

**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. **ANIMALS ANGELS** including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

9:00

DATE

8-31-05

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

SHREVE, OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

N.A.

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Int Inc.

STREET ADDRESS

108 Harvestore Dr.

CITY, STATE, ZIP CODE

DEKALB ILL.

AREA CODE & TELEPHONE NO.

815-756-8051

LANDEAIR BROS.

STREET ADDRESS

8466 MILLBROOK Rd.

CITY, STATE, ZIP CODE

SHREVE OHIO 44676

AREA CODE & TELEPHONE NO.

330-465-5141

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.

SCS	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2338						✓				✓					✓		
2	2339		✓						✓					✓				
3	2340		✓						✓					✓				
4	2341		✓						✓					✓				Rump ROBBIE RAW
5	2342		✓							✓				✓				
6	2343						✓			✓						✓		
7	2344	✓							✓					✓				
8	2345			✓						✓				✓		✓		
9	2346				✓				✓							✓		
10	2347		✓						✓					✓				
11	2348	✓							✓							✓		Hips BANG UP
12																		
13																		
14																		
15																		

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

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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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

# 11401

Scan 9/20/06 274

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

6:00 PM

8-16-06

SHREVE, OH.

NAME OF AUCTION/MARKET

N/A

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

108 HARVESTORE DR.

CITY, STATE, ZIP CODE

DEALB, ILL 60115

AREA CODE &amp; TELEPHONE NO.

815-754-8051

CONSIGNOR (OWNER/SHIPPER) NAME

STREET ADDRESS

8466 MILLBROOK RD.

CITY, STATE, ZIP CODE

SHREVE, OH. 44676

AREA CODE &amp; TELEPHONE NO.

330-567-3784

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
2717 USCS	1					✓				✓				✓			Bad left leg
2718	2					✓				✓			✓				Sore
2719	3			✓						✓					✓		
2720	4					✓				✓					✓		
2721	5					✓				✓					✓		Sore
2722	6	✓						✓							✓		
2723	7				✓				✓				✓				Blind left eye
2724	8	✓						✓							✓		Blind left eye
2725	9			✓				✓							✓		
2726	10					✓			✓				✓				Sore
	11																
	12																
	13																
	14																
	15																

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

SIGNATURE

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

#11393

Scan 9/11/06

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE <b>6:00 PM</b>	DATE <b>8-9-06</b>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <b>SHREVE, OH.</b>
VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED]	NAME OF AUCTION/MARKET <b>N/A</b>	CONSIGNEE (RECEIVER/DESTINATION) NAME <b>CAVEL INTERNATIONAL</b>
CONSIGNOR (OWNER/SHIPPER) NAME [REDACTED]	STREET ADDRESS <b>108 HARVESTORE DR.</b>	CITY, STATE, ZIP CODE <b>DEKALB, ILL. 60115</b>
STREET ADDRESS <b>8446 MILLBROOK RD.</b>	AREA CODE & TELEPHONE NO. <b>330-567-3284</b>	AREA CODE & TELEPHONE NO. <b>815-756-8051</b>

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

☒ Pregnant mares are not likely to foal (give birth) during the trip.  
☒ Foals are older than 6 months of age.

☒ Horses are able to bear weight on all 4 limbs.  
☒ Horses are not blind in both eyes.  
☒ Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USCS 2708	✓							✓					✓			
2	2709	✓							✓					✓			
3	2710	✓							✓						✓		
4	2711	✓							✓			app	✓				
5	2712	✓							✓			app	✓				
6	2713					✓			✓				✓				
7	2714								✓						✓		
8	2715								✓						✓		
9	2716								✓						✓		
10																	
11																	
12																	
13																	
14																	
15																	

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

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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.)

## CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME



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

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FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE <b>6:00 PM</b>	DATE <b>4-18-06</b>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <b>SHARVE, OHIO</b>
VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED]	NAME OF AUCTION/MARKET <b>N/A</b>	CONSIGNEE (RECEIVER/DESTINATION) NAME <b>CAVEL INTERNATIONAL</b>
CONSIGNOR (OWNER/SHIPPER) NAME [REDACTED]	STREET ADDRESS <b>108 HARVESTER DR.</b>	CITY, STATE, ZIP CODE <b>DEKALB, ILL. 60115</b>
STREET ADDRESS <b>8466 MILLBROOK RD.</b>	AREA CODE & TELEPHONE NO. <b>330-567-3784</b>	AREA CODE & TELEPHONE NO. <b>815-796-8051</b>

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USCS	2615						SORREL										BLIND-LEFT EYE
2		2616											STAND AND DRED					
3		2617											STAND AND DRED					
4		2618																
5		2619						SORREL					Belgian					BAD CUT ON REAR RIGHT LEG
6		2620						Paint										BLIND LEFT EYE BAD CUT REAR LEFT LEG
7		2621											STAND AND DRED					PULLED TENDONS LEFT LEG
8		2622											STAND AND DRED					
9		2623											STAND AND DRED					LAME ON REAR LEFT LEG
10		2624											STAND AND DRED					
11																		
12																		
13																		
14																		
15																		

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

SIGNATURE

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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.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
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OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

9:00 AM

DATE

4-19-06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Hayesville OHIO

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL International

STREET ADDRESS

108 HARVESTORE Dr.

CITY, STATE, ZIP CODE

DEKALB ILL 60115

AREA CODE & TELEPHONE NO.

815-546-0925

CITY, STATE, ZIP CODE

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

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

☐ Foals are older than 6 months of age.

