEAL				CERTI	FICATI	ON BY ISSU	ING VETER	RINARIA	N	*		
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#### 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 to, 0579-0020 2. CERTIFICATE NO FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) 3 PAGE NO U.S. DEPARTMENT OF AGRICULTURE FROM VS FORM 17-14 ANIMAL AND PLANT HEALTH INSPECTION SERVICE Landfair Steve **VETERINARY SERVICES** 16. CONSIGNEE'S NAME Cavel Canada Export, Inc. CONTINUATION SHEET FOR **BRUCELLOSIS BLOOD** NEGATIVE TUBERCULIN READING SAMPLE COLLECTED UNITED STATES ORIGIN HEALTH CERTIFICATE 48 HRS. 72 HRS. DISEASE DISEASE MODIFIED ACCREDITED AREA (TB)-17. FARM ORIGIN TYPE TEST TYPE TEST TYPE TEST CERTIFIED BRUCELLOSIS Owner's name (Last name, two initials, & business name) 18. INDIVIDUAL IDENTIFICATION FREE AREA Owner's street address ID NO. OR Owner's city/town, state code & zip code AGE SEX BREEL DATE DATE DATE DATE DATE 1/25 1/50 DESCRIPTION M 1. The animals were inspected within 30 days prior to export found to be healthy and free from evidence of communicable disease 2. The animal was, to the best of the knowledge and bylief the lissuing veterinarian, not exposed re to any communnicable disease within 60 days prededing the dake of inspection. the United States or Canada 3. The animal has resided in 4. The animals, at the time of the inspection werte found healthy in a physical condition to be transported. 5. The exporter has been advised that animals that may renderr refused entry to Canada. 6.During the provious twent has/have not been state of Texas or New Mex Fit to be transported means that on the day of inspection, no dnimal has an ## infirmity, illness or injury or any other condition that doud! aggravated wee vneh the animal is being transported. causing the animal to suffer. 2

VS FORM 17-140a (MAR 2005) Previ

#### uispiays a valid UMB control number. The valid UMB 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. **FUHM APPROVED OWNER/SHIPPER CERTIFICATE** OMB NO. FITNESS TO TRAVEL TO A SLAUGHTER FACILITY 0579-0160 (Please type or print in ink) TIME HORSE'S 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 CONSIGNOR (OWNER/SHIPPER) NAME CONSIGNEE (RECEIVER/DESTINATION) NAME STEVE LANDFAIR CAVEL CANADA EXPORT, INC STREET ADDRESS 517, RANG ST-JULIE EST CITY, STATE, ZIP CODE ST-ANDRE-AVELLIN, QC JOV IND SHREVE, OHIO 446016 AREA CODE & TELEPHONE NO AREA CODE & TELEPHONE NO. (b)(6) 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. COLOR DESCRIPTION BREED/TYPE SEX TAG Tag **BRANDS** REMARKS Include PREFIX Tattoos, etc. existing conditions Bay Grey Pinto Chestn Other Draft Pony Other Mare Stal Geld ISEY 4/14/2 2 JURBELLA 3 4 5 SN 6 7 1 8 9 SORRELL 10 BLIND .11 4252 SN 12 1250 13 SN 14 15 SIN HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE **CANADIAN FOOD INSPECTION AGENCY (CFIA)** HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE. **SIGNATURE** 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 **DIRECCION GENERAL DE INSPECCION EN** USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN FRONTERAS (DGIF) \$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 EST.

FOIA 2012-02848 Pg. 165

Previous editions are obslete

PART 1 - INSPECTOR

DATE

PAGE 1 OF_

the best of my knowledge.)

(AUG 2004)

VS FORM 10-13

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

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	TAG PREFIX	Tag NO.	Bay	Grey	Blk.		Chestn	Other	ТВ	QT	Draft	т	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	Include precondition
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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.)

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	DA VETERINARY SEAL ARS HERE	on the dates indi livestock and for	CERTIFICATION BY ISSUING VETERINARIAN  s 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 insermined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since stock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The ship ompanied to the port of export with this certificate.										to the tests shown since last used for
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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. Forth READ INSTRUCTIONS FROM VS FORM 17-140

1579-0020

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PART 4 - FIELD STATION

Previous edition may be used.

VS FORM 17-140a (MAR 2005)

### 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.

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

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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.)

VS FORM 10-13A (SEP 2002)

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

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