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.

T14-88796
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
1:00	5-6-14	FORNEY, TX

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

NAME OF AUCTION/MARKET: n/a

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
M & M LIVESTOCK	CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	8362		X						X				X			96MONTHS	900108001424630
2	USJT	8363					X			X						X	72MONTHS	900108001424632
3	USJT	8364					X			X				X			84MONTHS	900108001424623
4	USJT	8365	X							X				X			108MONTHS	900108001424631
5	USJT	8366	X							X				X			120MONTHS	900108001424628
6	~~USJT~~	8367					X			X				X			84MONTHS	900108001424622
7	USJT	8368					X			X				X			72MONTHS	900108001424629
8	~~USJT~~	8369	X							X						X	96MONTHS	900108001424627
9	USJT	8370				X				X				X			108MONTHS	900108001424624
10	USJT	8371		X						X				X			120MONTHS	900108001424634
11	USJT	8372						X		X						X	84MONTHS	900108001424636
12	USJT	8373					X			X				X			72MONTHS	900108001424639
13	USJT	8374	X							X				X			96MONTHS	900108001424625
14	USJT	8375					X			X				X			84MONTHS	900108001424641
15	USJT	8376					X			X						X	72MONTHS	900108001424652

~~N.S.N.M~~

Herida en casco en miembro posterior izquierdo

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION

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

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)

SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA

EST.

DATE

DIRECCION GENERAL DE INSPECCION FRONTERIZA SANITARIA

TIME

OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS COAHUILA

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. Disa Piedras Negras

DATE 8/5/14

TIME

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

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

(Please type or print in ink)

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

T14-88796
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	USJT	8377						X		X				X			108MONTHS	900108001424660
17	USJT	8378		X						X						X	120MONTHS	900108001424645
18	USJT	8379				X				X						X	84MONTHS	900108001424633
19	USJT	8380		X						X				X			72MONTHS	900108001424637
20	USJT	8381	–	Errado en sexo			X			X				X			96MONTHS	900108001424621
21	USJT	8382	X							X						X	120MONTHS	900108001424635
22	USJT	8383			X					X				X			84MONTHS	900108001424638
23	USJT	8384			X					X				X			72MONTHS	900108001424640
24	USJT	8385	X							X						X	96MONTHS	900108001424647
25	USJT	8386	Error Entero				X			X						X	108MONTHS	900108001424642
26	USJT	8387			X					X				X			120MONTHS	900108001424659
27	USJT	8388					X			X				X			84MONTHS	900108001424658
28	USJT	8389	X							X						X	72MONTHS	900108001424657
29	USJT	8390					X			X				X			96MONTHS	900108001424646
30	USJT	8391	X							X				X			132MONTHS	900108001424651
31	USJT	8392	X							X				X			84MONTHS	900108001424655
32	USJT	8393						X		X				X			72MONTHS	900108001424656
33	USJT	8394	X			Ciego				X				X			96MONTHS	900108001424649
34	USJT	8395					X			X				X			108MONTHS	900108001424654
35	USJT	8396				X				X				X			120MONTHS	900108001424653
36	USJT	8397		X						X				X			84MONTHS	900108001424644
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.)

S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88795
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-7-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJR	6891	X							X						X	24MONTHS	900164000503931
2	USJR	6892						X		X						X	36MONTHS	900164000503932
3	USJR	6893						X		X				X			12MONTHS	900164000503933
4	USJR	6894						X					X	X			24MONTHS	900164000503934
5	USJR	6895						X		X				X			36MONTHS	900164000503935
6	USJR	6896			X					X				X			48MONTHS	900164000503936
7	USJR	6897						X		X						X	24MONTHS	900164000503913
8	USJR	6898	X							X				X			36MONTHS	900164000503938
9	USJR	6899	X							X						X	48MONTHS	900164000503939
10	USJR	6953	X										X	X			24MONTHS	900164000503940
11	USJR	6901					X			X				X			36MONTHS	900164000503941
12	USJR	6902		Sin Nom			X			X				X			48MONTHS	900164000503942
13	USJR	6903	X							X				X			24MONTHS	900164000503943
14	USJR	6904					X			X						X	36MONTHS	900164000503944
15	USJR	6905						X		X				X			24MONTHS	900164000503945

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

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. Otra piedras negras

DATE 08/ Mayo/ 2014

TIME

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

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

(Please type or print in ink)

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

T14-88795
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	USJR	6906	X	S.NM						X						X	36MONTHS	900164000503946
17	USJR	6907	X										X	X			48MONTHS	900164000503947
18	USJR	6908					X						X	X			24MONTHS	900164000503948
19	USJR	6909					X						X	X			36MONTHS	900164000503949
20	USJR	6910	X										X			X	48MONTHS	900164000503950
21	USJR	6911	X										X			X	36MONTHS	900164000503951
22	USJR	6912	X										X	X			12MONTHS	900164000503952
23	USJR	6913	Papillomas bcffo inferior					X		X				X			24MONTHS	900164000503953
24	USJR	6914	X										X			X	36MONTHS	900164000503954
25	USJR	6915	X							X				X			48MONTHS	900164000503955
26	USJR	6916	X	Garrapata						X						X	24MONTHS	900164000503956
27	USJR	6917						X		X		NP		X			36MONTHS	900164000503957
28	USJR	6918	Error con chip			X				X				X			84MONTHS	900164000503958
29	USJR	6624					X			X				X			24MONTHS	900164000503824
30	USJR	6919				X				X						X	36MONTHS	900164000503959
31	USJR	6920			X					X		NP				X	24MONTHS	900164000503960
32	USJR	6921			X					X						X	36MONTHS	900164000503961
33	USJR	6922					X			X						X	60MONTHS	900164000503962
34	USJR	6923						X		X				X			48MONTHS	900164000503963
35	USJR	6924	S.NM				X			X						X	60MONTHS	900164000503964
36	USJR	6925			X					X						X	12MONTHS	900164000503965
37	USJR	6926						X	Yo	X						X	48MONTHS	900164000503966
38	USJR	6927			X					X						X	36MONTHS	900164000503967
39	USJR	6928	X							X						X	12MONTHS	900164000503968
40	USJR	6929	S.NM					X		X						X	24MONTHS	900164000503969
41	USJR	6930				X				X						X	12MONTHS	900164000503970
42	USJR	6954	X							X						X	36MONTHS	900164000503914
43	USJR	6955						X					X			X	48MONTHS	900000000058947
44	USJR	6956						X					X			X	60MONTHS	900000000058942
45	USJR	6957	X							X				X			24MONTHS	900164000503917

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88795
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		
46	USJR	6958			X					X				X			12MONTHS	900164000503918
47	USJT	9083	X	Hx con cojo izquierdo o infectado						X				X			46MONTHS	981020009701603
48	USJT	9141	Absceso subcutaneo bolar							X						X	24MONTHS	981020009691730
49	USJT	9150	X	Herida infectada en maseter q crece chip.						X						X	16MONTHS	981020009694581
50	USJT	9107	X	Absceso subcutaneo bolar						X				X			18MONTHS	981020009702876
51	USJT	9128		X						X						X	110MONTHS	981020009695475
52	USJT	9146	Herida infectada en [illegible] miembro posterior izquierdo.							X						X	46MONTHS	981020009667772
53	USJT	9117					X			X						X	18MONTHS	981020009678551
54	USJT	9129					X			X						X	46MONTHS	981020009688918
55	USJT	9149	Hx de infecciones en cojos.				X			X						X	36MONTHS	900000000064639
56	USJT	9079	S.N.M.					X		X				X			50MONTHS	981020009693160
57	USJR	6959					X									X	96MONTHS	900164000503919

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. 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.

T14-88798
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 — DATE: 5-7-14	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJA	3551	X							X				X			96MONTHS	900000000067597
2	USJA	3552						X		X				X			72MONTHS	900000000067596
3	USJA	3553						X		X				X			84MONTHS	900000000067583
4	USJA	3554						X		X				X			108MONTHS	900000000067587
5	USJA	3555					X			X				X			120MONTHS	900000000067593
6	USJA	3556	X							X				X			84MONTHS	900000000067585
7	USJA	3559						X		X				X			72MONTHS	900000000067584
8	~~USJA~~	3560	—	Endoparasitos				X	—	X	—	—	—	X	—	—	~~96MONTHS~~	~~900000000067595~~
9	USJA	3561						X		X				X			84MONTHS	900000000067588
10	USJA	3562						X		X				X			72MONTHS	900000000067599
11	USJA	3564					X			X				X			84MONTHS	900000000067598
12	USJA	3565						X		X				X			72MONTHS	900000000067592
13	USJA	3566						X		X				X			84MONTHS	900000000067594
14	~~USJA~~	3567	—	Endoparasitos				X	—	X	—	—	—	X	—	—	~~72MONTHS~~	~~900000000067586~~
15	USJA	3568					X			X				X			96MONTHS	900000000067591

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

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

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 0154 Piedras Negras

DATE 08 / Mayo / 2014

TIME

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

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

(Please type or print in ink)

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

T14-88798
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	USJA	3569	X							X				X			108MONTHS	900000000067870
17	~~USJA~~	3571	—	Herida			en	X ojo		X	derecho					X	120MONTHS	900000000067862
18	USJA	3572	X							X				X			84MONTHS	900000000067861
19	USJA	3573	X							X				X			72MONTHS	900000000067871
20	~~USJA~~	3579	X		Estos		en	sexo		X						X	96MONTHS	900000000067869
21	USJA	3580				X				X						X	108MONTHS	900000000067874
22	USJA	3582					X			X				X			72MONTHS	900000000067867
23	USJA	3583					X			X						X	96MONTHS	900000000067868
24	USJA	3584					X			X				X			84MONTHS	900000000067875
25	USJA	3585			X					X				X			72MONTHS	900000000067877
26	USJA	3614					X			X						X	96MONTHS	900000000067959
27	USJA	3615			X					X				X			108MONTHS	900000000067960
28	USJA	3616						X		X						X	120MONTHS	900000000067840
29	~~USJA~~	3618	—	Endoparasitos				X		X				X			84MONTHS	900000000067825
30	USJA	3608			X					X						X	72MONTHS	900000000067952
31	USJA	3607						X					X	X			96MONTHS	900000000067951
32	USJA	3623		X						X				X			108MONTHS	900000000067827
33	USJA	3624						X		X						X	120MONTHS	900000000067836
34	USJA	3629	X							X				X			84MONTHS	900000000061501
35	USJA	3634						X		X				X			96MONTHS	900000000061517
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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88797
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
1:00	5-7-14	FORNEY, TX

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

NAME OF AUCTION/MARKET: n/a

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
M & M LIVESTOCK	CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJU	0361				X				X				X			96MONTHS	900108001424827
2	USJU	0362			X					X						X	36MONTHS	900108001424826
3	USJU	0363	X							X						X	24MONTHS	900108001424825
4	USJU	0366					X			X				X			36MONTHS	900108001424822
5	USJU	0369						X					X			X	48MONTHS	900108001424795
6	USJU	0375					X			X				X			24MONTHS	900108001424796
7	USJU	0379	X							X				X			12MONTHS	900108001424800
8	USJU	0380					X			X						X	24MONTHS	900108001424787
9	USJU	0381					X			X				X			12MONTHS	900108001424799
10	USJU	0382					X			X				X			36MONTHS	900108001424798
11	USJU	0383					X			X						X	24MONTHS	900108001424793
12	USJU	0384				X				X				X			48MONTHS	900108001424784
13	USJU	0385					X			X				X			24MONTHS	900108001424789
14	USJU	8423				X				X	N/P					X	60MONTHS	900000000058738
15	USJU	0386						X		X				X			24MONTHS	900108001424786

Herida infectada en muslo derecho

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

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

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. Olmo reinosa, Coahuila

DATE 8/mayo/2014

TIME

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

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

(Please type or print in ink)

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

T14-88797
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	USJU	0387	X	Hilerada Mordida en Miembro Posterior Derecho.						X				X			36MONTHS	900108001424788
17	USJU	0362			X					X						X	48MONTHS	900108001424826
18	USJU	0429				X				X				X			36MONTHS	900108001424751
19	USJU	0436	Error en microchip.							X				X			24MONTHS	900108001424775
20	USJU	0439	X							X				X			36MONTHS	900108001424774
21	USJU	0440	X	Garrapata.						X				X			48MONTHS	900108001424773
22	USJU	0458					X			X						X	36MONTHS	900108001424993
23	USJU	0461					X			X						X	24MONTHS	900108001424983
24	USJU	0462	X							X						X	36MONTHS	900108001424990
25	USJU	0466					X			X						X	48MONTHS	900108001424986
26	USJU	0469	X							X				X			36MONTHS	900108001424982
27	USJU	0470	X							X						X	24MONTHS	900108001424981
28	USJU	1052	X							X						X	60MONTHS	900108001424578
29	USJU	1057			X					X						X	36MONTHS	900108001424579
30	USJU	1060	X	Garrapata						X				X			12MONTHS	900108001424568
31	USJU	1063	Error en microchip.							X				X			24MONTHS	900108001424575
32	USJU	1066				X				X						X	36MONTHS	900108001424561
33	USJU	1067	X							X						X	12MONTHS	900108001424566
34	USJU	1068						X		X				X			72MONTHS	900108001424573
35	USJU	1069						X		X				X			36MONTHS	900108001424580
36	USJU	1071	Colegado X ojo derecho.							X				X			12MONTHS	900108001424587
37	USJU	1073						X		X				X			36MONTHS	900108001424590
38	USJU	1074				X				X						X	24MONTHS	900108001424586
39	USJU	1075	Claudicacion			X								Miembro Posterior Derecho		X	12MONTHS	900108001424582
40	USJU	1076					X			X				X			36MONTHS	900108001424588
41	USJU	1077						X				X				X	12MONTHS	900108001424583
42	USJR	3851					X			X						X	36MONTHS	900108001423434
43	USJR	3852			X					X				X			30MONTHS	900108001423485
44	USJR	3853				X				X				X			36MONTHS	900108001423484
45	USJR	3854					X			X						X	48MONTHS	900108001423483

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in Ink)

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

T14-88797
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		
46	USJR	3855	HOLD for Microchip			X							X	X			36MONTHS	900108001423482
47	USJR	3856					X			X	NIP			X			24MONTHS	900108001423481
48	USJR	3857					X			X				X			24MONTHS	900108001423426
49	USJR	3858			X					X						X	48MONTHS	900108001423425
50	USJR	3859					X			X						X	96MONTHS	900108001423424
51	USJR	3860						X		X				X			120MONTHS	900108001425194
52	USJR	3861						X		X				X			24MONTHS	900108001423422
53	USJR	3862	- Gonadectomy							X				X			36MONTHS	900108001423421

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)

.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.

T14-88800
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE (b) (6) DATE 5-8-14	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE FORNEY, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME (b) (6)	NAME OF AUCTION/MARKET n/a
CONSIGNOR (OWNER/SHIPPER) NAME M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS 11026 CR 213 A	STREET ADDRESS FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE FORNEY, TX 75126	CITY, STATE, ZIP CODE SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO. 469-595-6289	AREA CODE & TELEPHONE NO. 4945-40-46

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	USJU	0870	X							X				X			96MONTHS	900108001425049
2	USJU	0871				X				X				X			72MONTHS	900108001425047
3	USJU	0872					X			X						X	84MONTHS	900108001425048
4	USJU	0873					X			X						X	108MONTHS	900108001425046
5	USJU	0874					X			X				X			72MONTHS	900108001425045
6	USJU	0875					X			X				X			108MONTHS	900108001425044
7	USJU	0876						X		X				X			72MONTHS	900108001425043
8	USJU	0877					X			X						X	96MONTHS	900108001425042
9	USJU	0878	X							X				X			72MONTHS	900108001425041
10	USJU	0879					X			X						X	84MONTHS	900108001425100
11	USJU	0880						X		X						X	72MONTHS	900108001425099
12	USJU	0881					X			X				X			108MONTHS	900108001425098
13	USJU	0882						X		X						X	120MONTHS	900108001425097
14	USJU	0883						X		X				X			84MONTHS	900108001425096
15	USJU	0884						X		X				X			72MONTHS	900108001425095

Endopara 2140). Garrapata

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

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. OSA Piedras Negras.
DATE 09/ Mayo / 2014
TIME

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

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

(Please type or print in ink)

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

T14-88800
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	USJU	0885				X				X						X	96MONTHS	900108001425094
17	USJU	0886					X			X				X			108MONTHS	900108001425093
18	USJU	0887			X					X						X	120MONTHS	900108001425092
19	USJU	0888				X				X						X	84MONTHS	900108001425091
20	USJU	0889					X			X						X	72MONTHS	900108001425090
21	USJU	0890					X			X						X	96MONTHS	900108001425089
22	USJU	0891					X			X				X			108MONTHS	900108001425088
23	USJU	0893					X			X						X	120MONTHS	900108001425086
24	USJU	0894	X							X				X			84MONTHS	900108001425085
25	USJU	0895				X				X						X	72MONTHS	900108001425084
26	USJU	0896					X			X				X			96MONTHS	900108001425083
27	USJU	0897				X				X				X			108MONTHS	900108001425082
28	USJU	0898	X							X						X	120MONTHS	900108001425081
29	USJU	0899						X		X						X	84MONTHS	900108001425118
30	USJU	0900				Hembra MAI		X		X						X	72MONTHS	900108001425120
31	USJT	8379	X			Hx infectada		casco		X izquierdo						X	80MONTHS	900108001424627
32	USJA	3571						X		X						X	110MONTHS	900000000067862
33	USJT	8367					X			X				X			90MONTHS	900108001424622
34	USJA	3618				Endoparasitos		X		X				X			90MONTHS	900000000067825
35	USJA	3560					X			X				X			90MONTHS	900000000067595
36	USJT	8381					X			X						X	90MONTHS	900108001424621
37	USJT	8394					X			X				X			84MONTHS	900108001424649
38	USJA	3579	X							X				X			84MONTHS	900000000067869
39																		
40																		
41																		
42																		
43																		
44																		
45																		

Endoparasitos

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. 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.

