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

(Please type or print in ink)

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FORM APPROVED OMB NO.

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FORM APPROVED OMB NO 0579-0160

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### 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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**FORM** 

APPROVED

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. OMB NO. 0579-0160 TIME HORSES LOADED ON CONVEYANCE DATE CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE 8.30 Pm 12.5.06 SHREVE, OH. ID DRIVER'S NAME NIA CITOR (UWNER/SHIPPED) MANA CONSIGNEE (RECEIVER/DESTINATION) NAME CAVEL INTERNATIONAL
STREET ADDRESS STREET ADDRESS 8466 MILLBROOK Rd. CITY, STATE, ZIP CODE DR. CITY, STATE, ZIP CODE SHREVE, OH. 44676 AREA CODE & TELEPHONE NO. AREA CODE & TELEPHONE NO. 330 - 567 - 3184

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 COLOR DESCRIPTION Tag BREED/TYPE PREFIX NO SEX BRANDS Bay Grey RIK REMARKS Include Pinto Chestn Other TB Draft Pony Other Mare Tattoos, etc. Stal Gald existing conditions ICICE 4505 2845 2 CHECK 3 2844 10 4 2851 5 2352 V STAND 2526 Chall 6 2853 RECHT EYE 7 2854 45 2853 all the 9 CHUS 2056 BROTT 10 cileta 2357 1000 11 2858 12 3 4 DRSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE DURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. GNATURE DATE TIME MPLETED B ING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN 0.000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001) DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) NATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to EST. TIME FOR ons are obsiete

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

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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

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

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FORM APPROVED OMB NO 0579-0160

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## 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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