☒ Horses are able to bear weight on all 4 limbs.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDB	4312	✓											✓	✓			
2		4313			✓					✓							✓	
3		4314					✓						✓				✓	
4		4315	✓										✓				✓	
5		4316					✓						✓				✓	
6		4317		✓									✓				✓	
7		4318					✓				✓							
8		4319					✓						✓	✓				
9		4320	✓							✓				✓				
10		4321	✓							✓				✓				
11																		
12																		
13																		
14																		
15																		

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

AND THE INFORMATION IN IT AS  
OF THIS FORM OR KNOWINGLY  
T IN A FINE OF NOT MORE THAN  
T MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

this form is true and correct to

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U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**OWNER/SHIPPER CERTIFICATE**  
**FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

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FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

9:00 AM

DATE

4-4-06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Fredericksburg, Ohio

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

108 Harvesture Dr

CITY, STATE, ZIP CODE

De Kalb, IL 60115

AREA CODE &amp; TELEPHONE NO.

815-546-0925

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

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

TAG NUMBER	Tag NO	COLOR DESCRIPTION							BREED/TYPE				SEX			BRANDS Tattoos, etc.	ALL MARKS include existing conditions
		Bay	Gray	Blk	Pink	Chest	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Gold		
1	1113																
2	1114																
3	1145																
4	1146																
5	1147																
6	1148																
7	1149																
8	1150																
9																	
10																	
11																	
12																	
13																	
14																	
15																	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

Previous editions are obsolete

PAGE 1 OF 1



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

(Please type or print in ink)

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FORM  
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OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

9:00 A.m.

DATE

4-9-06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

FREDERICKSBURG, OHIO

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAULK INTERNATIONAL

STREET ADDRESS

108 HARVESTORE DR.

CITY, STATE, ZIP CODE

DEKALB IL 60115

AREA CODE & TELEPHONE NO.

815-546-0925

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	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDB	4302					✓				✓			✓				
2		4303					✓				✓			✓				
3		4304		✓						✓						✓		
4		4305					✓			✓				✓				
5		4306	✓						✓					✓				
6		4307				✓						✓				✓		BAD Back Foot
7		4308					✓					✓		✓				
8		4309					✓				✓					✓		
9		4310					✓				✓			✓				
10		4311					✓				✓					✓		
11																		
12																		
13																		
14																		
15																		

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

SIG

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USING A RESIGNED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

**CANADIAN FOOD INSPECTION AGENCY (CFIA)**

EST.

DATE

TIME

**DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)**

EST.

DATE

TIME

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

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
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FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

8:00 PM

DATE

10-10-06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

SHREVE, OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

N/A

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

STREET ADDRESS

8406 MILLBROOK RD.

108 HARVESTORE DR.

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

SHREVE, OH - 44676

DEKALB, ILL. 60115

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

330-567-3784

815-756-8051

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

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

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	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USCS	2761			✓								XBC			✓		
2		62					✓				✓			✓				CUT ON LEG Both Eyes Nose
3		63					✓			✓						✓		
4		64				✓				✓						✓		
5		65						REAN					MARE			✓		
6		66	✓										STND.			✓		
7		67						D.N.		✓				✓				
8		68						PAL.		✓				✓				
9		69					✓			✓				✓				CUT OVER R EYE
10		70	✓										Arab	✓				
11																		
12																		
13																		
14																		
15																		

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

SIGNATURE

IF HERE  
COMP  
USING  
\$10.00

THIS DOCUMENT AND THE INFORMATION IN IT AS  
FALSIFICATION OF THIS FORM OR KNOWINGLY  
AND MAY RESULT IN A FINE OF NOT MORE THAN  
YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

VS

**CANADIAN FOOD INSPECTION AGENCY (CFIA)**

EST.

DATE

TIME

**DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)**

EST.

DATE

TIME



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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

VEHICLE LICENSE NO. (If any)

NAME OF AUCTION/MARKET

STREET ADDRESS

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

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

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

☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld		
1	USDB	4060						✓			✓					✓		
2		4061						✓			✓					✓		
3		4062					✓				✓					✓		
4		4063			✓								✓			✓		
5		4064			✓			✓						✓				
6		4065					✓		✓					✓				
7		4066					✓						✓			✓		
8		4067					✓						✓			✓		
9		4068					✓				✓			✓		✓		
10																		
11																		
12																		
13																		
14																		
15																		

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

SIGNATURE OF OWNER/SHIPPER

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COM  
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THE INFORMATION IN IT AS  
THIS FORM OR KNOWINGLY  
A FINE OF NOT MORE THAN  
(8 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

**CANADIAN FOOD INSPECTION AGENCY (CFIA)**

EST.

DATE

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

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FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

STREET ADDRESS

CONSIGNEE (RECEIVER/DESTINATION) NAME

CITY, STATE, ZIP CODE

STREET ADDRESS

AREA CODE & TELEPHONE NO.

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

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

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☒ Horses are not blind in both eyes.

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDB	3043			✓								STD			✓		
2		3044					✓			✓				✓				
3		3045	✓							✓				✓				
4		3046			✓								STD			✓		
5		3047					✓			✓			<del>STD</del>			Colt		
6		3048					✓				✓			✓				
7		3049					✓			✓						Colt		
8		3050			✓					✓						✓		
9		4346					✓			✓						✓		
10		4347					✓				✓			✓				
11		4348					✓				✓					✓		
12		4349					✓				✓					✓		
13		4350						APP		✓				Filly				
14																		
15																		

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

DOCUMENT AND THE INFORMATION IN IT AS  
ALSIFICATION OF THIS FORM OR KNOWINGLY  
ID MAY RESULT IN A FINE OF NOT MORE THAN  
EARS OR BOTH (18 U.S.C. SECTION 1001).

the best of my knowledge.)

**CANADIAN FOOD INSPECTION AGENCY (CFIA)**

EST.

DATE

TIME

**DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)**

EST.

DATE

TIME