T14-88866
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-8-14
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	NAME OF AUCTION/MARKET: n/a
STREET ADDRESS: 11026 CR 213 A	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
CITY, STATE, ZIP CODE: FORNEY, TX 75126	STREET ADDRESS: 911-A VISTA HERMOSA
AREA CODE & TELEPHONE NO.: 469-595-6289	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJR	6973						X		X				X			96MONTHS	900164000503973
2	USJR	6975					X			X						X	84MONTHS	900164000503975
3	USJR	6976						X		X						X	72MONTHS	900164000503976
4	USJR	6977						X		Garrapata		X		X			~~96MONTHS~~	~~900164000503977~~
5	USJR	6978					X			X						X	84MONTHS	900164000503978
6	USJR	6979		X						X						X	72MONTHS	900164000503979
7	USJR	6980					X			X				X			96MONTHS	900164000503980
8	USJR	6982	X							X				X			108MONTHS	900164000503982
9	USJR	6984	X							X						X	72MONTHS	900164000503984
10	USJR	6985	X							X				X			60MONTHS	900164000503985
11	USJR	6986						X		X				X			48MONTHS	900164000503986
12	USJR	6987	X							X				X			96MONTHS	900164000503987
13	USJR	6988	X							X						X	84MONTHS	900164000503988
14	USJR	6989	X							X						X	72MONTHS	900164000503989
15	USJR	6990	X							X				X			96MONTHS	900164000503990

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

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. Oisa Piedras Negras
DATE 09-Mayo-2014
TIME

FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-88866

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	USJR	6991					X			X				X			84MONTHS	900164000503991
17	USJR	6995						X		X				X			36MONTHS	900164000503995
18	USJR	6997						X		X				X			48MONTHS	900164000503997
19	USJR	7000					X			X				X			60MONTHS	900164000504000
20	USJR	6221			X					X				X			60MONTHS	900164000504001
21	USJR	6224						X		X				X			60MONTHS	900164000504004
22	USJR	6225					X			X						X	72MONTHS	900164000504005
23	USJR	6226			Ciego		X			X				X			96MONTHS	900164000504006
24	USJR	6227	X							X						X	84MONTHS	900164000504007
25	USJR	6228					X			X						X	72MONTHS	900164000504008
26	USJR	6229		X						X						X	96MONTHS	900164000504009
27	USJR	6230						X		X				X			24MONTHS	900164000503957
28	USJR	6648	X										X			X	36MONTHS	900164000503916
29	USJR	6649					X						X			X	24MONTHS	900164000503849
30	USJR	6650	X										X	X			36MONTHS	900164000503850
31	USJR	6960				X				X				X			48MONTHS	900164000503920
32	USJR	6961			X					X				X			60MONTHS	900164000503921
33	USJR	6962			X					X				X			96MONTHS	900164000503922
34	USJR	6963						X		X						X	84MONTHS	900164000503923
35	USJU	0436		X						X				X			56MONTHS	900108001424775
36	USJT	9150	X		Herida en maseter					X						X	36MONTHS	981020009694587
37	USJR	6916	X							X						X	18MONTHS	900164000503956
38	USJR	6924					X			X						X	46MONTHS	900164000503964
39	USJR	6913		X	Papiloma en belfos					X				X			46MONTHS	900164000503953
40	USJU	0387	X					N/P		X				X			12MONTHS	900108001424788
41	USJR	6929						X		X						X	18MONTHS	900164000503969
42	USJR	3855						X		X	N/P			X			36MONTHS	981020009696680
43	USJT	9351	X							X				X			42MONTHS	981020009698843
44	USJR	6918			Error en microchip					X				X			38MONTHS	981020009698196
45	USJU	1075						X		N/P		X				X	36MONTHS	900108001424582

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

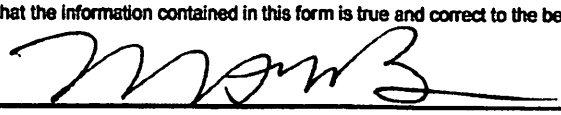
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated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

T14-88866
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		
46	USJT	9400						X		X						X	48MONTHS	981020009692724
~~47~~	~~USJU~~	~~1071~~						X	N/P	X				X			~~24MONTHS~~	~~900108001424587~~
48	USJU	1060	X							X				X			20MONTHS	900108001424568
49	USJT	9360					X			X						X	24MONTHS	981020009690927
50	USJU	1063						X		X				X			24MONTHS	900108001424575
51	USJU	0363	X							X						X	24MONTHS	900108001424825
~~52~~	~~USJR~~	~~6906~~	X					N/P		X						X	~~20MONTHS~~	~~900164000503946~~
~~53~~	~~USJR~~	6902					X	S/NH		X				X			~~36MONTHS~~	~~900164000503942~~
54	USJR	3862					X			X				X			40MONTHS	900108001423421
~~55~~	~~USJT~~	~~9149~~					X	N/P		X						X	~~80MONTHS~~	~~900000000064039~~
56	USJU	0440	X							X				X			80MONTHS	900108001424773
57	USJT	9359					X			X				X			84MONTHS	981020009662244

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. 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.

T14-88867

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-8-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJA	3037			X					X						X	96MONTHS	900000000067901
2	USJA	3038	—		Gerapata			X		X						X	72MONTHS	900000000067915
3	USJA	3039						X		X						X	96MONTHS	900000000067902
4	USJA	3040						X		X						X	108MONTHS	900000000067903
5	USJA	3041	X							X						X	72MONTHS	900000000067904
6	USJA	3042					X			X						X	120MONTHS	900000000067905
7	USJA	3043					X			X						X	84MONTHS	900000000067906
8	USJA	3044						X		X						X	72MONTHS	900000000067907
9	USJA	3045					X			X						X	96MONTHS	900000000067908
10	USJA	3046				X				X						X	108MONTHS	900000000067911
11	USJA	3047						X		X				X			120MONTHS	900000000067912
12	USJA	3048	X							X						X	84MONTHS	900000000067920
13	USJA	3049						X		X						X	72MONTHS	900000000067919
14	USJA	3050					X			X				X			96MONTHS	900000000067918
15	USJA	3086					X			X				X			108MONTHS	900000000067917

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

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. OISA Piedras Negras.

DATE 09 Mayo 2014

TIME

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

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

(Please type or print in ink)

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

T14-88867

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	USJA	3087					X			X				X			120MONTHS	900000000067916
17	USJA	3088					X			X				X			84MONTHS	900000000067914
18	USJA	3089					X			X				X			72MONTHS	900000000067913
19	USJA	3090						X		X				X			96MONTHS	900000000067910
20	USJA	3091				X				X				X			132MONTHS	900000000067909
21	USJA	3092	X							X				X			84MONTHS	900000000067878
22	~~USJA~~	3093	—		Garrapata		X			~~X~~				~~X~~			~~72MONTHS~~	~~900000000067879~~
23	USJA	3094						X		X				X			96MONTHS	900000000067880
24	USJA	3095	X										X			X	108MONTHS	900000000067937
25	USJA	3096					X			X						X	120MONTHS	900000000067923
26	~~USJA~~	3097	—		Garrapata			X		~~X~~				~~X~~			~~84MONTHS~~	~~900000000067924~~
27	USJA	3098						X		X						X	72MONTHS	900000000067921
28	USJA	3099				X				X				X			96MONTHS	900000000067925
29	~~USJA~~	3100	—		Garrapata			X		~~X~~				~~X~~			~~84MONTHS~~	~~900000000067926~~
30	USJA	3135					X			X				X			72MONTHS	900000000067927
31	USJA	3136						X		X				X			96MONTHS	900000000067928
32	USJA	3137	X										X	X			108MONTHS	900000000067929
33	USJA	3138	X							X						X	120MONTHS	900000000067922
34	USJA	3139		X						X						X	84MONTHS	900000000067930
35	USJA	3140					X			X				X			72MONTHS	900000000067933
36	USJA	3561						X		X				X			90MONTHS	900000000067586
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. 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.

T14-88799
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-8-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	4740					X			X						X	96MONTHS	900164000504525
2	USJT	4741					X			X				X			72MONTHS	900164000504529
3	USJT	4742						X		X				X			84MONTHS	900164000504528
4	USJT	4743		X	Herraduras.					X				X			108MONTHS	900164000504514
5	USJT	4744					X			X						X	120MONTHS	900164000504527
6	USJT	4745						X		X				X			84MONTHS	900164000504530
7	USJT	4746		X						X						X	72MONTHS	900164000504524
8	USJT	4747					X			X				X			96MONTHS	900164000504512
9	USJT	4748		X						X				X			84MONTHS	900164000504516
10	USJT	4749		X						X						X	72MONTHS	900164000504515
11	USJT	4750	X							X				X			96MONTHS	900164000504520
12	USJT	4751						X		X				X			108MONTHS	900164000504519
13	USJT	4752	X							X						X	120MONTHS	900164000504522
14	USJT	4753		X						X				X			84MONTHS	900164000504526
15	USJT	4754	X							X				X			72MONTHS	900164000504523

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

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. Rios Piedras Negras
DATE 9/5/14
TIME

VS FORM 10-13 (SEP 2002) Previous editions are obslete

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

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

(Please type or print in ink)

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

T14-88799
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~~	USJT	4755	X							X						X	96MONTHS	900164000504518
~~17~~	USJT	4756	Abscess on abdomen.				X			X				X			84MONTHS	900164000504511
~~18~~	USJT	4757	X							X						X	72MONTHS	900164000504513
~~19~~	USJT	4758					X			X				X			96MONTHS	900164000504521
~~20~~	USJT	4759					X			X				X			108MONTHS	900164000504517
~~21~~	USJT	4760	X							X				X			120MONTHS	900108001425060
~~22~~	USJT	4761					X			X				X			84MONTHS	900108001425059
~~23~~	USJT	4762				X				X						X	72MONTHS	900108001425058
~~24~~	USJT	4763				X				X						X	96MONTHS	900108001425057
~~25~~	USJT	4764	X							X				X			84MONTHS	900108001425056
~~26~~	USJT	4765				X				X				X			72MONTHS	900108001425055
~~27~~	USJT	4766	X							X				X			96MONTHS	900108001425054
~~28~~	USJT	4767				X				X				X			108MONTHS	900108001425053
~~29~~	USJT	4768					X			X						X	120MONTHS	900108001425052
~~30~~	USJT	4769	X							X						X	84MONTHS	900108001425051
~~31~~	USJT	4770					X			X				X			72MONTHS	900108001425050
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.)

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.

T14-88868
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-11-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 011521818309084

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

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	USJR	6691	X										X	X			36MONTHS	900164000503651
2	USJR	6692				X				X				X			12MONTHS	900164000503652
3	USJR	6693					X			X				X			24MONTHS	900164000503653
4	USJR	6694						X		X				X			48MONTHS	900164000503654
5	USJR	6695					X			X				X			36MONTHS	900164000503655
6	USJR	6696	— Garrapata.					X		X				X			60MONTHS	900164000503656
7	~~USJR~~	~~6697~~						X		N/P			X			X	60MONTHS	900164000503657
8	~~USJR~~	~~6698~~						X		N/P			X			X	48MONTHS	900164000503530
9	USJR	6699				X				X				X			24MONTHS	900164000503659
10	USJR	6700						X		X						X	36MONTHS	900164000503660
11	USJR	6701	X										X	X			24MONTHS	900164000503661
12	USJR	6702				X				X				X			12MONTHS	900164000503662
13	USJR	6703	X	Herida macetero					Infectada.	X				X			36MONTHS	900164000503663
14	USJR	6704	X							X				X			48MONTHS	900164000503664
15	USJR	6705	X										X			X	36MONTHS	900164000503665

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

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. Aduana Piedras Negras
DATE 12/05/2014
TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-88868
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	USJR	6706				X				X						X	24MONTHS	900164000503666
17	USJR	6707		X						X						X	48MONTHS	900164000503667
18	USJR	6708	X							X				X			36MONTHS	900164000503668
19	USJR	6709			X					X						X	36MONTHS	900164000503669
20	USJR	6710						X		X						X	48MONTHS	900164000503670
21	USJR	6711					X			X				X			36MONTHS	900164000503671
22	~~USJR~~	~~6712~~					X			X	N/P			X			48MONTHS	900164000503672
23	USJR	6713	X — Garrapata							X						X	24MONTHS	900164000503673
24	USJR	6714				X				X				X			60MONTHS	900164000503674
25	USJR	6715					X			X				X			36MONTHS	900164000503675
26	USJR	6717					X						X			X	48MONTHS	900164000503677
27	USJR	6718	— Herida en Hombro Ant. Izq.					X		X				X		Claudicacion	36MONTHS	900164000503678
28	USJR	6719					X			X				X			24MONTHS	900164000503679
29	USJR	6721	X							X				X			36MONTHS	900164000503681
30	USJR	6722	X							X				X			24MONTHS	900164000503682
31	~~USJR~~	6723	X — Absceso Subglandular.										X	X			36MONTHS	900164000503683
32	USJR	6724					X			X				X			48MONTHS	900164000503684
33	USJR	6725						X		X				X			60MONTHS	900164000503685
34	USJR	6726					X			X				X			36MONTHS	900164000503686
35	USJR	6727			X								X	X			12MONTHS	900164000503687
36	USJR	6728						X		X				X			36MONTHS	900164000503688
37	USJR	6730					X			X				X			48MONTHS	900164000503690
38	USJT	5027					X			X						X	60MONTHS	900164000504057
39	USJT	5028	—		Papiloma		X	—		X				X			36MONTHS	900164000504058
40	USJT	5029	X							X						X	48MONTHS	900164000504059
41	USJT	5030	X							X						X	60MONTHS	900164000504060
42	USJT	5031						X		X						X	36MONTHS	900164000504061
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.)

S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88869
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE FORNEY, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET n/a
CONSIGNOR (OWNER/SHIPPER) NAME M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS 11026 CR 213 A	STREET ADDRESS 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE FORNEY, TX 75126	CITY, STATE, ZIP CODE MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO. 469-595-6289	AREA CODE & TELEPHONE NO. 0115218183090884

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

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	USJT	5051				X				X				X			60MONTHS	900164000504071
2	USJT	5052	X							X				X			48MONTHS	900164000504072
3	USJT	5053					X			X				X			60MONTHS	900164000504073
4	USJT	5054					X			X						X	24MONTHS	900164000504074
5	USJT	5055			X					X						X	36MONTHS	900164000504075
6	USJT	5056	X							X				X			12MONTHS	900164000504076
7	USJT	5057			X					X						X	24MONTHS	900164000504077
8	USJT	5058					X			X				X			36MONTHS	900164000504078
9	USJT	5059			X					X				X			12MONTHS	900164000504079
10	USJT	5060					X			X						X	36MONTHS	900164000504080
11	USJT	5061					X			X						X	36MONTHS	900164000504081
12	USJT	5062				X				X				X			24MONTHS	900164000504082
13	USJT	5063	X							X				X			48MONTHS	900164000504083
14	USJT	5064						X		X						X	36MONTHS	900164000504084
15	USJT	5065					X			X				X			12MONTHS	900164000504085

Error on Sex

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

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 0154 Puente Nuevo
DATE 12/05/14
TIME

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

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

(Please type or print in ink)

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

T14-88869
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	USJT	5067					X			X						X	36MONTHS	900164000504087
17	~~USJT~~	5068	—		Garrapata		X		—	X	—	—	—	—	—	X	~~24MONTHS~~	~~900164000504088~~
18	~~USJT~~	5069	—		Garrapata		X		—	X	—	—	—	—	—	X	48MONTHS	900164000504089
19	USJT	5070						X		X						X	36MONTHS	900164000504090
20	USJT	5071						X		X				X			48MONTHS	900164000504091
21	USJT	5072	X							X						X	36MONTHS	900164000504092
22	USJT	5073						X		X				X			24MONTHS	900164000504093
23	USJT	5074	X							X				X			12MONTHS	900164000504094
24	USJT	5075						X		X				X			36MONTHS	900164000504095
25	USJT	5076	X							X				X			48MONTHS	900164000504096
26	USJT	5077	X							X						X	36MONTHS	900164000504097
27	USJT	5078	X							X				X			12MONTHS	900164000504098
28	USJT	5079	X							X				X			48MONTHS	900164000504099
29	USJT	5080					X			X						X	24MONTHS	900164000504100
30	USJT	5081				X				X						X	36MONTHS	900164000504101
31	USJT	5082					X			X				X			60MONTHS	900164000504102
32	USJT	5083	X							X				X			48MONTHS	900164000504103
33	USJT	5084	X							X						X	36MONTHS	900164000504104
34	USJT	5085	X							X				X			48MONTHS	900164000504105
35	USJT	5086			X					X				X			12MONTHS	900164000504106
36	USJT	5087	X							X				X			24MONTHS	900164000504107
37	USJT	5088						X		X				X			36MONTHS	900164000504108
38	USJT	5089						X		X				X			48MONTHS	900164000504109
39	USJT	5090					X			X						X	36MONTHS	900164000504110
40	USJT	5033	X							X				X			36MONTHS	900164000504063
41	USJT	5034					X			X						X	24MONTHS	900164000504064
42	USJT	5035						X		X						X	36MONTHS	900164000504065
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.)

SECRETARIA DE AGRICULTURA GANADERIA
SERVICIO NACIONAL DE SANIDAD
DIRECCION GENERAL DE

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.

T14-88870
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM	DATE: 5-12-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJU	0051				X				X						X	96MONTHS	900108001425119
2	USJU	0052				X				X				X			84MONTHS	900108001425117
3	USJU	0053				X				X				X			72MONTHS	900108001425116
4	USJU	0054				X				X						X	108MONTHS	900108001425115
5	USJU	0055					X			X				X			120MONTHS	900108001425114
6	USJU	0056						X		X						X	84MONTHS	900108001425113
7	USJU	0057		X						X						X	72MONTHS	900108001425112
8	USJU	0058	X							X				X			96MONTHS	900108001425111
9	USJU	0059	X							X				X			84MONTHS	900108001425110
10	USJU	0060				X				X				X			72MONTHS	900108001424011
11	USJU	0061				X				X						X	96MONTHS	900108001424008
12	USJU	0062				X				X				X			108MONTHS	900108001424014
13	USJU	0063		X						X				X			120MONTHS	900108001424017
14	USJU	0064	X							X						X	84MONTHS	900108001424016
15	USJU	0065					X			X				X			72MONTHS	900108001424018

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

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. 0154 Piedras Negras
DATE 13/05/14
TIME

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

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

(Please type or print in ink)

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

T14-88870
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	USJU	0066					X			X				X			96MONTHS	900108001424001
17	USJU	0067	X							X				X			108MONTHS	900108001424015
18	USJU	0068	X							X				X			120MONTHS	900108001424020
19	USJU	0069	X							X				X			132MONTHS	900108001424006
20	USJU	0070						X		X						X	84MONTHS	900108001424005
21	USJU	0071	X							X				X			72MONTHS	900108001424012
22	USJU	0072		X						X				X			96MONTHS	900108001424019
23	USJU	0073						X		X				X			108MONTHS	900108001424003
24	USJU	0074						X		X						X	120MONTHS	900108001424010
25	USJU	0075					X			X				X			84MONTHS	900108001424002
26	USJU	0076				X				X						X	72MONTHS	900108001424007
27	USJU	0077								X				X			96MONTHS	900108001424009
28	USJU	0078			X					X				X			84MONTHS	900108001424013
29	USJU	0079						X		X						X	72MONTHS	900108001424004
30	USJU	0080						X		X						X	108MONTHS	900108001425109
31	USJU	0081				X				X						X	120MONTHS	900108001425108
32	USJU	0082					X			X						X	96MONTHS	900108001425032
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)

S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88871

FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 A

DATE: 5-13-14

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX

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

NAME OF AUCTION/MARKET: n/a

CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK

CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS

STREET ADDRESS: 11026 CR 213 A

STREET ADDRESS: 911-A VISTA HERMOSA

CITY, STATE, ZIP CODE: FORNEY, TX 75126

CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620

AREA CODE & TELEPHONE NO.: 469-595-6289

AREA CODE & TELEPHONE NO.: 0115218183090884

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA
PIEDRAS NEGRAS, COAHUILA

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	USJT	5091			X					X				X			48MONTHS	900108001424400
2	USJT	5092				X				X						X	60MONTHS	900108001424399
3	USJT	5093					X			X				X			48MONTHS	900108001424398
4	USJT	5094						X		X				X			60MONTHS	900108001424397
5	USJT	5095					X			X				X			36MONTHS	900108001424396
6	USJT	5096			X					X				X			72MONTHS	900108001424395
7	USJT	5097				X				X						X	48MONTHS	900108001424394
8	USJT	5098				X				X				X			24MONTHS	900108001424393
9	USJT	5099			X					X				X			36MONTHS	900108001424392
10	USJT	5100			X					X				X			48MONTHS	900108001424391
11	USJT	5101					X			X						X	36MONTHS	900108001424390
12	USJT	5102					X			X						X	24MONTHS	900108001424389
13	USJT	5103	X	herida infectada en ojo derecho										X			24MONTHS (orbita interior)	~~900108001424388~~
14	USJT	5104						X		X				X			24MONTHS	900108001424387
15	USJT	5105			X					X				X			36MONTHS	900108001424386

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 054 Piedras Negras

DATE 14/MAY/14

TIME

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

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

(Please type or print in ink)

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

T14-88871
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	~~USJT~~	5106	—			Garrapata		X		X				X			~~48MONTHS~~	~~900108001424385~~
17	USJT	5107					X			X				X			12MONTHS	900108001424384
18	USJT	5108	X							X						X	36MONTHS	900108001424383
19	USJT	5109					X			X				X			48MONTHS	900108001424382
20	USJT	5110	X							X				X			24MONTHS	900108001424381
21	USJT	5111	X										X			X	24MONTHS	900108001424364
22	USJT	5112	X										X			X	36MONTHS	900108001424370
23	USJT	5113		X						X				X			24MONTHS	900108001424378
24	USJT	5114	X										X			X	12MONTHS	900108001424375
25	USJT	5115					X						X	X			36MONTHS	900108001424367
26	USJT	5116				X				X						X	48MONTHS	900108001424373
27	USJT	5117						X		X						X	36MONTHS	900108001424362
28	USJT	5118	X										X			X	24MONTHS	900108001424374
29	USJT	5119						X		X						X	36MONTHS	900108001424376
30	USJT	5120				X				X				X			48MONTHS	900108001424368
31	USJT	5121						X		X				X			36MONTHS	900108001424363
32	USJT	5122					X			X				X			48MONTHS	900108001424371
33	~~USJT~~	5123	X	—	—	—	—	—	N/P	X	—	—	—	X	—	—	~~36MONTHS~~	~~900108001424377~~
34	~~USJT~~	5124	—	—	Endoparasitos		X			X				X			~~24MONTHS~~	~~900108001424365~~
35	USJT	5125			X					X				X			48MONTHS	900108001424361
36	USJT	5126				X				X						X	60MONTHS	900000000060935
37	USJT	5260	X							X						X	48MONTHS	900108001424350
38	~~USJT~~	5127	X	—	—	—	—	—	N/P	X	—	—	—	X	—	—	~~36MONTHS~~	~~900108001424369~~
39	USJT	5128				X				X						X	24MONTHS	900108001424379
40	USJT	5129		X						X						X	36MONTHS	900108001424380
41	USJT	5130					X			X				X			60MONTHS	900108001424372
42	USJT	6697						X					X			X	36MONTHS	900164000503657
43	~~USJT~~	6698	—	—	Garrapata			X	—	—	—	—	X	—	—	X	24MONTHS	~~900164000503530~~
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. 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.

