

**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

VEHICLE LICENSE NO. AND DRIVER'S NAME

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

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.

☐ 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	4S0B	2963					✓		✓					✓				
2		2964	✓						✓					✓				
3		2965			✓									✓				
4		2966					✓		✓					✓				
5		2967	✓							✓				✓				
6		2968					✓							✓		✓		
7		2969					✓							✓		✓		
8		2970					✓				✓			✓				
9		2971			✓				✓					✓				
10		2972	✓											✓				
11		2973					✓									✓		
12		2947		✓				✓					✓	✓				
13																		
14																		
15																		

HORSES HAVE HAD ACCESS TO FOOD

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

AND THE INFORMATION IN IT AS  
ON OF THIS FORM OR KNOWINGLY  
RESULT IN A FINE OF NOT MORE THAN  
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  
(CONTINUATION SHEET)**

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	4506	8516					X							X				3 Left	
17		8517	X											X				B RH	
18		8518					X							X					
19		8519				X								X					
20		8520	X													X			
21		8521					X									X			
22		8522					X							X					cut over
23		8523					X									X			Bis hind
24		8524						Plo								X			cut over
25		8525	X													X			Let hind
26		8526	X													X			Serve on h
27		8527	X													X			Serve on h
28		8528	X													X			Scupper h
29		8529	X													X			Scupper h
30		8530				X								X					cut on h
31		8531				X								X					cut on h
32		8532				X								X					cut on h
33		8533			X									X					Scupper h
34		8534	X											X					cut on h
35		8535						Plo						X					cut on h
36		8536				X								X					
37		8537						RK						X					
38		8538				X								X					
39		8539	X											X					
40		8540				X								X					Serve on h
41		8541	X											X					cut on h
42		8542	X											X					
43		8543	X											X					
44		8544	X											X					
45		8545	X											X					

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

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

(b)(6)

**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. AND STATE

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

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.  
☒ 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	2587	✓						✓						✓			
2		2588	✓							✓								
3		2589						SECRET			✓							LEFT EYED KNOW K. OUT - 3 WRS. AGO
4		2590						SECRET			✓					✓		HAS THE KNOBBLES
5		2591						SECRET	✓							✓		
6		2592						SECRET					CROSS BRED	✓				
7		2593	✓					STAND BRED								✓		
8		2594			✓				✓					✓				
9		2595	✓						✓							✓		
10		2596	✓						✓							✓		
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 CERTIFY THAT I HAVE REVIEWED 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



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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	US703	0074						App					App	X				
17		0075						App					App			X		
18		0076						App					App	X				
19		0077						X		X						X		
20		0078	X							X				X				
21		0079	X							X				X				
22		0080	X							X						X		
23		0081	X							X				X				
24		0082	X							X				X				
25		0083						X		X				X				
26		0084	X							X				X				
27		0085						X		X				X				
28		0086						X		X						X		hip down
29		0087				X				X						X		
30		0088	X							X				X				
31		0089			X					X						X		
32		0090			X					X						X		
33		0091						X		X				X				
34		0092						App					App	X				
35		0093						X		X				X				
36		0094						X		X						X		
37		0095				X				X				X				
38	✓	0096						X		X				X				
39	US704	49744						X		X				X				
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(b)(6)

**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. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

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	Stal	Geld		
1	SSOB	4003					✓				✓			✓				LAMB FRONT LEGS (KNEE)
2		4002			✓				✓							✓		
3		4006	✓										✓			✓		
4		4004	✓										✓			✓		
5		4005	✓										✓			✓		
6		4007	✓							✓			✓			✓		
7		4009	✓							✓						✓		
8		4008				✓		✓								✓		
9		4010			✓			✓						✓				
10		4001	✓					✓								✓		
11		4014		✓				✓								✓		
12		4005	✓					✓							✓			
13		4011	✓						✓							✓		
14		4012	✓					✓						✓				
15		4013					✓					✓		✓				

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

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	4508	4142			✓				✓							✓		
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.)

0)(6)



**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

1:00 PM

2-12-06

SHREVE, OHIO

NAME OF AUCTION/MARKET

N/A

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

108 HARVESTORE DR.

STREET ADDRESS

8466 MILLBROOK RD.

CITY, STATE, ZIP CODE

SHREVE, OH 44616

CITY, STATE, ZIP CODE

DEKALB, ILL 60115

AREA CODE & TELEPHONE NO.

330-567-3284

AREA CODE & TELEPHONE NO.

815-756-8057

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/TYPER					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USCS	2578						Sideburn			✓					✓		STOVED UP IN FRONT L	
2		2579						Sideburn			✓					✓			
3		2580						Sideburn			✓					✓			
4		2581						Sideburn			✓			✓					
5		2582			✓				✓							✓			
6		2583			✓				✓							✓			
7		2584						Sideburn					STAND AND BRED			✓			
8		2585	✓										STAND AND BRED			✓			
9		2586	✓										STAND AND BRED	✓					
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

I HEREBY CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND THE INFORMATION IN IT AS COMPLETELY ACCURATE. THE PRESENTATION 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

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

AREA CODE &amp; TELEPHONE NO.

AREA CODE &amp; 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	Stal	Geld		
1	USDB	4017					X						X		X			
2		4018			X								X	X				
3		4019					X				X					X		
4		4020					X						X			X		No Right Eye
5		4021			X								X	X				
6		4022	X										✓			X		
7		4023					X						✓	✓				
8		4024					✓				✓			✓				
9		4025					✓				✓			✓				
10		4026	✓										✓			✓		Spot in Eye
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 CERTIFY THAT I HAVE READ THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLIED WITH THE REQUIREMENTS OF THE U.S. DEPARTMENT OF AGRICULTURE. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

**CANADIAN FOOD INSPECTION AGENCY (CFIA)**

EST.

DATE

TIME

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

EST.

DATE

TIME



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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

9:00 P.M.

DATE

3-21-04

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

FREDERICKSBURG, OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL INTERNATIONAL

STREET ADDRESS

STREET ADDRESS

108-HARVESTORE DR.

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

DE KALB ILL 66115

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

815-546-0925

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

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

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

☐ Foals are older than 6 months of age.

☐ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDB	2951					✓				✓					✓		
2		2952					✓				✓					✓		
3		2953	✓					✓								✓		
4		2954	✓					✓						✓				
5		2955	✓					✓						✓				
6		2956					✓			✓				✓				
7		2957					✓				✓			✓				
8		2958				✓		✓								✓		
9		2959					✓	✓								✓		
10		2960			✓			✓								✓		
11		2961	✓					✓								✓		
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

I H

CO

US

\$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE 3/28/06

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

8466 MILLBROOK RD.

108 HARVESTORE DR.

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

SHREVE OHIO 44676

DE KALB, 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.

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

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USCS	2606			✓				✓					✓				BAD FRONT LEFT LEG	
2		2607						✓		✓						✓		FRONT RIGHT - LAM LEFT EYE - BLIND	
3		2608	✓									STAND ARD BRED	✓						
4		2609	✓					✓								✓		LAZIER	
5		2610	✓									STAND ARD BRED	✓						
6		2611	✓									STAND ARD BRED	✓						
7		2612					SPOT TED					SADDLE HORSE		✓					
8		2613	✓									STAND ARD BRED	✓						
9		2614					PAINT		✓					✓				FRONT RIGHT LEG CUT NECK - CUT	
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

I HEREBY A  
COMPLETE  
THE INFORMATION IN IT AS  
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