T14-8887

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00

DATE: 5-13-14

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX

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

NAME OF AUCTION/MARKET: n/a

CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK

CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS

STREET ADDRESS: 11026 CR 213 A

STREET ADDRESS: 911-A VISTA HERMOSA

CITY, STATE, ZIP CODE: FORNEY, TX 75126

CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620

AREA CODE & TELEPHONE NO.: 469-595-6289

AREA CODE & TELEPHONE NO.: 0115218183090884

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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	USJT	9701						X		X						X	36MONTHS	981020009659116
2	USJT	9702	X							X						X	36MONTHS	981020009692418
3	USJT	9703						X		X				X			28MONTHS	981020009702899
4	USJT	9704	X										X	X			36MONTHS	981020009694703
5	USJT	9705					X						X			X	36MONTHS	981020009660970
6	USJT	9706	X							X				X			36MONTHS	981020009693463
7	USJT	9707	X										X			X	36MONTHS	981020009664508
8	USJT	9708					X			X						X	28MONTHS	981020009681521
9	USJT	9709					X						X			X	30MONTHS	981020009664051
10	USJT	9710	X							X						X	36MONTHS	981020009670313
11	USJT	9711				X				X				X			36MONTHS	981020009695398
12	USJT	9712	NP				X	Positivo a Inspección					X	X			36MONTHS	981020009677443
13	USJT	9713	X										X			X	36MONTHS	981020009694538
14	USJT	9714	Hembra infectada en muestreo de la vaca				X			X				X			28MONTHS	981020009703830
15	USJT	9715	X										X			X	36MONTHS	981020009700171

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

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. Dra Paulina Noyola

DATE 14/05/14

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-88872
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	USJT	9716	X							X						X	36MONTHS	981020009701387
17	USJT	9717					X			X				X			36MONTHS	981020009693543
18	USJT	9718			X								X			X	36MONTHS	981020009698388
19	USJT	9719					X			X				X			38MONTHS	981020009660513
20	USJT	9720					X			X				X			32MONTHS	981020009696639
21	USJT	9721	X							X				X			34MONTHS	981020009703319
22	USJT	9722					X			X						X	36MONTHS	981020009663213
23	USJT	9723					X			X						X	36MONTHS	981020009702197
24	USJR	6703	X							X				X			20MONTHS	900164000503663
25	USJR	6713	X							X						X	36MONTHS	900164000503673
26	USJT	5028					X			X				X			36MONTHS	900164000504058
27	USJT	5064						X		X						X	36MONTHS	900164000504084
28	USJT	5053					X			X						X	36MONTHS	900164000504073
29	USJT	5069					X			X						X	36MONTHS	900164000504089
30	USJT	5068					X			X						X	26MONTHS	900164000504088
31	USJR	6696						X		X				X			36MONTHS	900164000503656
32	USJT	9724	X										X	X			36MONTHS	981020009703480
33	USJT	9725					X						X	X			40MONTHS	981020009680203
34	USJT	9726					X			X				X			40MONTHS	981020009684681
35	USJT	9727					X			X				X			40MONTHS	981020009689285
36	USJT	9728	X										X	X			36MONTHS	981020009695511
37	USJT	9729					X			X				X			36MONTHS	981020009696553
38	USJT	9730					X			X						X	38MONTHS	981020009686638
39	USJT	9731						X		X						X	40MONTHS	981020009697870
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)

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.

T14-88873
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-13-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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	USJT	9732	X							X				X			42MONTHS	981020009702379
2	USJT	9733						X		X				X			42MONTHS	981020009691963
3	USJT	9734					X			X				X			42MONTHS	981020009659263
4	USJT	9735					X			X				X			40MONTHS	981020009683720
5	USJT	9736					X			X						X	44MONTHS	981020009671337
6	USJT	9737	X							X				X			42MONTHS	981020009693244
7	USJT	9738	X							X				X			40MONTHS	981020009694426
8	USJT	9739					X			X						X	44MONTHS	981020009671245
9	USJT	9740				X				X						X	44MONTHS	981020009702979
10	USJT	9741						X		X				X			44MONTHS	981020009677965
11	USJT	9742					X			X						X	36MONTHS	981020009700415
12	USJT	9743	X							X						X	44MONTHS	981020009660855
13	USJT	9744					X			X				X			36MONTHS	981020009694619
14	USJT	9745	— Herida de castracion infectada				X			X						X	44MONTHS	981020009700057
15	USJT	9746				X				X				X			44MONTHS	981020009658971

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

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. OISA Piedras Negras.
DATE 14 de Mayo del 2014
TIME

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

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

(Please type or print in ink)

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

T14-88873
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	USJT	9747					X			X				X			36MONTHS	981020009677799
17	USJT	9748				X				X				X			44MONTHS	981020009698970
18	USJT	9749	X							X						X	44MONTHS	981020009689439
19	USJT	9750					X			X						X	44MONTHS	981020009698318
20	USJT	4230		—		X	Ciego			X	lado	izq	—			X	40MONTHS	981020009701408
21	USJT	4231				X				X						X	40MONTHS	981020009702275
22	USJT	4232		X						X						X	44MONTHS	981020009702704
23	USJT	4233	X							X				X			40MONTHS	981020009702228
24	USJT	4234				X				X						X	40MONTHS	981020009690599
25	USJT	4235				X				X						X	44MONTHS	981020009676348
26	USJT	4236						X		X						X	44MONTHS	981020009696160
27	USJT	4237		X						X						X	40MONTHS	981020009670263
28	USJT	4238		—			X	Herida		X	Infectada	en	ano			X	44MONTHS	981020009673244
29	USJT	4239	X							X				X			44MONTHS	981020009695184
30	USJT	4240					X			X						X	44MONTHS	981020009701482
31	USJU	0068	X							X				X			36MONTHS	981020009665022
32	USJU	0052				X				X				X			44MONTHS	900108001425117
33	USJU	0081				X				X						X	44MONTHS	900108001425108
34	USJU	0082					X			X						X	40MONTHS	900108001425032
35	USJU	0075					X			X				X			40MONTHS	900108001424002
36	USJU	0077		—		X	Garrapata			X	—			X			40MONTHS	981020009699286
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.)

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

WNER/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.

T14-88874
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-14-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJR	3855						X					X	X			24MONTHS	981020009696680
2	USJU	0387	X							X				X			36MONTHS	900108001424788
3	USJU	1111		X						X				X			48MONTHS	900164000503953
4	USJR	6906	X							X						X	12MONTHS	900164000503946
5	USJU	1112	X							X				X			36MONTHS	900108001424512
6	USJU	1113		X						X				X			24MONTHS	900108001424503
7	USJU	1114	X										X	X			36MONTHS	900108001424515
8	USJU	1115					X			X						X	48MONTHS	900108001424520
9	USJU	1116			X					X				X			36MONTHS	900108001424502
10	USJU	1120					X			X				X			48MONTHS	900108001424501
11	USJU	1121	X							X				X			60MONTHS	900108001424516
12	USJU	1122				X				X				X			12MONTHS	900108001424518
13	USJU	1124						X		X				X			24MONTHS	900108001424506
14	USJU	1125				X				X				X			36MONTHS	900108001424504
15	USJU	1126	X										X			X	36MONTHS	900108001424517

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

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. 0154 Piedras Negras.
DATE 15 de Mayo del 2014
TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-88874
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	USJU	1130						X		X						X	24MONTHS	900108001424495
17	USJU	1131						X		X				X			36MONTHS	900108001424483
18	USJU	1132						X		X						X	48MONTHS	900108001424489
19	USJU	1135						X		X						X	60MONTHS	900108001424490
20	USJU	1138						X					X			X	36MONTHS	900108001424500
21	USJU	1141					X			X				X			24MONTHS	900108001424497
22	USJU	1146	X							X				X			12MONTHS	900108001424485
23	USJU	1148				X				X						X	36MONTHS	900108001424482
24	USJU	1149					X			X				X			48MONTHS	900108001424427
25	USJU	1158				X				X				X			12MONTHS	900108001424429
26	USJU	1159					X			X				X			36MONTHS	900108001424435
27	USJU	1160	X							X						X	12MONTHS	900108001424423
28	USJU	1161	X							X				X			36MONTHS	900108001424421
29	USJU	1162			X								X			X	12MONTHS	900108001424431
30	USJU	1165	X							X				X			36MONTHS	900108001424434
31	USJU	1166	X							X				X			48MONTHS	900108001424430
32	USJU	1175				X				X				X			36MONTHS	900108001424460
33	USJU	1117						X					X	X			60MONTHS	900108001424509
34	USJU	1118						X					X	X			48MONTHS	900108001424519
35	USJU	1119				X							X	X			36MONTHS	900108001424505
36	USJU	1123						X					X	X			48MONTHS	900108001424511
37	USJU	1127						X					X	X			60MONTHS	900108001424508
38	USJU	1128						X					X	X			36MONTHS	900108001424514
39	USJU	1167						X					X			X	48MONTHS	900108001424439
40	USJU	1171						X					X	X			36MONTHS	900108001424455
41	USJU	1172	X										X			X	60MONTHS	900108001424451
42	USJU	1173						X					X			X	48MONTHS	900108001424445
43	USJU	1174						X					X	X			60MONTHS	900108001424454
44	USJU	1176	X										X	X			72MONTHS	900108001424447
45	USJU	1177	X										X	X			36MONTHS	900108001424443

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88874
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		
46	USJL	1178				X							X	X			48MONTHS	900108001424449
47	USJL	1179						X					X			X	36MONTHS	900108001424442
48	USJL	1180				X							X	X			48MONTHS	900108001424453
49	USJL	1181						X					X	X			60MONTHS	900108001424458
50	USJL	1182	X										X			X	72MONTHS	900108001424459
51	USJL	1183						X					X			X	60MONTHS	900108001424441
52	USJL	1184						X					X			X	48MONTHS	900108001424448
53	USJL	1185			X								X	X			72MONTHS	900108001424450

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88875
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
1:00	5-14-14	FORNEY, TX

VEHICLE LICENSE NO. AND DRIVER'S NAME
(b) (6) [redacted]

NAME OF AUCTION/MARKET
n/a

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
M & M LIVESTOCK	CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS 11026 CR 213 A	STREET ADDRESS 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE FORNEY, TX 75126	CITY, STATE, ZIP CODE MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO. 469-595-6289	AREA CODE & TELEPHONE NO. 0115218183090884

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA
PIEDRAS NEGRAS, COAHUILA

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	USIV	3909					X			X						X	24MONTHS	900164000484660
2	USIV	3925						X		X						X	24MONTHS	900164000484637
3	USIV	3930						X		X				X			36MONTHS	900164000484642
4	USIV	3933	X							X				X			46MONTHS	981020009694559
5	USIV	3908				X				X						X	60MONTHS	900164000484662
6	USIV	3907						X		X						X	36MONTHS	900164000484661
7	USIV	3913						X		X						X	18MONTHS	900164000484659
8	USIV	3937	X							X				X			24MONTHS	900164000484555
9	USIV	3915						X		X						X	24MONTHS	900164000484667
10	USIV	3931						X		X						X	46MONTHS	900164000486449
11	USIT	9362					X						X			X	60MONTHS	900164000484645
12	USIV	3904					X			X				X			24MONTHS	900164000484664
13	USIV	3922				X				X				X			22MONTHS	981020009669308
14	USIV	3946			X								X			X	30MONTHS	900164000484604
15	USIV	3936	X										X	X			30MONTHS	900164000484579

Sanidad inspeccionada

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

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. OISA Piedras Negras

DATE 15/Mayo/2014

TIME

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

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

(Please type or print in ink)

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

T14-88875
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	USIV	3943						X		X						X	20MONTHS	900164000484640
17	USIV	3912	X							X						X	24MONTHS	900164000484656
18	USIV	3929	X							X						X	24MONTHS	900164000484641
19	USIV	3948	X							X						X	24MONTHS	900164000484573
20	USIV	3942					X			X				X			24MONTHS	900164000484635
21	USIV	3943	X							X				X			20MONTHS	900164000484576
22	USIT	9363						X				X				X	18MONTHS	900164000484592
23	USIV	3905				X				X						X	28MONTHS	900164000484669
24	USIV	3923					X			X						X	24MONTHS	900164000484633
25	USIV	3911	X							X				X			24MONTHS	900164000484655
26	USIV	3926						X		X				X			24MONTHS	900164000484648
27	USIV	3921					X			X				X			24MONTHS	900164000484632
28	USIV	3916						X		X				X			24MONTHS	900164000484666
29	USIV	3844	X							X				X			24MONTHS	900164000484603
30	USIV	3920						X		X				X			28MONTHS	900164000484653
31	USIV	3944					X			X						X	28MONTHS	900164000484606
32	USIV	3914						X		X				X			30MONTHS	900164000484133
33	USIV	3947				X				X						X	16MONTHS	900164000484590
34	USIV	3902				X				X						X	22MONTHS	900164000484670
35	USIV	3919				X				X						X	28MONTHS	900164000484665
36	USIV	3940				X				X						X	16MONTHS	900164000484638
37	USIV	3999					X			X						X	28MONTHS	900164000484658
38	USIV	3938					X			X						X	18MONTHS	900108000612723
39	USIV	3935	X										X	X			28MONTHS	900164000484644
40	USIV	3998						X					X			X	22MONTHS	981020009675340
41	USIV	3906	X							X						X	28MONTHS	900164000484663
42	USIV	3903				X				X				X			24MONTHS	900164000484651
43	USIV	3950					X			X						X	22MONTHS	900164000484593
44	USIV	3997	X							X				X			32MONTHS	900000000062092
45	USIV	3917	X							X				X			24MONTHS	900164000484657

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88875

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		
46	USIV	3843					X			X						X	28MONTHS	900164000484605
47	USIV	3996						X		X				X			36MONTHS	900108001424385
48	USJR	6703	X							X				X			24MONTHS	900164000503663
49	USJR	6698						X		X						X	22MONTHS	900164000503530

Sin chip y [illegible] con [illegible]

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88876

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-14-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 011521818309084

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	USJT	9653						X					X	X			28MONTHS	981020009660013
2	USJT	9654						X					X	X			28MONTHS	981020009689066
3	USJT	9655						X					X	X			24MONTHS	981020009674080
4	USJT	9656						X					X	X			24MONTHS	981020009683955
5	USJT	9657						X					X	X			24MONTHS	981020009678373
6	USJT	9658						X		X						X	24MONTHS	981020009699372
7	USJT	9659						X		X				X			36MONTHS	981020009697276
8	USJT	9660						X					X	X			56MONTHS	981020009698506
9	USJT	9661		X			SNM			X				X			56MONTHS	981020009702980
10	USJT	9662	X							X						X	60MONTHS	981020009667209
11	USJT	9663						X		X				X			60MONTHS	981020009700596
12	USJT	9664					X			X				X			110MONTHS	981020009700797
13	USJT	9665	X							X				X			18MONTHS	981020009703798
14	USJT	9666						X		X						X	60MONTHS	981020009696616
15	USJT	9667						X					X	X			20MONTHS	981020009683441

Absceso submandibular lado izquierdo

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

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. OISA Piedras Negras.

DATE 15 de Mayo del 2014

TIME

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

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

(Please type or print in ink)

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

T14-88876
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	USJT	9668						X					X	X			20MONTHS	981020009675859
17	USJT	9669						X					X	X			22MONTHS	981020009669145
18	USJT	9670				X				X				X			36MONTHS	981020009669738
19	USJT	9699				X				X						X	38MONTHS	900164000559223
20	USJT	9672	—	Herida	infectada	en	X			X				X			36MONTHS	981020009663203
21	USJT	9673					X			X						X	38MONTHS	981020009701897
22	USJT	9674	X										X	X			32MONTHS	981020009669675
23	USJT	9675						X					X	X			20MONTHS	981020009685299
24	USJT	9676	X							X				X			18MONTHS	981020009679640
25	USJT	9677					X			X				X			40MONTHS	981020009681300
26	USJT	9678					X			X				X			36MONTHS	981020009666195
27	USJT	9679					X			X				X			40MONTHS	981020009694041
28	USJT	9680						X					X	X			24MONTHS	981020009703889
29	USJT	9681					X			X						X	30MONTHS	981020009697001
30	USJT	9682					X			X				X			36MONTHS	981020009701592
31	USJT	9683	X							X				X			28MONTHS	981020009664894
32	USJT	9684	X										X	X			24MONTHS	981020009686999
33	USJT	9686	X							X						X	22MONTHS	981020009667281
34	USJT	9687	X							X				X			36MONTHS	981020009697036
35	USJT	9688					X			X				X			36MONTHS	981020009663836
36	USJT	9689						X					X	X			30MONTHS	981020009687617
37	USJT	9690						X					X	X			30MONTHS	900164000559230
38	USJT	9358					X			X				X			30MONTHS	900164000559229
39	USJT	9692						X					X	X			30MONTHS	900164000559226
40	USJT	9693						X					X	X			30MONTHS	900164000559227
41	USJT	9694	X							X						X	36MONTHS	900164000559231
42	USJT	9695				X				X				X			30MONTHS	900164000559239
43	USJT	9696					X			X				X			48MONTHS	900164000559225
44	USJT	9697						X		X						X	38MONTHS	900164000559233
45	USJT	9698		X						X				X			38MONTHS	900164000559236

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. 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.

T14-88878
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1700	DATE: 5-14-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	9756		X						X						X	110MONTHS	900164000559238
2	USJT	9758				X				X						X	110MONTHS	900164000559221
3	USJT	9759	X							X						X	110MONTHS	900164000559237
4	USJT	9760	X							X						X	98MONTHS	900164000559234
5	USJT	9761	X							X						X	98MONTHS	900164000559279
6	USJT	9762	X							X						X	86MONTHS	900164000559267
7	USJT	9763						X		X						X	98MONTHS	900164000559276
8	USJT	9764	X							X				X			110MONTHS	900164000559269
9	USJT	9765						X		X				X			110MONTHS	900164000559275
10	USJT	9766						X		X				X			46MONTHS	900164000559266
11	USJT	9767						X		X				X			60MONTHS	900164000559277
12	USJT	9768					X			X						X	110MONTHS	900164000559272
13	USJT	9770						X		X						X	110MONTHS	900164000559270
14	USJT	9772					X			X				X			60MONTHS	900164000559264
15	USJT	9774					X			X				X			60MONTHS	900164000559235

Clasificación numero 600 anteriores

Abscesos subcutaneos leves

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION DE FRONTERAS
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS

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

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. OISA Piedras Negras
DATE 16/Mayo/2014
TIME

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

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

(Please type or print in ink)

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

T14-88878
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	USJT	9775						X		X				X			60MONTHS	900164000559262
17	USJT	9776						X		X						X	110MONTHS	900164000559263
18	USJT	9777						X		X				X			60MONTHS	900164000559274
19	USJT	9778	X							X				X			60MONTHS	900164000559278
20	USJT	9779	X							X				X			60MONTHS	900164000559280
21	USJT	9780						X		X				X			60MONTHS	900164000559268
22	USJT	9781	X							X						X	110MONTHS	900164000559271
23	USJT	9782					X			X				X			56MONTHS	900164000559281
24	USJT	9783						X		X				X			110MONTHS	900164000559283
25	USJT	9784					X			X				X			60MONTHS	900164000559291
26	USJT	9785						X		X				X			80MONTHS	900164000559293
27	USJT	9786					X			X				X			60MONTHS	900164000559288
28	USJT	9787					X			X						X	60MONTHS	900164000559289
29	USJT	9755	~~X~~	No marca						X						X	60MONTHS	900164000559224
30	USJT	9753		X						X						X	60MONTHS	900164000559222
31	USJT	9754			X					X						X	60MONTHS	900164000559232
32	USJT	9361						X		X						X	60MONTHS	981020009672067
33	USJT	9346		X						X				X			38MONTHS	981020009703177
34	USJU	0077	~~—~~			X	Numero			X				X			38MONTHS	981020009699286
35	USJU	0078					X			X				X			30MONTHS	900108001424365
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

ESTADOS UNIDOS MEXICANOS
SECRETARÍA DE AGRICULTURA, GANADERÍA, DESARROLLO RURAL, PESCA Y ALIMENTACIÓN
SERVICIO NACIONAL DE SANIDAD, INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCIÓN GENERAL DE INSPECCIÓN FITOZOOSANITARIA
OFICINA DE INSPECCIÓN DE SANIDAD AGROPECUARIA
PIEDRAS NEGRAS, COAH.

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).

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

WNER/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.

T14-88877
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-14-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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.

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USJT	5291	X							X						X	60MONTHS	900164000504111
2	USJT	5292				X				X				X			48MONTHS	900108001424275
3	USJT	5293					X			X						X	60MONTHS	900164000504113
4	USJT	5294			X					X				X			36MONTHS	900164000504114
5	USJT	5295					X			X				X			48MONTHS	900164000504115
6	USJT	5296					X			X				X			36MONTHS	900164000504116
7	USJT	5297				X				X						X	24MONTHS	900164000504117
8	USJT	5298				X				X						X	12MONTHS	900164000504118
9	USJT	5299					X			X				X			36MONTHS	900164000504119
10	USJT	5300						X		X						X	48MONTHS	900164000504120
11	USJT	5301						X		X				X			60MONTHS	900164000504121
12	USJT	5302	X							X				X			24MONTHS	900164000504122
13	USJT	5303			X					X						X	36MONTHS	900164000504123
14	USJT	5304	X							X				X			12MONTHS	900164000504124
15	USJT	5305			X					X						X	24MONTHS	900164000504125

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. Aux Piedras Negras
DATE 16/05/2014
TIME

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

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

(Please type or print in ink)

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

T14-88877
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	USJT	5306				Ciego	X			X	ojo derecho					X	36MONTHS	900164000504126
17	USJT	5307	X							X						X	48MONTHS	900164000504127
18	USJT	5308					X		N/P							X	36MONTHS	900164000504128
19	USJT	5309						X		X				X			24MONTHS	900164000504129
20	USJT	5310	X		Endoparasitos					X				X			36MONTHS	900164000504130
21	USJT	5311	X							X				X			60MONTHS	900164000504131
22	USJT	5312				X				X				X			48MONTHS	900164000504132
23	USJT	5313			X					X						X	36MONTHS	900164000504133
24	USJT	5314			X					X				X			24MONTHS	900164000504134
25	USJT	5317				X				X						X	36MONTHS	900108001424261
26	USJT	5318	X							X						X	24MONTHS	900164000504138
27	USJT	5319						X		X						X	48MONTHS	900164000504139
28	USJT	5320						X		X				X			36MONTHS	900164000504140
29	USJT	5321					X			X						X	84MONTHS	900164000504141
30	USJT	5322					X						X			X	12MONTHS	900164000504142
31	USJT	5323	X							X				X			24MONTHS	900164000504143
32	USJT	5324			X				N/P							X	60MONTHS	900164000504144
33	USJT	5325					X			X				X			24MONTHS	900164000504145
34	USJT	5326	X							X				X			36MONTHS	900164000504146
35	USJT	5327					X			X				X			48MONTHS	900164000504147
36	USJT	5328				X				X						X	96MONTHS	900164000504148
37	USJT	5329						X		X				X			84MONTHS	900164000504149
38	USJT	5330			X					X				X			72MONTHS	900164000504150
39	USJT	6101					X			X				X			72MONTHS	900164000503511
40	USJT	6102						X		X				X			84MONTHS	900164000503512
41	USJT	6103			X			N/P		X						X	84MONTHS	900164000503513
42	USJT	6174					X			X				X			60MONTHS	900164000503584
43	USJU	1161	X							X				X			36MONTHS	900108001424421
44	USJU	1173						X					X	X			48MONTHS	900108001424445
45	USIV	3914						X		X				X			30MONTHS	900164000484133

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88877

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		
46	USIV	3919				X				X				X			28MONTHS	900164000484665
47	USIV	3936	X										X	X			30MONTHS	900164000484579
48	USIV	3940				X			N/A					X			16MONTHS	900164000484638
49	USIV	3855						X					X	X			24MONTHS	981020009696680
50	USJT	9661		X		SNM				X				X			28MONTHS	981020009702980
51	USJT	9671		X						X				X			36MONTHS	981020009679537
52	USJT	9691	X										X			X	20MONTHS	900164000559228

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA, GANADERIA, DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD, INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA
PIEDRAS NEGRAS, COAHUILA

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. 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.

T14-88879
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-18-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	5351		X						X						X	96MONTHS	900108001424021
2	USJT	5353						X		X				X			72MONTHS	900108001424023
3	USJT	5354			X					X						X	84MONTHS	900108001424024
4	USJT	5355	X	Herida Miembro Posterior D. y S. N. M.						X				X			108MONTHS	900108001424025
5	USJT	5356	X						X							X	120MONTHS	900108001424026
6	USJT	5357					X			X						X	72MONTHS	900108001424027
7	USJT	5358	X							X				X			96MONTHS	900108001424028
8	USJT	5359	Garrapata				X			X						X	84MONTHS	900108001424029
9	USJT	5360				X				X						X	72MONTHS	900108001424030
10	USJT	5361	X										X	X			120MONTHS	900108001424031
11	USJT	5363	X							X				X			84MONTHS	900108001424033
12	USJT	5364					X				X			X			72MONTHS	900108001424034
13	USJT	5365					X			X						X	96MONTHS	900108001424035
14	USJT	5367	X	Claudicacion en MPI						X				X			108MONTHS	900108001424037
15	USJT	5368						X		X				X			120MONTHS	900108001424038

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

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. Oficial Sanitario 19 mayo 2014

DATE

TIME

SECRETARIA DE AGRICULTURA, GANADERIA, DESARROLLO RURAL, PESCA Y ALIMENTACION
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA
PUERTAS INTERNACIONAL COAHUILA

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

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

(Please type or print in ink)

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

T14-88879
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	USJT	5369					X			X				X			84MONTHS	900108001424039
17	USJT	5370	X							X				X			72MONTHS	900108001424040
18	USJT	5371	Desgarre en cuiva				X			X				X			96MONTHS	900108001424081
19	USJT	5372	X							X				X			108MONTHS	900108001424082
20	USJT	5374						X		X				X			120MONTHS	900108001424084
21	USJT	5375					X			X				X			84MONTHS	900108001424085
22	USJT	5376					X			X				X			72MONTHS	900108001424086
23	USJT	5377	X							X				X			96MONTHS	900108001424087
24	USJT	5378			X					X						X	108MONTHS	900108001424088
25	USJT	5379						X		X						X	120MONTHS	900108001424089
26	USJT	5380				X				X						X	84MONTHS	900108001424090
27	USJT	5381						X		X						X	72MONTHS	900108001424091
28	USJT	5382					X			X						X	96MONTHS	900108001424092
29	USJT	5383						X		X						X	132MONTHS	900108001424093
30	USJT	5384			X					X						X	84MONTHS	900108001424094
31	USJT	5385	X							X						X	72MONTHS	900108001424095
32	USJT	5386				X				X				X			96MONTHS	900108001424096
33	USJT	5387	X							X						X	108MONTHS	900108001424097
34	USJT	5388					X			X						X	120MONTHS	900108001424098
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.)

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

WNER/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.

T14-88881
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-18-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 011521818309084

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	USJT	5211	X							X				X			36MONTHS	900108001424301
2	USJT	5212				X				X				X			12MONTHS	900108001424302
3	USJT	5213	X							X						X	24MONTHS	900108001424303
4	USJT	5214				X				X				X			36MONTHS	900108001424304
5	USJT	5215					X			X				X			48MONTHS	900108001424305
6	USJT	5216					X			X				X			60MONTHS	900108001424306
7	USJT	5217	X							X				X			48MONTHS	900108001424307
8	USJT	5218				X				X						X	36MONTHS	900108001424308
9	USJT	5219						X		X				X			24MONTHS	900108001424309
10	USJT	5220						X		X				X			36MONTHS	900108001424310
11	USJT	5221						X		X						X	48MONTHS	900108001424311
12	USJT	5222	X							X						X	36MONTHS	900108001424312
13	USJT	5223			S.N.X.M.					X				X			24MONTHS	900108001424313
14	USJT	5224	X		corte Hx MPD					X				X			48MONTHS	900108001424314
15	USJT	5225	X										X	X			12MONTHS	900108001424315

al embarcar

I THEREBY 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

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

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA OFICINA DE INSPECCION DE PRODUCTOS AGROPECUARIOS PIEDRAS NEGRAS, COAHUILA

EST. OISA PIEDRAS NEGRAS

DATE 19-MAYO-2014

TIME

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

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

(Please type or print in ink)

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

T14-88881
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	USJT	5226	X							X				X			36MONTHS	900164000503514
17	USJT	5228	X							X				X			48MONTHS	900108001424264
18	USJT	5229						X		X				X			24MONTHS	900108001424319
19	USJT	5230					X			X				X			36MONTHS	900108001424320
20	USJT	5231	X							X				X			36MONTHS	900108001424321
21	USJT	5316	X							X				X			24MONTHS	900164000504136
22	USJT	5315			X					X				X			36MONTHS	900164000504135
23	USJU	0083					X			X						X	36MONTHS	900032002366962
24	USJU	0084					X			X						X	24MONTHS	900032002366978
25	USJU	0085					X			X						X	48MONTHS	900032002366963
26	USJU	0086			X					X				X			36MONTHS	900032002366970
27	USJU	0087					X			X						X	12MONTHS	900032002366968
28	USJU	0088						X		X				X			36MONTHS	900032002366961
29	USJU	0089	X							X				X			48MONTHS	900032002366976
30	USJU	0090	X							X				X			36MONTHS	900032002366969
31	USJU	0091					X			X						X	24MONTHS	900032002363891
32	USJU	0092				X				X						X	36MONTHS	900032002363884
33	USJU	0093		X						X						X	12MONTHS	900032002363897
34	USJU	0094	X							X				X			36MONTHS	900032002363898
35	USJU	0095						X		X				X			24MONTHS	900032002363896
36	USJU	0096	X							X						X	36MONTHS	900032002363900
37	USJU	0097			X					X				X			48MONTHS	900032002363885
38	USJU	0098					X			X				X			36MONTHS	900032002363882
39	USJU	0099						X		X				X			48MONTHS	900032002363881
40	USJU	0100					X			X				X			36MONTHS	900032002363887
41	USJU	0241					X			X				X			48MONTHS	900032002363893
42	USJU	0242					X			X						X	36MONTHS	900032002363888
43	USJU	0243					X			X				X			24MONTHS	900108001423939
44	USJU	0244	X							X						X	36MONTHS	900108001423938
45	USJU	0245	X							X						X	48MONTHS	900032002363890

error documentation en microchip

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88881
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		
46	USJT	5233	X							X				X			24MONTHS	900108001424323
47	USJT	5234	X							X						X	24MONTHS	900108001424324

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.)

.S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88883
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5/8/14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJT	9851		X									X			X	36MONTHS	900164000559285
2	USJT	9852	X	X		Entero							X			X	24MONTHS	900164000559286
3	USJT	9853				X							X			X	22MONTHS	900164000559284
4	USJT	9854		X									X			X	30MONTHS	900164000559282
5	USJT	9855		X									X			X	30MONTHS	900164000559294
6	USJT	9856		X									X			X	30MONTHS	900164000559298
7	USJT	9857		X									X			X	30MONTHS	900164000559292
8	USJT	9858						X					X			X	30MONTHS	900164000559347
9	USJT	9859		X									X			X	30MONTHS	900164000559295
10	USJT	9860						X					X	X			24MONTHS	900164000559287
11	USJT	9861					X						X			X	38MONTHS	900164000559346
12	USJT	9862		X									X	X			38MONTHS	900164000559355
13	USJT	9863		X									X			X	20MONTHS	900164000559300
14	USJT	9864					X						X	X			36MONTHS	981020009697677
15	USJT	9865		X									X	X			36MONTHS	900164000559344

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

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

SECRETARÍA DE AGRICULTURA GANADERÍA DESARROLLO RURAL, PESCA Y ALIMENTACIÓN

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. Aduana Piedras Negras

DATE 20/5/14

TIME

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

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

(Please type or print in ink)

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

T14-88883
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	USJT	9866						X					X			X	22MONTHS	900164000559338
17	USJT	9867						X					X			X	36MONTHS	900164000559350
18	USJT	9868				X							X			X	32MONTHS	900164000559342
19	USJT	9869						X					X	X			30MONTHS	981020009700401
20	USJT	9870		X									X			X	30MONTHS	900164000559322
21	USJT	9871					X						X			X	22MONTHS	900164000559330
22	USJT	9872		X									X			X	22MONTHS	900164000559341
23	USJT	9873		X									X			X	22MONTHS	900164000559336
24	USJT	9874				X							X	X			30MONTHS	900164000559296
25	USJT	9875					X						X			X	36MONTHS	900164000559359
26	USJT	9876	X	X									X			X	36MONTHS	900164000559357
27	USJT	9877					X						X			X	24MONTHS	900164000559351
28	USJT	9878		X									X	X			24MONTHS	900164000559343
29	USJT	9879		X									X			X	24MONTHS	900164000559354
30	USJT	9880		X									X			X	28MONTHS	900164000559358
31	USJT	9881	X	X									X	X			32MONTHS	900164000559345
32	USJT	9882		X									X			X	32MONTHS	900164000559360
33	USJT	9883		X									X			X	22MONTHS	900164000559356
34	USJT	9884				X							X			X	24MONTHS	900164000559352
35	USJT	9885				X							X	X			36MONTHS	900164000559337
36	USJT	9886						X					X			X	36MONTHS	981020009112471
37	USJT	9887					X						X			X	30MONTHS	900164000559321
38	USJT	9888					X						X			X	30MONTHS	900164000559331
39	USJT	9889		X									X			X	30MONTHS	900164000559326
40	USJT	9890					X						X	X			24MONTHS	900164000559328
41	USJT	9891		X									X			X	30MONTHS	900164000559334
42	USJT	9892		X									X			X	30MONTHS	900164000559340
43	USJT	9893		X									X	X			30MONTHS	900164000559335
44	USJT	9894						X					X			X	30MONTHS	900164000559323
45	USJT	9895					X						X			X	22MONTHS	900164000559333

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88883
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		
46	USJT	9896					X						X	X			22MONTHS	900164000559321
47	USJT	9897		X									X	X			20MONTHS	900164000559339
48	USJT	9898		X									X	X			30MONTHS	900164000559325
49	USJT	9899					X						X			X	26MONTHS	900164000559349
50	USJT	9900					X						X	X			26MONTHS	900164000559329
51	USJT	9901					X						X	X			26MONTHS	900164000559332
52	USJT	9902		X									X			X	26MONTHS	900164000559317
53	USJT	9903					X						X			X	26MONTHS	900164000559320
54	USJT	9904		X									X			X	30MONTHS	900164000559308
55	USJT	9905						X					X			X	22MONTHS	900164000559301
56	USJT	9906						X					X			X	32MONTHS	900164000559311
57	USJT	9907		X									X			X	30MONTHS	900164000559315
58	USJT	9908		X									X			X	30MONTHS	900164000559314
59	USJT	9909		X									X			X	30MONTHS	900164000559304
60	USJT	9910		X									X			X	22MONTHS	900164000559305
61	USJT	9911		X									X	X			20MONTHS	900164000559319
62	USJT	9912						X					X	X			20MONTHS	900164000559306
63	USJT	9913						X					X			X	20MONTHS	900000000064671
64	USJT	9914						X					X			X	20MONTHS	900164000559302
65	USJT	9915				X							X			X	20MONTHS	900164000559312
66	USJT	9916		X									X			X	20MONTHS	900164000559318
67	USJT	9917		X									X	X			30MONTHS	900164000559309
68	USJT	9918		X									X	X			30MONTHS	900164000559303
69	USJT	9919						X					X	X			20MONTHS	900164000559310
70	USJT	9920		X		Entero							X			X	20MONTHS	900164000559307

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88882
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-18-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJT	9801						X		X						X	20MONTHS	900164000484173
2	USJT	9802			X					X				X			19MONTHS	900164000484194
3	USJT	9803						X		X				X			20MONTHS	981020009694722
4	USJT	9804			X					X						X	18MONTHS	900164000484192
5	USJT	9805			X					X						X	20MONTHS	900164000484190
6	USJT	9806					X			X				X			21MONTHS	900164000484189
7	USJT	9807						X		X						X	20MONTHS	900164000484206
8	USJT	9808						X		X						X	19MONTHS	900164000484230
9	USJT	9809						X		X						X	21MONTHS	900164000484195
10	USJT	9810						X		X						X	20MONTHS	900164000484215
11	USJT	9811	X							X				X			22MONTHS	900164000484199
12	USJT	9812	Endoparasitos					X		X				X			21MONTHS	900164000484200
13	USJT	9813						X		X						X	18MONTHS	900164000484202
14	USJT	9814	X							X				X			19MONTHS	900164000484221
15	USJT	9815					X			X						X	20MONTHS	900164000484226

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

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. Oficina Piedras Negras

DATE 19/5/14

TIME

SECRETARIA DE AGRICULTURA, GANADERIA, DESARROLLO RURAL, PESCA Y ALIMENTACION
SENASICA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

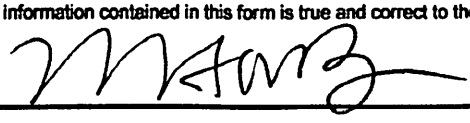
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated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

T14-88882
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	USJT	9816					X			X				X			21MONTHS	900164000484204
17	USJT	9817						X		X						X	19MONTHS	900164000484207
18	USJT	9818			X					X						X	18MONTHS	900164000484188
19	USJT	9819	X							X						X	22MONTHS	900164000484198
20	USJT	9820						X		X				X			21MONTHS	900164000484182
21	USJT	9821					X			X				X			20MONTHS	900164000484216
22	USJT	9822					X			X				X			21MONTHS	900164000484225
23	USJT	9823	X							X				X			22MONTHS	900164000484203
24	USJT	9824			X					X						X	20MONTHS	900164000559297
25	USIV	5032						X		X				X			19MONTHS	900164000484177
26	USJT	9825		X						X				X			22MONTHS	900164000484224
27	USJT	9826	X							X						X	21MONTHS	900164000484213
28	USJT	9827						X					X	X			18MONTHS	900164000484219
29	USJT	9828				X				X						X	23MONTHS	900164000484211
30	USJT	9829					X			X				X			22MONTHS	900164000484210
31	USJT	9830					X			X				X			20MONTHS	900164000484176
32	USJT	9831	X							X				X			18MONTHS	900164000484228
33	USJT	9832			X					X				X			24MONTHS	900164000484193
34	USJT	9833	X										X	X			22MONTHS	900164000484184
35	USJT	9834						X		X						X	19MONTHS	900164000484196
36	USJT	9835						X		X						X	21MONTHS	900164000484222
37	USIV	5004	X							X				X			31MONTHS	900164000484191
38	USIV	5035					X			X				X			20MONTHS	900164000484223
39	USJT	5310	X							X				X			28MONTHS	900164000504130
40	USJT	9661		X						X				X			30MONTHS	981020009702980
41	USJT	9672					X			X				X			36MONTHS	981020009663203
42	USJT	5103	X										X	X			30MONTHS	900164000559299
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.)



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.

T14-88880
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-18-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						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	USJR	6771	X							X				X			24MONTHS	900164000504231
2	USJR	6772					X			X				X			48MONTHS	900164000504232
3	USJR	6773				X				X				X			36MONTHS	900164000504233
4	USJR	6775	X							X						X	48MONTHS	900164000504235
5	USJR	6776					X			X				X			24MONTHS	900164000504236
6	USJR	6777				X				X				X			36MONTHS	900164000504237
7	USJR	6778	X							X				X			48MONTHS	900164000504238
8	USJR	6779						X		X				X			24MONTHS	900164000504239
9	USJR	6780				X				X				X			36MONTHS	900164000504240
10	USJR	6781			X					X						X	36MONTHS	900164000504261
11	USJR	6782					X			X				X			48MONTHS	900164000504242
12	USJR	6783			GARRAPATA		X			X				X			72MONTHS	900164000504243
13	USJR	6784			X								X	X			60MONTHS	900164000504244
14	USJR	6785	X		Monaqdidd					X						X	48MONTHS	900164000504245
15	USJR	6786					X			X						X	36MONTHS	900164000504246

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

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. OISA PIEDRAS NEGRAS
DATE 19-MAYO-2014
TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-88880
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	USJR	6787	X			S. W				X				X			48MONTHS	900164000504247
17	USJR	6788						X		X				X			36MONTHS	900164000504248
18	USJR	6789						X		X						X	24MONTHS	900164000504249
19	USJR	6790						X					X	X			36MONTHS	900164000504250
20	USJR	6791	X							X						X	48MONTHS	900164000504251
21	USJR	6792	X							X				X			36MONTHS	900164000504252
22	USJR	6793	X		Abscess					X				Sub Mandi DU			48MONTHS	900164000504253
23	USJR	6794	X							X						X	36MONTHS	900164000504254
24	USJR	6795				X				X				X			24MONTHS	900164000504255
25	USJR	6796	X							X				X			36MONTHS	900164000504256
26	USJR	6797	X										X			X	48MONTHS	900164000504257
27	USJR	6798					X			X				X			36MONTHS	900164000504258
28	USJR	6799					X			X				X			24MONTHS	900164000504259
29	USJR	6800						X		X						X	36MONTHS	900164000504260
30	USJR	6801				X				X				X			36MONTHS	900164000504241
31	USJR	6802						X					X	X			24MONTHS	900164000504262
32	USJR	6803	X		GRADRATA									X			36MONTHS	900164000504263
33	USJR	6804	X							X				X			48MONTHS	900164000504264
34	USJR	6805						X		X						X	72MONTHS	900164000504265
35	USJR	6806	X							X						X	36MONTHS	900164000504266
36	USJR	6807						X		X				X			24MONTHS	900164000504267
37	USJR	6808	X										X			X	36MONTHS	900164000504268
38	USJR	6809						X					X			X	48MONTHS	900164000504269
39	USJR	6810				X				X				X			36MONTHS	900164000504270
X40	USJR	6525						X		X				X			36MONTHS	900164000504086
41	USJR	6526						X					X	X			24MONTHS	900164000504070
42	USJR	6527	X										X			X	36MONTHS	900164000504069
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. 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.

T14-88884
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 — DATE: 5-19-14	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJR	2452		X						X				X			132MONTHS	900108001423590
2	USJR	2453					X			X						X	240MONTHS	900108001423589
3	USJR	2454			X					X				X			180MONTHS	900108001423588
4	USJR	2455	X	Hx infectada e inflamada ojo izquierdo						X						X	84MONTHS	900108001423587
5	USJR	2456					X			X				X			96MONTHS	900108001423586
6	USJR	2457			X					X				X			120MONTHS	900108001423585
7	USJR	2458	X		Garapata					X				X			180MONTHS	900108001423584
8	USJR	2459			X					X				X			180MONTHS	900108001423583
9	USJR	2460			X					X				X			132MONTHS	900108001423582
10	USJR	2461	X							X						X	96MONTHS	900108001423581
11	USJR	2462			X					X				X			96MONTHS	900108001424920
12	USJR	2463		X						X						X	120MONTHS	900108001424919
13	USJR	2464		X						X				X			84MONTHS	900108001424918
14	USJR	2465					X			X						X	12MONTHS	900108001424917
15	USJR	2456 2466					X			X				X			132MONTHS	900108001424916

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

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

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 01 sapernas negras, rociada.

DATE 20 mayo 2014

TIME

DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA EN PUERTOS DE INSPECCION DE SANIDAD AGROPECUARIA

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

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

(Please type or print in ink)

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

T14-88884
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	USJR	2467		X						X				X			84MONTHS	900108001424915
17	USJR	2468				X				X						X	96MONTHS	900108001424914
18	USJR	2469					X			X				X			96MONTHS	900108001424913
19	USJR	2470	X							X						X	72MONTHS	900108001424912
20	USJR	2471	X							X				X			132MONTHS	900108001424911
21	USJR	2472		X						X				X			132MONTHS	900108001424910
22	USJR	2473				X				X						X	240MONTHS	900108001424909
23	USJR	2474			X					X				X			144MONTHS	900108001424908
24	USJR	2475			X	NP				X	NP			X			132MONTHS	900108001424907
25	USJR	2476	X							X						X	60MONTHS	900108001424906
26	USJR	2477	X							X						X	96MONTHS	900108001424905
27	USJR	2478	Hx	en	la		X Frente			X						X	120MONTHS	900108001424904
28	USJR	2479					X			X						X	133MONTHS	900108001424903
29	USJR	2480					X			X				X			72MONTHS	900108001424902
30	USJR	2481				X				X				X			96MONTHS	900108001424901
31	USJR	2482	X							X				X			60MONTHS	900108001423442
32	USJR	2483					N.P			X	NP			X			60MONTHS	900108001423441
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)

S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88885
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
1:00	5-19-14	FORNEY, TX

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
(b) (6) [redacted]	N/a

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
M & M LIVESTOCK	CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS 11026 CR 213 A	STREET ADDRESS 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE FORNEY, TX 75126	CITY, STATE, ZIP CODE MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO. 469-595-6289	AREA CODE & TELEPHONE NO. 0115218183090884

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	USJT	5391				X				X				X			12MONTHS	900108001424061
2	USJT	5392			X					X						X	48MONTHS	900108001424062
3	USJT	5393					X			X				X			24MONTHS	900108001424063
4	USJT	5394			X					X						X	36MONTHS	900108001424064
5	USJT	5395	X							X						X	48MONTHS	900108001424065
6	USJT	5396					X			X				X			60MONTHS	900108001424066
7	USJT	5397					X			X				X			24MONTHS	900108001424067
8	USJT	5398				X				X				X			12MONTHS	900108001424068
9	USJT	5399			X					X				X			48MONTHS	900164000503515
10	USJT	5400	X							X						X	36MONTHS	900108001424070
11	USJT	5401				X				X				X			12MONTHS	900108001424071
12	USJT	5402	X							X				X			24MONTHS	900108001424072
13	USJT	5403	X							X				X			12MONTHS	900108001424073
14	USJT	5404			X					X				X			36MONTHS	900108001424074
15	USJT	5405	X							X				X			12MONTHS	900108001424075

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

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

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA EN AREAS FRONTERIZAS NUEVO LAREDO, TAMPS. Negros

DATE 2 | 15 | 14

TIME

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

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

(Please type or print in ink)

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

T14-88885
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	USJT	5406			X					X				X			24MONTHS	900108001424076
17	USJT	5407				X				X						X	36MONTHS	900108001424077
18	USJT	5408	X							X						X	24MONTHS	900108001424078
19	USJT	5409	X							X				X			36MONTHS	900108001424079
20	USJT	5410					X			X				X			48MONTHS	900108001424080
21	USJT	5411	X							X						X	36MONTHS	900108001424101
22	USJT	5412				X				X				X			48MONTHS	900108001424102
23	USJT	5413					X			X				X			36MONTHS	900108001424103
24	USJT	5414		X						X						X	48MONTHS	900108001424104
25	USJT	5415						X		X				X			36MONTHS	900108001424105
26	USJR	6869	X							X				X			36MONTHS	900108001424322
27	USJT	5416			X					X						X	48MONTHS	900108001424106
28	USJT	5417	X										X			X	36MONTHS	900108001424107
29	USJT	5418						X		X						X	12MONTHS	900108001424108
30	USJT	5419	X							X				X			36MONTHS	900108001424109
31	USJT	5420						X		X				X			36MONTHS	900108001424110
32	USJT	5421	X							X				X			36MONTHS	900108001424111
33	USJT	5422	X										X			X	48MONTHS	900108001424112
34	USJT	5423	X										X			X	36MONTHS	900108001424113
35	USJT	5424		X						X				X			48MONTHS	900108001424114
36	USJT	5425			X					X				X			36MONTHS	900108001424115
37	USJT	5426						X		X						X	12MONTHS	900108001424116
38	USJT	5427						X		X				X			36MONTHS	900108001424117
39	USJT	5428						X		X				X			60MONTHS	900164000503926
40	USJT	5429						X		X				X			48MONTHS	900108001424119
41	USJT	5430						X		X				X			36MONTHS	981020009115674
42	USJT	5167						X		X						X	48MONTHS	900164000504067
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.)

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.

T14-88889
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-20-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USJA	2451				X				X				X			96MONTHS	900000000068941
2	USJA	2452				X				X				X			72MONTHS	900000000068931
3	USJA	2453	X							X						X	84MONTHS	900000000068929
4	USJA	2454		X						X				X			108MONTHS	900000000068936
5	USJA	2455		X						X						X	120MONTHS	900000000068921
6	USJA	2456	X							X						X	84MONTHS	900000000068935
7	USJA	2457		X	S.N.M.					X				X			72MONTHS	900000000068927
8	USJA	2458	X							X				X			96MONTHS	900000000068930
9	USJA	2459	X	Claudicacion				MDD		X				X			108MONTHS	900000000068942
10	USJA	2460					X			X				X			120MONTHS	900000000068914
11	USJA	2461			X					X				X			84MONTHS	900000000068915
12	USJA	2462	SNM	X						X				X			72MONTHS	900000000068907
13	USJA	2463					X			X						X	96MONTHS	900000000068773
14	USJA	2464						X		X				X			108MONTHS	900000000068777
15	USJA	2465		X						X						X	72MONTHS	900000000068792

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

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. Oficina Piedras Negras
DATE 22/5/14
TIME

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

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

(Please type or print in ink)

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

T14-88889
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	USJA	2466		Garrapata		X				X				X			96MONTHS	900000000068775
17	USJA	2467				X				X						X	108MONTHS	900000000068857
18	USJA	2468				X				X				X			120MONTHS	900000000068764
19	USJA	2469		Garrapata			X			X				X			84MONTHS	900000000068778
20	USJA	2470				S NM		X		X				X			72MONTHS	900000000068788
21	USJA	2471	X							X				X			96MONTHS	900000000068779
22	USJA	2472					X			X						X	108MONTHS	900000000068774
23	USJA	2473					X			X				X			120MONTHS	900000000068793
24	USJA	2474						X		X						X	84MONTHS	900000000068781
25	USJA	2475						X		X				X			72MONTHS	900000000068555
26	USJA	2476					X			X				X			96MONTHS	900000000068551
27	USJA	2477	X							X						X	96MONTHS	900000000068550
28	USJA	2478					X			X						X	72MONTHS	900000000068552
29	USJA	2479					X			X				X			108MONTHS	900000000068560
30	USJA	2480	X							X						X	120MONTHS	900000000068554
31	USJA	2481					X			X				X			84MONTHS	900000000068676
32	USJA	2482					X			X				X			72MONTHS	900000000068665
33	USJA	2483					X			X						X	96MONTHS	900000000068679
34	USJA	2484	X							X				X			120MONTHS	900000000068880
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.)

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.

14-88891
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-21-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A C-17	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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			BRAND, Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USJU	1254					X			X				X			96MONTHS	900032002362250
2	USJU	1255			X					X						X	72MONTHS	900032002362255
3	USJU	1256					X			X						X	84MONTHS	900032002362242
4	USJU	1289					X			X				X			96MONTHS	900032002362499
5	USJU	1291					X			X						X	108MONTHS	900032002362484
6	USJU	1294	X							X						X	120MONTHS	900032002362488
7	USJU	1295		X					X							X	84MONTHS	900032002362496
8	USJU	1299		X						X				X			72MONTHS	900032002362486
9	USJU	1304					X		X					X			96MONTHS	900032002362492
10	USJU	1305						X		X						X	84MONTHS	900032002362351
11	USJU	1306						X		X				X			108MONTHS	900032002362357
12	USJU	1309	X							X				X			120MONTHS	900032002362352
13	USJU	1311	X							X				X			72MONTHS	900032002362347
14	USJU	1312						X		X						X	96MONTHS	900032002362341
15	USJU	1314						X		X				X			108MONTHS	900032002362342

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

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. 010
DATE 22/MAY/2014
TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, [illegible] 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. You are not required to complete this information collection unless it displays a valid OMB control number. 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.

[illegible]891
FORM
PROVED
NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			REMARKS (Include Precondition)
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	
16	USJU	1315	X	✓					X					X			72MONTHS 900032002362348 ✓
17	USJU	1316	X	✓						X						X	96MONTHS 900032002362343 ✓
18	~~USJU~~	~~1317~~				X	P			X	NP2					X	108MONTHS 900032002362354 ✓
19	USJU	1320	✓	X						X				X			120MONTHS 900032002362349 ✓
20	USJU	1324	✓	X						X				X			84MONTHS 900032002362360 ✓
21	USJU	1325	✓				X			X				X			72MONTHS 900032002361921 ✓
22	USJU	1326	X✓							X						X	96MONTHS 900032002361925 ✓
23	USJU	1332	✓					X		X				X			72MONTHS 900032002361927 ✓
24	USJU	1334	✓		X					X				X			84MONTHS 900032002361934 ✓
25	USJU	1337	✓					X		X				X			108MONTHS 900032002361936 ✓
26	USJU	1339	✓				X			X						X	120MONTHS 900032002361932 ✓
27	USJU	1341	X SNM				X			X				X			84MONTHS 900032002361930 ✓
28	USJU	1342	✓	X		GARRAPATA				X				X			72MONTHS 900032002361937 ✓
29	USJU	1344	X	✓						X				X			108MONTHS 900032002361923 ✓
30	USJU	1345	X	✓						X				X			72MONTHS 900032002362037 ✓
31	USJU	1347	✓	X						X				X			108MONTHS 900032002362030 ✓
32	USJU	1348	X	X		GARRAPATA				X				X			72MONTHS 900032002362022 ✓
33	USJU	1349	✓		X					X				X			96MONTHS 900032002362028 ✓
34	USJU	1350	✓					X		X				X			108MONTHS 900032002362035 ✓
35	USJU	1351	✓		X					X				X			120MONTHS 900032002362025 ✓
36	USJU	1352	✓			X				X				X			84MONTHS 900032002362032
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.)

MAWS

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

WNER/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.

T14-88888
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-21-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: PROMOTORA GANADERA DEL RIO AGUANAVAL S DE RL DE CV
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: VICENTE GUERRERO 725 INT 3 COLONIA CENTRO
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: CD CAMARGO CHIHUAHUA MEXICO C.P. 33700
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 830-513-6388

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	USJT	9951				X							X	X			18MONTHS	900164000559256
2	USJT	9952						X					X	X			19MONTHS	900164000559243
3	USJT	9953						X					X	X			20MONTHS	900164000559364
4	USJT	9954						X					X	X			21MONTHS	900164000559362
5	USJT	9955		X									X	X			18MONTHS	900164000559375
6	USJT	9956						X					X	X			19MONTHS	900164000559255
7	USJT	9957				X							X	X			20MONTHS	900164000559247
8	USJT	9958				X							X			X	18MONTHS	900164000559250
9	USJT	9959						X					X			X	22MONTHS	900164000559246
10	USJT	9960						X					X	X			18MONTHS	900164000559257
11	USJT	9961		X									X	X			20MONTHS	900164000559244
12	USJT	9962						X					X	X			20MONTHS	900164000559379
13	USJT	9963						X					X	X			18MONTHS	900164000559245
14	USJT	9964		X									X			X	20MONTHS	900164000559251
15	USJT	9965		X									X	X			19MONTHS	900164000559242

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

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

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. Oficialias Nacionales

DATE 22/MAY/14

TIME 2:09

INSPECCION AUTORIZADA OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

VS FORM 10-13 (SEP 2002)

Previous editions are obsolete

PAGE 1 OF 1

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

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

(Please type or print in ink)

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

T14-88888
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		
46	USJT	9996						X					X			X	20MONTHS	900164000559204
47	USJT	9997		X									X	X			19MONTHS	900164000559210
48	USJT	9998		X									X	X			18MONTHS	900164000559220
49	USJT	9999		X									X	X			20MONTHS	900164000559202
50	USJT	0000		X									X	X			21MONTHS	900164000559205
51	USJT	9551						X					X	X			20MONTHS	900164000559201
52	USJT	9552						X					X	X			19MONTHS	900164000559197
53	USJT	9553						X					X	X			20MONTHS	900164000559218
54	USJT	9554						X					X	X			18MONTHS	900164000559194
55	USJT	9555						X					X			X	19MONTHS	900164000559190
56	USJT	9556		X									X	X			20MONTHS	900164000559215
57	USJT	9557		X									X	X			19MONTHS	900164000559199
58	USJT	9558						X					X	X			19MONTHS	900164000559181
59	USJT	9559		X									X	X			20MONTHS	900164000559187
60	USJT	9560		X									X	X			21MONTHS	900164000559200
61	USJT	9561				X							X	X			19MONTHS	900164000559192
62	USJT	9562						X					X	X			20MONTHS	900164000559189
63	USJT	9563		X	S.N								X	X			18MONTHS	900164000559208
64	USJT	9564		X									X	X			19MONTHS	900164000559186
65	USJT	9565						X					X	X			20MONTHS	900164000559216
66	USJT	9566		X									X	X			19MONTHS	981020009680785
67	USJT	9567						X					X	X			20MONTHS	900164000559206
68	USJT	9568		X									X	X			19MONTHS	900164000559182
69	USJT	9569						X					X	X			21MONTHS	900164000559188
70	USJT	9570				X							X	X			22MONTHS	900164000559183
71	USJT	9571						X					X	X			20MONTHS	900164000559191
72	USJT	9572		X									X	X			20MONTHS	900164000559214
73	USJT	9573		X									X			X	20MONTHS	900164000559184
74	USJT	9574						X					X			X	18MONTHS	900164000559207

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88888
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	USJT	9966						X					X	X			18MONTHS	900164000559241
17	USJT	9967		X									X			X	19MONTHS	900164000559253
18	USJT	9968		X									X			X	20MONTHS	900164000559241
19	USJT	9969		X									X	X			22MONTHS	900164000559258
20	USJT	9970						X					X	X			21MONTHS	900164000559361
21	USJT	9971						X					X	X			20MONTHS	900164000559248
22	USJT	9972						X					X			X	20MONTHS	900164000559249
23	USJT	9973		X									X	X			21MONTHS	900164000559369
24	USJT	9974		X									X	X			18MONTHS	900164000559254
25	USJT	9975		X									X	X			20MONTHS	900164000559371
26	USJT	9976		X									X	X			18MONTHS	900164000559259
27	USJT	9977						X					X	X			19MONTHS	900164000559363
28	USJT	9978		X									X	X			20MONTHS	900164000559377
29	USJT	9979		X									X	X			18MONTHS	900164000559373
30	USJT	9980						X					X	X			19MONTHS	900164000559252
31	USJT	9981						X					X	X			21MONTHS	900164000559366
32	USJT	9982						X					X	X			18MONTHS	900164000559367
33	USJT	9983						X					X	X			21MONTHS	900164000559374
34	USJT	9984						X					X	X			20MONTHS	900164000559376
35	USJT	9985		X									X			X	19MONTHS	900164000559380
36	USJT	9986						X					X	X			18MONTHS	900164000559260
37	USJT	9987				X							X	X			20MONTHS	900164000559372
38	USJT	9988			PAPILOMA								X	X			19MONTHS	900164000559378
39	USJT	9989				X							X	X			20MONTHS	900164000559365
40	USJT	9990						X					X	X			20MONTHS	900164000559212
41	USJT	9991						X					X	X			19MONTHS	900164000559370
42	USJT	9992		X									X			X	18MONTHS	900164000559219
43	USJT	9993		X									X	X			19MONTHS	900164000559213
44	USJT	9994		X									X	X			20MONTHS	900164000559217
45	USJT	9995		X									X	X			19MONTHS	900164000559211

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. 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.

T14-88887
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM	DATE: 5-21-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 011521818309084

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	USJU	1231	X							X				X			36MONTHS	900032002363829
2	USJU	1232						X					X	X			48MONTHS	900032002363822
3	USJU	1233						X					X	X			72MONTHS	900032002363838
4	USJU	1234						X					X	X			84MONTHS	900032002363837
5	USJU	1235						X					X	X			60MONTHS	900032002363827
6	USJU	1236						X					X	X			96MONTHS	900032002363835
7	USJU	1238						X					X	X			84MONTHS	900032002363821
8	USJU	1239						X					X	X			72MONTHS	900032002363826
9	USJU	1240						X					X	X			96MONTHS	900032002363828
10	USJU	1241						X					X	X			108MONTHS	900032002363823
11	USJU	1244					X						X	X			72MONTHS	900032002363834
12	USJU	1245	Papilomas en belfos					X		X				X			48MONTHS	900032002362256
13	USJU	1246	X							X				X			36MONTHS	900032002362252
14	USJU	1248	X										X	X			48MONTHS	900032002362259
15	USJU	1249						X					X	X			36MONTHS	900032002362246

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

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. Oisa Piedras Negras
DATE 23/5/14
TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

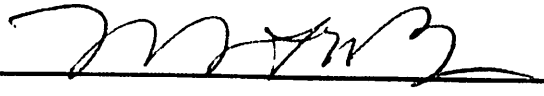
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated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

T14-88887
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	USJU	1253					X			X						X	36MONTHS	900032002362243
17	USJU	1290		SNM				X		X						X	48MONTHS	900032002362482
18	USJU	1292	X							X				X			12MONTHS	900032002362500
19	USJU	1293				X				X				X			48MONTHS	900032002362489
20	USJU	1296						X		X				X			36MONTHS	900032002362495
21	USJU	1297						X		X				X			24MONTHS	900032002362481
~~22~~	~~USJU~~	~~1298~~		~~X~~		NP				~~X~~				~~X~~			~~36MONTHS~~	~~900032002362485~~
23	USJU	1300						X		X				X			12MONTHS	900032002362490
24	USJU	1301					X			X				X			24MONTHS	900032002362494
25	USJU	1302					X			X				X			12MONTHS	900032002362498
26	USJU	1303						X		X				X			12MONTHS	900032002362487
27	USJU	1307	X							X						X	36MONTHS	900032002362350
28	USJU	1308						X		X						X	48MONTHS	900032002362356
29	USJU	1310			X					X				X			36MONTHS	900032002362346
30	USJU	1313	X							X				X			36MONTHS	900032002362353
31	USJU	1318						X		X				X			12MONTHS	900032002362358
32	USJU	1319					X			X				X			12MONTHS	900032002362355
33	USJU	1321	X							X				X			36MONTHS	900032002362359
34	USJU	1322	X							X				X			36MONTHS	900032002362344
35	USJU	1323				X				X				X			48MONTHS	900032002362345
36	USJU	1327			X					X				X			12MONTHS	900032002361933
37	USJU	1328	X										X	X			48MONTHS	900032002361940
38	USJU	1329	X										X			X	60MONTHS	900032002361929
39	USJU	1330				X							X	X			72MONTHS	900032002361924
40	USJU	1331				X				X						X	36MONTHS	900032002361935
41	USJU	1333				X				X						X	48MONTHS	900032002361926
42	USJU	1335	X							X						X	60MONTHS	900032002361928
43	USJU	1336	Herida infectada en prepucio				X			X				X			36MONTHS	900032002361931
44	USJU	1338	X							X						X	12MONTHS	900032002361922
45	USJU	1340				X							X			X	48MONTHS	900032002361938

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

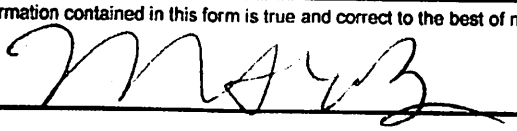
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated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

T14-88887
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		
46	USJU	1343					X						X			X	60MONTHS	900032002361939
47	USJU	1346					X			X						X	36MONTHS	900032002362027
48	USJU	1353				X				X				X			24MONTHS	900032002362024
49	USJU	1354		X						X				X			36MONTHS	900032002362038
50	USJU	1356	Garrapata				X			X				X			48MONTHS	900032002362039
51	USJU	1359	SNM							X				X			60MONTHS	900032002362034
52	USJU	1367				X				X						X	36MONTHS	900032002367289
53	USJU	1377		X	Claudicacion					X	MPI			X			48MONTHS	900032002368286

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. 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.

T14-88892
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-21-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJR	6811						X		X						X	96MONTHS	900164000504151
2	USJR	6812	X							X				X			108MONTHS	900164000504152
3	USJR	6813						X		X						X	120MONTHS	900164000504153
4	USJR	6814			X					X						X	84MONTHS	900164000504154
5	USJR	6815	X							X						X	72MONTHS	900164000504155
6	USJR	6816	X										X	X			96MONTHS	900164000504156
7	USJR	6817				X				X				X			108MONTHS	900164000504157
8	USJR	6818						X		X				X			120MONTHS	900164000504158
9	USJR	6819					X			X				X			84MONTHS	900164000504159
10	USJR	6820	— SN. con sengre				X			X						X	72MONTHS	900164000504160
11	USJR	6821				X				X				X			96MONTHS	900164000504161
12	USJR	6822					X			X						X	72MONTHS	900164000504162
13	USJR	6823	— Error en sexo				X			X						X	84MONTHS	900164000504163
14	USJR	6824	X — Error en sexo							X				X			108MONTHS	900164000504164
15	USJR	6825					X			X				X			120MONTHS	900164000504165

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

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. Oficinas Nuevo
DATE 23/05/2014
TIME

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

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

(Please type or print in ink)

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

T14-88892
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	USJR	6826								X				X			84MONTHS	900164000504166
17	USJR	6827						X		X				X			72MONTHS	900164000504167
18	USJR	6828	X							X						X	96MONTHS	900164000504168
19	~~USJR~~	~~6829~~	X					N/P		X						X	108MONTHS	900164000504169
20	USJR	6830					X			X						X	120MONTHS	900164000504170
21	USJR	6831					X			X				X			96MONTHS	900164000504171
22	USJR	6832	X							X						X	72MONTHS	900164000504172
23	USJR	6833	X							X						X	96MONTHS	900164000504173
24	~~USJR~~	6834	—	Herida en Miembro Posterior Izquierdo.			X			X						X	~~108MONTHS~~	~~900164000504174~~
25	USJR	6835					X			X						X	120MONTHS	900164000504175
26	USJR	6836	X							X						X	108MONTHS	900164000504176
27	USJR	6837					X						X	X			120MONTHS	900164000504177
28	USJR	6838	X							X				X			84MONTHS	900164000504178
29	USJR	6839	X							X						X	72MONTHS	900164000504179
30	~~USJR~~	6840	—	Error en microchip				X		X				X			~~96MONTHS~~	~~900164000504180~~
31	USJR	6841					X			X						X	96MONTHS	900164000504181
32	USJR	6842						X		X						X	108MONTHS	900164000504182
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. 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.

T14-88893
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00	DATE: 5-21-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	5431					X			X						X	84MONTHS	900108001423861
2	USJT	5432				X				X				X			72MONTHS	900108001423862
3	USJT	5433					X			X						X	96MONTHS	900108001423863
4	USJT	5434	X					NP		X						X	108MONTHS	900108001423864
5	USJT	5435					X			X				X			72MONTHS	900108001423865
6	USJT	5436				X				X						X	60MONTHS	900108001423866
7	USJT	5437					X			X				X			96MONTHS	900108001423867
8	USJT	5438						X		X						X	108MONTHS	900108001423868
9	USJT	5439	X							X						X	120MONTHS	900108001423869
10	USJT	5440	X							X						X	84MONTHS	900108001423870
11	USJT	5441						X		X				X			72MONTHS	900108001423871
12	USJT	5442				X				X						X	60MONTHS	900108001423872
13	USJT	5444			X					X				X			96MONTHS	900108001423874
14	USJT	5445			X					X				X			84MONTHS	900108001423875
15	USJT	5446	X							X				X			72MONTHS	900108001423876

Garrapata
Herida en Parpado Superior Izq

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

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. Oficina de Inspección Nuevas Piedras Coahuila.
DATE 1 mayo 2014.
TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-88893
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	USJT	5447					X			X				X			96MONTHS	900108001423877
17	USJT	5448	X							X						X	108MONTHS	900108001423878
18	USJT	5449			X					X						X	120MONTHS	900108001423879
19	USJT	5450				X				X				X			84MONTHS	900108001423880
20	USJT	5451	X							X				X			96MONTHS	900108001424401
21	USJT	5452	X							X						X	72MONTHS	900108001424402
22	USJT	5453	X							X				X			84MONTHS	900108001424403
23	USJT	5454			X					X						X	96MONTHS	900108001424404
24	USJT	5455				X				X				X			108MONTHS	900108001424405
25	USJT	5456		X									X			X	72MONTHS	900108001424406
26	USJT	5457		X		Garrapata				X				X			96MONTHS	900108001424407
27	USJT	5458			X	Garrapata				X				X			72MONTHS	900108001424408
28	USJT	5459	X							X				X			84MONTHS	900108001424409
29	USJT	5460	X			Garrapata				X				X			96MONTHS	900108001424410
30	USJT	5461				Garrapata				X				X			84MONTHS	900108001424411
31	USJT	5462	X							X				X			72MONTHS	900108001424412
32	USJT	5463				X				X						X	60MONTHS	900108001424413
33	USJT	5464	X							X						X	84MONTHS	900108001424414
34	USJT	5465				X				X				X			72MONTHS	900108001424415
35	USJT	5466				X				X				X			96MONTHS	900108001424416
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.)

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.

T14-88894
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:60	DATE: 5-22-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJR	3101						X		X						X	144MONTHS	900108001424900
2	USJR	3102		X						X						X	132MONTHS	900108001424899
3	USJR	3103	X							X						X	144MONTHS	900108001424898
4	USJR	3104	X							X						X	132MONTHS	900108001424897
5	USJR	3105						X NP		X						X	120MONTHS	900108001424896
6	USJR	3106	X							X				X			48MONTHS	900108001424895
7	USJR	3107					X			X				X			36MONTHS	900108001424894
8	USJR	3108				X				X				X			36MONTHS	900108001424893
9	USJR	3109					X			X						X	144MONTHS	900108001424892
10	USJR	3110	X					NP		X						X	180MONTHS	900108001424891
11	USJR	3111	X							X						X	72MONTHS	900108001424890
12	USJR	3112					X			X				X			120MONTHS	900108001424889
13	USJR	3113	X							X						X	144MONTHS	900108001424888
14	USJR	3114					X			X				X			96MONTHS	900108001424887
15	USJR	3115				X				X				X			96MONTHS	900108001424886

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

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. Oficina Piedras Negras
DATE 23/5/14
TIME

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

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

(Please type or print in ink)

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

T14-88894
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	USJR	3116					X			X				X			240MONTHS	900108001424885
17	USJR	3117	X							X				X			180MONTHS	900108001424884
18	USJR	3118	X							X				X			180MONTHS	900108001424883
19	USJR	3119	X							X				X			60MONTHS	900108001424882
20	USJR	3120					X			X				X			120MONTHS	900108001424881
21	USJR	3121	X							X				X			180MONTHS	900108001424943
22	USJR	3122					X			X				X			180MONTHS	900108001424957
~~23~~	~~USJR~~	~~3123~~					X	NP		~~X~~				X			72MONTHS	900108001424958
24	USJR	3124				X				X						X	180MONTHS	900108001424944
25	USJR	3125						X		X				X			120MONTHS	900108001424952
26	USJR	3126	X							X				X			240MONTHS	900108001424951
27	USJR	3127	X							X				X			240MONTHS	900108001424945
28	USJR	3128	X							X						X	144MONTHS	900108001424958
29	USJR	3129					X			X						X	60MONTHS	900108001424950
30	USJR	3130					X			X						X	60MONTHS	900108001424954
~~31~~	~~USJR~~	~~3131~~	X					NP		X				X			48MONTHS	900108001424960
32	USJR	3132					X			X						X	180MONTHS	900108001424949
~~33~~	~~USJR~~	~~3133~~	X					NP		X				X			144MONTHS	900108001424955
34	USJR	3134				X				X				X			84MONTHS	900108001425006
35	USJR	3135	X							X				X			132MONTHS	900108001425005
36	USJR	3136	X							X						X	132MONTHS	900108001425008
37	USJR	3137					X			X				X			96MONTHS	900108001425007
38	USJR	3138		X						X				X			132MONTHS	900108001425003
39	USJR	3139					X			X				X			36MONTHS	900108001425002
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.)



S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88896
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-22-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: PROMOTORA GANADERA DEL RIO AGUANAVAL S DE RL DE CV
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: VICENTE GUERRERO 725 INT 3 COLONIA CENTRO
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: CD CAMARGO CHIHUAHUA MEXICO C.P. 33700
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 830-513-6388

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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	USJU	1245		Papilomas en belfos				X		X				X			36MONTHS	900032002362256
2	USJA	2459						X		X				X			40MONTHS	900000000068942
3	USJU	1336		Herida en ubre			X			X				X			38MONTHS	900032002361931
4	USJT	8133				X				X				X			32MONTHS	900164000504911
5	USJT	8113						X					X			X	36MONTHS	900164000504792
6	USJT	9563						X					X	X			36MONTHS	900164000559208
7	USJA	2462		X						X				X			40MONTHS	900000000068907
8	USJU	1348		X						X				X			42MONTHS	900032002362022
9	USJT	9575		X									X	X			38MONTHS	900164000559185
10	USJT	9415		X SNM						X				X			40MONTHS	900164000484178
11	USJR	6803					X			X				X			42MONTHS	900164000504263
12	USJU	1233					X						X	X			38MONTHS	900032002363838
13	USJT	9913					X						X			X	36MONTHS	900164000559313
14	USJR	4609		X						X				X			42MONTHS	900164000484806
15	USJU	1342		SNM				X		X				X			38MONTHS	900032002361937

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

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. Oficina Piedras Negras
DATE 23/5/14
TIME

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

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

(Please type or print in ink)

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

T14-88896
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	USJT	9988						X					X			X	36MONTHS	900164000559378
17	USJA	2470			S	N	M	X		X				X			39MONTHS	900000000068788
18	USJR	4599	X							X				X			36MONTHS	900164000484796
19	USJT	8112					X			X						X	40MONTHS	900164000504808
20	USJU	1359		X	S	N	M			X				X			40MONTHS	900032002362034
21	USJA	2469					X			X				X			38MONTHS	900000000068778
22	USJU	1290			S	N	M	X		X						X	39MONTHS	900032002362482
23	USJT	6826	X							X				X			40MONTHS	900000000069296
24	USJT	5315	X							X				X			39MONTHS	900164000504135
25	USJU	0242					X			X						X	44MONTHS	900164000559440
26	USJR	6787	X							X				X			36MONTHS	900164000504247
27	USJT	9812						X		X				X			32MONTHS	900164000484200
28	USJT	5223				X				X				X			39MONTHS	900108001424313
29	USJR	6783					X			X				X			40MONTHS	900164000504243
30	USJR	6793	X							X				X			40MONTHS	900164000486546
31	USJT	5359					X			X						X	46MONTHS	900108001424029
32	USJT	5367	X							X				X			49MONTHS	900164000504068
33	USJU	1111		X						X				X			36MONTHS	900164000559437
34	USJT	5355	X	S	N	M				X				X			40MONTHS	900108001424025
35	USJR	7785	X							X						X	38MONTHS	900164000504245
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.)

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.

T14-88895
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-22-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	9604						X		X				X			30MONTHS	900164000559160
2	USJT	9605						X		X						X	36MONTHS	900164000559142
3	USJT	9606			X					X						X	38MONTHS	900164000559147
4	USJT	9607				X				X						X	36MONTHS	900164000559151
5	USJT	9608	X							X						X	40MONTHS	900164000559146
6	USJT	9609					X			X						X	38MONTHS	900164000559156
7	USJT	9610		X						X				X			40MONTHS	900164000559141
8	USJT	9611					X			X				X			42MONTHS	900164000559152
9	USJT	9612		X						X				X			41MONTHS	900164000559143
10	USJT	9613					X			X				X			42MONTHS	900164000559149
11	USJT	9614		X						X				X			40MONTHS	900164000559154
12	USJT	9615						X		X						X	46MONTHS	900164000559155
13	USJT	9616	X							X						X	36MONTHS	900164000559196
14	USJT	9617						X		X						X	34MONTHS	900164000559150
15	USJT	9618		X						X						X	36MONTHS	900164000559153

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

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. OISA PIEDRAS NEGRAS COAH
DATE 23/05/2014
TIME

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

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

(Please type or print in ink)

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

T14-88895
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	USJT	9619					X			X						X	38MONTHS	900164000559195
17	USJT	9620					X			X				X			36MONTHS	900164000559193
18	USJT	9621					X			X				X			38MONTHS	900164000559158
19	USJT	9622	X							X						X	40MONTHS	900164000559176
20	USJT	9623		X						X				X			38MONTHS	900164000559168
21	USJT	9624					X			X						X	42MONTHS	900164000559179
22	USJT	9625	X							X				X			36MONTHS	900164000559145
23	USJT	9626	X							X				X			39MONTHS	900164000559178
24	USJT	9627					X			X				X			42MONTHS	900164000559159
25	USJT	9628	SNM				X			X				X			38MONTHS	900164000559162
26	USJT	9629					X			X						X	40MONTHS	900164000559157
27	USJT	9630					X			X						X	38MONTHS	900164000559174
28	USJT	9631					X			X				X			36MONTHS	900164000559144
29	USJT	9632					X			X						X	38MONTHS	900164000559175
30	USJA	2457		X						X				X			40MONTHS	900000000068927
31	USJA	2466				X				X				X			40MONTHS	900000000068775
32	USJU	1341	SNM				X			X				X			38MONTHS	900032002361930
33	USJT	5371					X			X				X			42MONTHS	900108001424081
34	USJT	6805					X			X				X			38MONTHS	900000000069125
35	USJU	1356					X			X				X			36MONTHS	900032002362039
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.)

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.

T14-88897
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1.00	DATE: 5-22-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	9633					X			X						X	36MONTHS	900164000559180
2	USJT	9634	X							X						X	38MONTHS	900164000559171
3	USJT	9635					X			X						X	38MONTHS	900164000559177
4	USJT	9636					X			X						X	40MONTHS	900164000559161
5	USJT	9637				X				X						X	38MONTHS	900164000559169
6	USJT	9638					X			X						X	40MONTHS	900164000559163
7	USJT	9639				X				X						X	36MONTHS	900164000559172
8	USJT	9640					X			X						X	38MONTHS	900164000559170
9	USJT	9641					X			X						X	36MONTHS	900164000559148
10	USJT	9642					X			X						X	38MONTHS	900164000559164
11	USJT	9643					X			X						X	36MONTHS	900164000559165
12	USJT	9644					X			X						X	38MONTHS	900164000559526
13	USJT	9645					X			X						X	38MONTHS	900164000559525
14	USJT	9646					X			X						X	40MONTHS	900164000559529
15	USJT	9647					X			X						X	42MONTHS	900164000559167

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

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. Olse Piedras Negras

DATE 23/5/14

TIME

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

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

(Please type or print in ink)

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

T14-88897
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	USJT	9648					X			X						X	40MONTHS	900164000559533
17	USJT	9649	X							X						X	42MONTHS	900164000559540
18	USJT	9650					X			X						X	38MONTHS	900164000559534
19	USJT	9401					X			X						X	30MONTHS	900164000559528
20	USJT	9402					X			X						X	38MONTHS	900164000559522
21	USJT	9403					X			X						X	39MONTHS	900164000559538
22	USJT	9404						X		X						X	42MONTHS	900164000559532
23	USJT	9405	X							X						X	42MONTHS	900164000559530
24	USJT	9406					X			X						X	38MONTHS	900164000559531
25	USJT	9408					X			X						X	42MONTHS	900164000559521
26	USJT	9409					X			X						X	40MONTHS	900164000559523
27	USJT	9410						X		X						X	41MONTHS	900164000559527
28	USJT	9411						X		X				X			42MONTHS	900164000559421
29	USJT	9412					X			X				X			41MONTHS	900164000559536
30	USJT	9407					X			X						X	36MONTHS	900164000559524
31	USJT	9413						X		X						X	42MONTHS	900164000559539
32	USJT	9414		X						X				X			40MONTHS	900164000559535
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.)

S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88898
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-22-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA, GANADERIA, DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD, INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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	USJT	9451						X					X	X			32MONTHS	900164000559386
2	USJT	9452			X					X						X	24MONTHS	900164000559387
3	USJT	9453				X		ND		X				X			26MONTHS	900164000559393
4	USJT	9454					X			X				X			24MONTHS	900164000559388
5	USJT	9455						X					X	X			22MONTHS	900164000559398
6	USJT	9456						X		X						X	20MONTHS	900164000559395
7	USJT	9457						X		X				X			24MONTHS	900164000559389
8	USJT	9458			X					X				X			22MONTHS	900164000559435
9	USJT	9459	X							X				X			34MONTHS	900164000559428
10	USJT	9460	X							X				X			22MONTHS	900164000559436
11	USJT	9461						X		X				X			22MONTHS	900164000559439
12	USJT	9462					X			X				X			24MONTHS	900164000559432
13	USJT	9463						X		X				X			24MONTHS	900164000559427
14	USJT	9464			X					X						X	28MONTHS	900164000559424
15	USJT	9465					X			X				X			30MONTHS	900164000559392

Herida infectada en Cabeza

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

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. OISA PIEDRAS NEGRAS

DATE 27-MAYO-2014

TIME

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

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

(Please type or print in ink)

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

T14-88898
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	USJT	9466						X		X						X	24MONTHS	900164000559382
17	USJT	9467						X					X	X			26MONTHS	900164000559396
18	USJT	9468	X							X				X			28MONTHS	900164000559390
19	USJT	9469			X					X						X	32MONTHS	900164000559434
20	USJT	9470						X		X				X			24MONTHS	900164000559426
21	USJT	9471						X					X	X			30MONTHS	900164000559429
22	USJT	9472						X		X				X			28MONTHS	900164000559391
23	USJT	9473				NP		X		X						X	26MONTHS	900164000559381
24	USJT	9474			X					X						X	28MONTHS	900164000559385
25	USJT	9475						X		X						X	30MONTHS	900164000559423
26	USJT	9476						X		X				X			28MONTHS	900164000559429
27	USJT	9477						X		X						X	30MONTHS	900164000559438
28	USJT	9478					X			X				X			28MONTHS	900164000559431
29	USJT	9479				X				X				X			24MONTHS	900164000559384
30	USJT	9480						X		X				X			28MONTHS	900164000559383
31	USJT	9481						X		X						X	24MONTHS	900164000559433
32	USJT	9482						X					X	X			36MONTHS	900164000559399
33	USJT	9483	X							X						X	38MONTHS	900164000559430
34	USJT	9484						X		X						X	36MONTHS	900164000559394
35	USJT	9485					X			X				X			32MONTHS	900164000559397
36	USJT	9486						X					X			X	36MONTHS	900164000559400
37	USJT	9487			X					X						X	36MONTHS	900164000559139
38	USJT	9488						X		X						X	34MONTHS	900164000559136
39	USJT	9489				NP		X		X						X	32MONTHS	900164000559137
40	USJT	9490						X		X						X	30MONTHS	900164000559188
41	USJT	9491						X					X	X			32MONTHS	900164000559123
42	USJT	9492			X					X				X			38MONTHS	900164000559121
43	USJT	9493			X					X				X			32MONTHS	900164000559129
44	USJT	9494						X		X				X			36MONTHS	900164000559130
45	USJT	9495					X			X				X			30MONTHS	900164000559125

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in Ink)

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

T14-88898
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		
~~46~~	USJT	9496					X			X						X	30MONTHS	~~900164000559131~~
~~47~~	USJT	9497						X					X			X	34MONTHS	900164000559132
48	~~USJT~~	~~9498~~					NP	X		X						X	~~30MONTHS~~	900164000559140
~~49~~	USJT	9499					X			X				X			30MONTHS	~~900164000559134~~
~~50~~	USJT	9500					X			X				X			28MONTHS	~~900164000559126~~
51	USJT	9789	X					NP		X						X	36MONTHS	900164000559133
~~52~~	USJT	9790					X			X						X	30MONTHS	900164000559128
~~53~~	USJT	9791					X			X						X	28MONTHS	~~900164000559127~~

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)

S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88901
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-26-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJT	5551	SNM				X			X				X			24MONTHS	900108001423881
2	USJT	5552	X							X				X			36MONTHS	900108001423882
3	USJT	5553	Abceso Sub Mandibular					X		X				X			48MONTHS	900108001423883
4	USJT	5554					X			X				X			24MONTHS	900108001423884
5	USJT	5555			X					X				X			36MONTHS	900108001423885
6	USJT	5556	Error Microchip.			X				X						X	12MONTHS	900108001423886
7	USJT	5557			X					X				X			24MONTHS	900108001423887
8	USJT	5558	X							X				X			36MONTHS	900108001423888
9	USJT	5559					X			X						X	48MONTHS	900108001423889
10	USJT	5560			X					X				X			36MONTHS	900108001423890
11	USJT	5561						X		X				X			48MONTHS	900108001423891
12	USJT	5562	X							X				X			36MONTHS	900108001423892
13	USJT	5563	SNM				X			X				X			12MONTHS	900108001423893
14	USJT	5564						X		X				X			36MONTHS	900108001423894
15	USJT	5565				X				X				X			48MONTHS	900108001423895

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

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. OISA PIEDRAS NEGRAS
DATE 27-MAYO-2014
TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-88901
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	USJT	5566	X							X				X			36MONTHS	900108001423896
17	USJT	5443	SNM					X		X				X			24MONTHS	[illegible]
18	USJT	5567					X			X				X			36MONTHS	[illegible]
19	USJT	5568			X					X				X			48MONTHS	[illegible]
20	USJT	5569	SNM		X	Nurse				X						X	36MONTHS	[illegible]
21	USJT	5570					X			X				X			48MONTHS	[illegible]
22	USJT	5571			X					X				X			24MONTHS	[illegible]
23	USJT	5572	Gamapeda		X					X						X	12MONTHS	900108001423902
24	USJT	5194						X		X				X			36MONTHS	[illegible]
25	USJT	5573					X			X				X			48MONTHS	[illegible]
26	USJT	5574	X							X						X	36MONTHS	[illegible]
27	USJT	5575			X					X				X			48MONTHS	[illegible]
28	USJT	5576						X		X				X			12MONTHS	[illegible]
29	USJT	5577			X					X				X			24MONTHS	[illegible]
30	USJT	5578	X										X	X			36MONTHS	[illegible]
31	USJT	5579				X				X				X			48MONTHS	[illegible]
32	USJT	5580			X					X				X			24MONTHS	[illegible]
33	USJT	5581			X					X				X			36MONTHS	[illegible]
34	USJT	5582				X				X						X	24MONTHS	[illegible]
35	USJT	5583	M	SNM			X			X				X			36MONTHS	900108001423913
36	USJT	5584						X		X				X			48MONTHS	[illegible]
37	USJT	5585					X			X						X	36MONTHS	[illegible]
38	USJT	5586					X			X						X	48MONTHS	[illegible]
39	USJT	5587	X							X				X			24MONTHS	[illegible]
40	USJT	5195					X			X						X	36MONTHS	[illegible]
41	USJT	5588						X		X						X	24MONTHS	[illegible]
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.)

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.

T14-88902
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1200	DATE: 5-26-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

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	USJU	0488					X			X				X			96MONTHS	900108001424672
2	USJU	0489					X			X						X	84MONTHS	900108001424675
3	USJU	0490					X			X						X	108MONTHS	900108001424671
4	USJU	0491					X			X						X	96MONTHS	900108001424668
5	USJU	0492					X			X				X			72MONTHS	900108001424662
6	USJU	0493					X						X			X	84MONTHS	900108001424670
7	USJU	0494	X							X						X	108MONTHS	900108001424673
8	USJU	0495	Herradura				X			X						X	120MONTHS	900108001424677
9	USJU	0496					X			X						X	120MONTHS	900108001424678
10	USJU	0497	SNM				X			X						X	84MONTHS	900108001424560
11	USJU	0498					X			X				X			96MONTHS	900108001424557
12	USJU	0499				X				X				X			72MONTHS	900108001424545
13	USJU	0500						X		X				X			84MONTHS	900108001424558
14	USJU	0501					X			X						X	72MONTHS	900108001424559
15	USJU	0502	X	Garrapata						X						X	96MONTHS	900108001424546

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

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. OISA PIEDRAS NEGRAS

DATE 27 - MAYO - 2014

TIME

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

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

(Please type or print in ink)

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

T14-88902
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	USJU	0503					X			X						X	108MONTHS	900108001424547
17	USJU	0504					X			X				X			84MONTHS	900108001424548
18	USJU	0505				X				X				X			72MONTHS	900108001424550
19	USJU	0506						X		X				X			96MONTHS	900108001424544
20	USJU	0507	Herida infectada hombro X 129.							X				X			108MONTHS	900108001424543
21	USJU	0508			X					X				X			120MONTHS	900108001424550
22	USJU	0509		X						X				X			84MONTHS	900108001424552
23	USJU	0510						X		X				X			72MONTHS	900108001424542
24	USJU	0511		X						X				X			96MONTHS	900108001424553
25	USJU	0512		X						X				X			84MONTHS	900108001424541
26	USJU	0513					X			X						X	72MONTHS	900108001424549
27	USJU	0514					X			X						X	108MONTHS	900108001424551
28	USJU	0515				X				X						X	120MONTHS	900108001424555
29	USJU	0516	X							X				X			84MONTHS	900108001424554
30	USJU	0517				X				X				X			72MONTHS	900164000559671
31	USJU	0518						X		X						X	96MONTHS	900164000559677
32	USJU	0519				X				X				X			108MONTHS	900164000559668
33	USJU	0520	X							X						X	108MONTHS	900164000559672
34	USJU	0521		X						X						X	120MONTHS	900164000559669
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)

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.

T14-88900
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-26-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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.

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

	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	USJT	5591	Garrapata			X				X				X			96MONTHS	900108001423621
2	USJT	5592	X							X				X			72MONTHS	900108001423622
3	USJT	5593	X							X				X			108MONTHS	900108001423623
4	USJT	5594				X				X				X			96MONTHS	900108001423624
5	USJT	5595				X				X				X			84MONTHS	900108001423625
6	USJT	5596				X				X				X			72MONTHS	900108001423626
7	USJT	5597					X			X						X	120MONTHS	900108001423627
8	USJT	5598				X				X						X	84MONTHS	900108001423628
9	USJT	5599				X				X				X			72MONTHS	900108001423629
10	USJT	5600				X				X				X			96MONTHS	900108001423630
11	USJT	5601						X		X				X			108MONTHS	900108001423631
12	USJT	5602			X					X				X			120MONTHS	900108001423632
13	USJT	5603	X							X						X	132MONTHS	900108001423633
14	USJT	5604					X			X						X	84MONTHS	900108001423634
15	USJT	5605			X					X						X	72MONTHS	900108001423635

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

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. OSA PIEDRAS NEGRAS
DATE 27 MAYO 2014
TIME

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

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

(Please type or print in ink)

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

T14-88900
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	USJT	5606				X				X				X			96MONTHS	900108001423636
17	USJT	5607	X							X				X			108MONTHS	900108001423637
18	USJT	5608					X			X				X			120MONTHS	900108001423638
19	USJT	5609	X							X						X	84MONTHS	900108001423639
20	USJT	5610	X							X						X	72MONTHS	900108001423640
21	USJT	5611				X				X				X			96MONTHS	900108001423681
22	USJT	5612	Garrapata			X				X				X			108MONTHS	900108001423682
23	USJT	5613	X							X						X	120MONTHS	900108001423683
24	USJT	5614						X		X						X	84MONTHS	900108001423684
25	USJT	5615					X			X				X			72MONTHS	900108001423685
26	USJT	5616						X		X						X	96MONTHS	900108001424258
27	USJT	5617					X						X			X	108MONTHS	900108001423687
28	USJT	5618						X		X						X	120MONTHS	900108001423688
29	USJT	5619	Error documental Micro.				X			X				X			84MONTHS	900108001423689
30	USJT	5620					X			X				X			72MONTHS	900108001423690
31	USJT	5621	X							X				X			96MONTHS	900108001423691
32	USJT	5622				X				X				X			84MONTHS	900108001423692
33	USJT	5623				X				X				X			108MONTHS	900108001423693
34	USJT	5624					X			X						X	120MONTHS	900108001423694
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.)

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.

T14-88899
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-26-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A C-17	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

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	USJT	5171	X							X						X	96MONTHS	900108001424221
2	USJT	5172					X			X				X			108MONTHS	900108001424222
3	USJT	5173	X							X				X			120MONTHS	900108001424223
4	USJT	5174					X			X				X			84MONTHS	900108001424224
5	USJT	5175	X							X						X	72MONTHS	900108001424225
6	USJT	5176	X							X				X			96MONTHS	900108001424226
7	USJT	5177	X							X				X			108MONTHS	900108001424227
8	USJT	5178					X			X						X	120MONTHS	900108001424228
9	USJT	5179	X							X						X	84MONTHS	900108001424229
10	USJT	5180	X							X						X	72MONTHS	900108001424230
11	USJT	5181					X			X				X			96MONTHS	900108001424231
12	USJT	5182		X				NP		X						X	120MONTHS	900108001424232
13	USJT	5183	X							X				X			84MONTHS	900108001424233
14	USJT	5184	X							X				X			108MONTHS	900108001424234
15	USJT	5185	Herida hombro				X	129		X				X			96MONTHS	900108001424235

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. OISA PIEDRAS NEGRAS
DATE 27 · MAYO. 2014
TIME

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

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

(Please type or print in ink)

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

T14-88899
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	USJT	5186					X			X				X			84MONTHS	900108001424236
17	USJT	5187	X							X						X	72MONTHS	900108001424237
18	USJT	5188	X	Cheekfracture MPD						X				X			96MONTHS	900108001424238
19	USJT	5189	X							X						X	108MONTHS	900108001424239
20	USJT	5190				X				X				X			120MONTHS	900108001424240
21	USJT	5191			X					X						X	108MONTHS	900108001424241
22	USJT	5192					X			X						X	120MONTHS	900108001424242
23	USJT	5193				X				X				X			84MONTHS	900108001424243
24	USJT	5196						X		X						X	72MONTHS	900108001424246
25	USJT	5197	X							X						X	96MONTHS	900108001424247
26	USJT	5198					X			X				X			84MONTHS	900108001424248
27	USJT	5199		X						X				X			72MONTHS	900108001424249
28	USJT	5200					X			X				X			108MONTHS	900108001424250
29	USJT	5201					X			X				X			120MONTHS	900108001424251
30	USJT	5202					X			X				X			84MONTHS	900108001424252
31	USJT	5203						X		X				X			72MONTHS	900108001424253
32	USJT	5204			X					X				X			96MONTHS	900108001424254
33	USJT	5205			X					X				X			108MONTHS	900108001424255
34	USJT	5206		X						X						X	120MONTHS	900108001424256
35	USJT	5207					X			X						X	84MONTHS	900108001424257
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.)

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.

T14-88906
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: JON 1:00	DATE: 5-27-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJU	1355		X						X				X			96MONTHS	900032002362026
2	USJU	1357						X		X						X	72MONTHS	900032002362029
3	USJU	1358					X		X							X	84MONTHS	900032002362040
4	USJU	1360					X			X				X			108MONTHS	900032002362033
5	USJU	1361					X			X				X			120MONTHS	900032002362036
6	USJU	1362	X						X					X			84MONTHS	900032002362031
7	USJU	1363	X SNM							X				X			72MONTHS	900032002362023
8	USJU	1364						X		X				X			96MONTHS	900032002362021
9	USJU	1365				X				X						X	108MONTHS	900032002367297
10	USJU	1366					X			X				X			120MONTHS	900032002367291
11	USJU	1368		X						X				X			84MONTHS	900032002367290
12	USJU	1369		X						X				X			72MONTHS	900032002367281
13	USJU	1370	X Garrapata							X				X			96MONTHS	900032002367282
14	USJU	1371					X			X				X			108MONTHS	900032002367285
15	USJU	1372			X					X				X			120MONTHS	900032002367283

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

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. OISA PIEDRAS NEGRAS

DATE 28 MAYO 2014

TIME

SERVICIO NACIONAL DE SANIDAD AGROPECUARIA
PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

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

T14-88906
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	USJU	1373				X				X				X			84MONTHS	900032002367298
17	USJU	1374	Garrapata				X			X						X	72MONTHS	900032002367284
18	USJU	1375						X		X				X			96MONTHS	900032002367293
19	USJU	1376						X		X						X	108MONTHS	900032002367300
20	USJU	1378					X			X				X			120MONTHS	900032002367287
21	USJU	1380	X							X						X	84MONTHS	900032002367295
22	USJU	1381					X			X						X	72MONTHS	900032002367299
23	USJU	1382	X										X	X			96MONTHS	900032002367296
24	USJU	1384	X							X				X			108MONTHS	900032002367294
25	USJU	1388					X			X						X	120MONTHS	900032002367456
26	USJU	1393				X				X				X			84MONTHS	900032002367452
27	USJU	1394				X				X				X			72MONTHS	900032002367446
28	USJU	1395				X				X				X			96MONTHS	900032002367454
29	USJU	1396	X							X						X	108MONTHS	900032002367447
30	USJU	1398					X			X						X	120MONTHS	900032002362917
31	USJU	1400					X			X				X			84MONTHS	900032002362919
32	USJU	1401						X		X				X			72MONTHS	900032002362907
33	USJU	1404	X						X							X	96MONTHS	900032002362913
34	USJU	1405	X						X							X	84MONTHS	900032002362908
35	USJU	1421						X		X				X			120MONTHS	900032002367443
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.)

.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.

T14-88903
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-27-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	5711		SNM			X			X				X			96MONTHS	900108001423761
2	USJT	5712					X			X						X	72MONTHS	900108001423762
3	USJT	5713		X						X						X	96MONTHS	900108001423763
4	USJT	5714				X				X						X	84MONTHS	900108001423764
5	USJT	5715					X			X						X	96MONTHS	900108001423765
6	USJT	5716					X			X				X			108MONTHS	900108001423766
7	USJT	5717					X			X				X			120MONTHS	900108001423767
8	USJT	5718						X		X				X			84MONTHS	900108001423768
9	USJT	5720		HERIDA			EN LA	X		FRENTE				X			72MONTHS	900108001423770
10	USJT	5721					X			X						X	96MONTHS	900108001423771
11	USJT	5722					X			X				X			84MONTHS	900108001423772
12	USJT	5723					X			X				X			108MONTHS	900108001423773
13	USJT	5724					X			X				X			120MONTHS	900108001423774
14	USJT	5725	X							X				X			84MONTHS	900108001423775
15	USJT	5726						X		X						X	72MONTHS	900108001423776

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

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. OISA PIEDRAS NEGRAS

DATE 28 MAYO 2014

TIME

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

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

(Please type or print in ink)

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

T14-88903
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	USJT	5727					X			X				X			96MONTHS	900108001423777
17	USJT	5729					X			X				X			108MONTHS	900108001423779
18	USJT	5730	X		FERIDA (NECHNA IN AUS)					X						X	120MONTHS	900108001423780
19	USJT	5731					X			X						X	84MONTHS	900108001423661
20	USJT	5732			X					X						X	72MONTHS	900108001423662
21	USJT	5733			X					X				X			96MONTHS	900108001423663
22	USJT	5734					X			X				X			108MONTHS	900108001423664
23	USJT	5735						X		X						X	120MONTHS	900108001423665
24	USJT	5736					X			X						X	84MONTHS	900108001423666
25	USJT	5737					X			X				X			72MONTHS	900108001423667
26	USJT	5738	X							X						X	96MONTHS	900108001423668
27	USJT	5739	X							X				X			84MONTHS	900108001423669
28	USJT	5740						X		X				X			72MONTHS	900108001423670
29	USJT	5741						X		X				X			96MONTHS	900108001423671
30	USJT	5742					X			X						X	84MONTHS	900108001423672
31	USJT	5743			X					X						X	72MONTHS	900108001423673
32	USJT	5744		SNM			X						X	X			108MONTHS	900108001423674
33	USJT	5745					X			X						X	120MONTHS	900108001423864
34	USJT	5746			X					X						X	84MONTHS	900108001423676
35	USJT	5747					X			X						X	132MONTHS	900108001423677
36	USJT	5748					X			X						X	120MONTHS	900108001423678
37	USJT	5749					X			X				X			84MONTHS	900108001423679
38	USJT	5750				X				X						X	72MONTHS	900108001423680
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.)

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

WNER/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.

T14-88905
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE (b) (6) 1.00 — DATE 5-27-14	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE FORNEY, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME (b) (6)	NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS 11026 CR 213 A	STREET ADDRESS 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE FORNEY, TX 75126	CITY, STATE, ZIP CODE MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO. 469-595-6289	AREA CODE & TELEPHONE NO. 011521818309088 4

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	USJT	5671						X		X				X			36MONTHS	900108001423781
2	USJT	5672	X							X				X			24MONTHS	900108001423782
3	USJT	5673					X			X						X	12MONTHS	900108001423783
4	USJT	5674				X				X				X			48MONTHS	900108001423784
5	USJT	5675				X				X				X			36MONTHS	900108001423785
6	USJT	5676					X			X				X			12MONTHS	900108001423786
7	USJT	5677					X			X				X			24MONTHS	900108001423787
8	USJT	5678						X		X				X			36MONTHS	900108001423788
9	USJT	5679			X					X						X	48MONTHS	900108001423789
10	USJT	5680					X			X						X	12MONTHS	900108001423790
11	USJT	5681					X			X						X	12MONTHS	900108001423791
12	USJT	5682					X			X						X	36MONTHS	900108001423792
13	USJT	5683				X				X				X			48MONTHS	900108001423793
14	USJT	5684			X					X				X			24MONTHS	900108001423794
15	USJT	5685					X			X						X	36MONTHS	900108001423886

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

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. OISA PIEDRAS NEGRAS

DATE 28 MAYO 2014

TIME

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

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

(Please type or print in ink)

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

T14-88905
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	USJT	5686	X										X			X	24MONTHS	900108001423796
17	USJT	5687	X							X						X	36MONTHS	900108001423797
18	USJT	5688	X							X				X			12MONTHS	900108001423798
19	USJT	5689	Herida infectada en oreja					X		X				X			48MONTHS	900108001423799
20	USJT	5690						X		X						X	36MONTHS	900108001423800
21	USJT	5691					X			X						X	24MONTHS	900108001423801
22	USJT	5527				X				X				X			36MONTHS	900108001424157
23	USJT	5692			X					X				X			48MONTHS	900108001423802
24	USJT	5693			X					X				X			36MONTHS	900108001423803
25	USJT	5694				X				X				X			12MONTHS	900108001423804
26	USJT	5695	X							X				X			48MONTHS	900108001423805
27	USJT	5696						X		X						X	36MONTHS	900108001423806
28	USJT	5697						X		X						X	24MONTHS	900108001423807
29	USJT	5698			X					X						X	36MONTHS	900108001423808
30	USJT	5699	X							X						X	48MONTHS	900108001423809
31	USJT	5700					X			X				X			12MONTHS	900108001423810
32	USJT	5701	X							X						X	36MONTHS	900108001423811
33	USJT	5719					X			X						X	24MONTHS	900108001423769
34	USJT	5702					X						X			X	48MONTHS	900108001423812
35	USJT	5703	X							X				X			36MONTHS	900108001423813
36	USJT	5704						X		X						X	48MONTHS	900108001423814
37	USJT	5705	X							X				X			36MONTHS	900108001423815
38	USJT	5706						X		X						X	48MONTHS	900108001423816
39	USJT	5707					X			X						X	24MONTHS	900108001423817
40	USJT	5708					X			X						X	12MONTHS	900108001423818
41	USJT	5709	X							X				X			36MONTHS	900108001423819
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.)



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

WNER/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.

T14-88908
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-27-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJU	1383	X							X				X			24MONTHS	900032002367288
2	USJU	1385					X			X				X			60MONTHS	900032002367292
3	USJU	1386					X			X				X			12MONTHS	900032002367444
4	USJU	1389						X		X				X			36MONTHS	900032002367453
5	USJU	1390					X			X				X			24MONTHS	900032002367460
6	USJU	1391	X							X						X	48MONTHS	900032002367455
7	USJU	1392					X			X				X			60MONTHS	900032002367457
8	USJU	1397					X			X				X			60MONTHS	900032002367441
9	USJU	1399				X				X				X			36MONTHS	900032002362916
10	USJU	1402					X		X				X	X			48MONTHS	900032002362901
11	USJU	1403	X	Clasificacion miembro posterior derecho						X						X	36MONTHS	900032002362915
12	USJU	1406				X							X	X			60MONTHS	900032002362902
13	USJU	1407						X					X	X			72MONTHS	900032002362920
14	USJU	1408		Papilomas en Bolas		X							X	X			84MONTHS	900032002362904
15	USJU	1409						X					X	X			96MONTHS	900032002362914

MMW

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

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

MMW

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. OSA PIEDRAS NEGRAS

DATE 28 MAYO 2014

TIME

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

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

(Please type or print in ink)

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

T14-88908
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	USJU	1410						X					X	X			84MONTHS	900032002362905
17	USJU	1411						X					X	X			72MONTHS	900032002362912
18	USJU	1412						X					X	X			84MONTHS	900032002362910
19	USJU	1413						X					X	X			108MONTHS	900032002362903
20	USJU	1414						X					X	X			120MONTHS	900032002362918
21	USJU	1415						X					X			X	132MONTHS	900032002362906
22	USJU	1416						X					X	X			84MONTHS	900032002367450
23	USJU	1417	X										X	X			72MONTHS	900032002367448
24	USJU	1418						X					X	X			96MONTHS	900032002367458
25	USJU	1419						X					X	X			108MONTHS	900032002362911
26	USJU	1420						X					X	X			120MONTHS	900032002362909
27	USJU	1423						X		X				X			12MONTHS	900032002367459
28	USJU	1424	X							X				X			12MONTHS	900032002367445
29	USJU	1427						X		X				X			36MONTHS	900032002362107
30	USJU	1437	X							X						X	24MONTHS	900032002362109
31	USJU	1439						X		X						X	60MONTHS	900032002362114
32	USJU	1440				X				X						X	12MONTHS	900032002362115
33	USJU	1441	X							X				X			24MONTHS	900032002362117
34	USJU	1443	Apibovas ex Bolfes							X				X			36MONTHS	900032002362110
35	USJU	1446					X			X						X	24MONTHS	900032002367320
36	USJU	2355						X		X						X	36MONTHS	900032002367316
37	USJU	2356	Error ex Sexo							X						X	48MONTHS	900032002367315
38	USJU	2357					X					X				X	24MONTHS	900032002367314
39	USJU	2358	X							X						X	36MONTHS	900032002367304
40	USJU	2359				X				X						X	12MONTHS	900032002367309
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.)

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.

T14-88909

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 — DATE: 5-27-14	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	5556				X				X						X	60MONTHS	900108001423872
2	USJU	0495					X			X						X	60MONTHS	900108001424677
3	USJT	5563					X			X				X			60MONTHS	900108001423893
4	USJT	5591				X				X				X			60MONTHS	900108001423621
5	USJT	5583	Error en SEXO				X			X						X	60MONTHS	900108001423913
6	USJT	5188	Claudicacion MPD				X			X				X			60MONTHS	900108001424238
7	USJR	6820	X	SNM						X						X	60MONTHS	900164000504160
8	USJT	9356	Error en SEXO/Hy inf. en prepucio				X			X						X	60MONTHS	900032002361931
9	USJT	5437						X		X				X			60MONTHS	900108001423867
10	USJT	9364		X						X						X	60MONTHS	900164000559166
11	USJU	1290						X		X						X	60MONTHS	900032002362482
12	USJT	9925		X						X				X			60MONTHS	900032002362034
13	USJT	9926						X		X						X	60MONTHS	900164000484201
14	USJR	6834					X			X						X	50MONTHS	900164000504174
15	USJT	9628						X		X				X			48MONTHS	900164000559162

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

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. 0153A PIEDRAS NEGRAS

DATE 28 MAYO 2014

TIME

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

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

(Please type or print in ink)

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

T14-88909
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	USJR	6824	X							X				X			50MONTHS	900164000504163
17	USJU	1342						X		X				X			48MONTHS	900164000559173
18	USJT	5461				X				X				X			50MONTHS	900108001424411
19	USJR	6840						X		X				X			50MONTHS	900164000486462
20	USJT	5457		X						X				X			60MONTHS	900108001424407
21	USJT	5355		NO	SE		X			X				X			60MONTHS	900108001424025
22	USJT	5428			X					X				X			56MONTHS	900108001424408
23	USJR	6823					X			X						X	60MONTHS	900164000504164
24	USJT	5431					X			X						X	60MONTHS	900108001423861
25	USJT	9921						X		X				X			50MONTHS	900108001424543
26	USJT	5572			X					X						X	60MONTHS	900108001423902
27	USJT	9923					X			X				X			60MONTHS	900108001424235
28	USJT	9627					X			X				X			60MONTHS	900164000559159
29	USJT	9398						X		X				X			58MONTHS	900164000559124
30	USJT	5612				X				X				X			60MONTHS	900108001423682
31	USJU	0502	X							X						X	62MONTHS	900108001424546
32	USJT	9792					X			X						X	50MONTHS	900164000559138
33	USJT	9365						X		X				X			60MONTHS	900164000559316
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.)

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.

T14-889C

FORM APPROVE OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-27-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	5511				X				X				X			108MONTHS	900108001424141
2	USJT	5512	X							X				X			120MONTHS	900108001424142
3	USJT	5513						X		X				X			84MONTHS	900108001424143
4	USJT	5514				X				X						X	72MONTHS	900108001424144
5	USJT	5515						X		X						X	96MONTHS	900108001424145
6	USJT	5516	X							X				X			84MONTHS	900108001424146
7	USJT	5517		Ciego ojo Derecho				X		X						X	108MONTHS	900108001424147
8	USJT	5518	X							X						X	120MONTHS	900108001424148
9	USJT	5519					X			X						X	84MONTHS	900108001424149
10	USJT	5520			X					X						X	72MONTHS	900108001424150
11	USJT	5521				X				X				X			96MONTHS	900108001424151
12	USJT	5522					X			X				X			84MONTHS	900108001424152
13	USJT	5523		X						X				X			72MONTHS	900108001424153
14	USJT	5524	X							X						X	108MONTHS	900108001424154
15	USJT	5525	X							X						X	120MONTHS	900108001424155

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

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. OISA PIEDRAS NEGRAS

DATE 28 MAYO 2014

TIME

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

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

(Please type or print in ink)

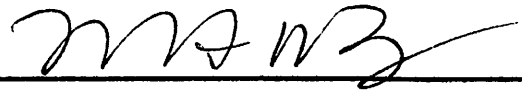
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated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

T14-88904
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	USJT	5526					X			X						X	84MONTHS	900108001424156
17	USJT	5528					X			X				X			96MONTHS	900108001424158
18	USJT	5529		X						X						X	84MONTHS	900108001424159
19	USJT	5530					X			X				X			108MONTHS	900108001424160
20	USJT	5531					X			X				X			96MONTHS	900108001424041
21	USJT	5532					X			X						X	120MONTHS	900108001424042
22	USJT	5533					X			X						X	84MONTHS	900108001424043
23	USJT	5534					X			X						X	72MONTHS	900108001424044
24	USJT	5535		Hx	on		X		amboss	X		ajps				X	96MONTHS	900108001424045
25	USJT	5536			X					X				X			84MONTHS	900108001424046
26	USJT	5537					X			X				X			108MONTHS	900108001424047
27	USJT	5538				X				X						X	120MONTHS	900108001424048
28	USJT	5539					X			X						X	84MONTHS	900108001424049
29	USJT	5540				X				X						X	72MONTHS	900108001424050
30	USJT	5541						X		X				X			96MONTHS	900108001424051
31	USJT	5542		X						X						X	72MONTHS	900108001424052
32	USJT	5543			X					X				X			84MONTHS	900108001424053
33	USJT	5544	X							X				X			108MONTHS	900108001424054
34	USJT	5545			X					X				X			120MONTHS	900108001424055
35	USJT	5546					X			X				X			84MONTHS	900108001424056
36	USJT	5547				X				X				X			72MONTHS	900108001424057
37	USJT	5548				X				X				X			96MONTHS	900108001424058
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.)



.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.

T14-88907
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-27-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	3101	Ciego ojo					X		X Derecho						X	96MONTHS	900032002366822
2	USJT	3102						X		X				X			108MONTHS	900032002366826
3	USJT	3103						X		X				X			120MONTHS	900032002366840
4	USJT	3104				X				X				X			84MONTHS	900032002366834
5	USJT	3105			X					X				X			72MONTHS	900032002366838
6	USJT	3106	X							X				X			96MONTHS	900032002366830
7	USJT	3107	X							X				X			84MONTHS	900032002366836
8	USJT	3108					X			X						X	72MONTHS	900032002366835
9	USJT	3109					X			X						X	96MONTHS	900032002366839
10	USJT	3110						X		X				X			108MONTHS	900032002366821
11	USJT	3111					X			X				X			120MONTHS	900032002366825
12	USJT	3112				X				X				X			84MONTHS	900032002361842
13	USJT	3113			X					X						X	72MONTHS	900032002366832
14	USJT	3114	X							X				X			96MONTHS	900032002366829
15	USJT	3115					X			X				X			84MONTHS	900032002366833

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

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. OISA PIEDRAS NEGRAS
DATE 28 MAYO 2014
TIME

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

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

(Please type or print in ink)

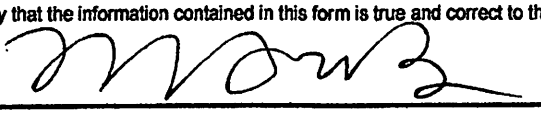
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated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

T14-88907
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	USJT	3116				X				X				X			108MONTHS	900032002366831
17	USJT	3117					X			X						X	120MONTHS	900032002366828
18	USJT	3118	X							X						X	84MONTHS	900032002366837
19	USJT	3119	X							X						X	72MONTHS	900032002366827
20	USJT	3120				X				X						X	96MONTHS	900032002366823
21	USJT	3121					X			X						X	108MONTHS	900032002366824
22	USJT	3122				X				X				X			120MONTHS	900032002366859
23	USJT	3123					X			X				X			84MONTHS	900032002366854
24	USJT	3124	X							X				X			72MONTHS	900032002366860
25	USJT	3125		X						X				X			96MONTHS	900032002366853
26	USJT	3126		X						X				X			84MONTHS	900032002366847
27	USJT	3127	X							X				X			96MONTHS	900032002366846
28	USJT	3128				X				X						X	72MONTHS	900032002366845
29	USJT	3129		X						X						X	84MONTHS	900032002366841
30	USJT	3130						X		X						X	96MONTHS	900032002366857
31	USJT	3131					X			X				X			72MONTHS	900032002366848
32	USJT	3132						X		X				X			96MONTHS	900032002366843
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.)



.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.

T14-88912
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-28-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	9501	X							X				X			45MONTHS	900032002362573
2	USJT	9502	X							X				X			45MONTHS	900032002362579
3	USJT	9503					X			X				X			50MONTHS	900032002362570
4	USJT	9504						X		X				X			60MONTHS	900032002362567
5	USJT	9505			X					X						X	50MONTHS	900032002362568
6	USJT	9506		X						X				X			50MONTHS	900032002362566
7	USJT	9507	X							X						X	50MONTHS	900032002362569
8	USJT	9508						X		X						X	45MONTHS	900032002362580
9	USJT	9509					X			X				X			45MONTHS	900032002362564
10	USJT	9510				X				X				X			50MONTHS	900032002362563
11	USJT	9511				X				X				X			45MONTHS	900032002362561
12	USJT	9512		X						X				X			45MONTHS	900032002362576
13	USJT	9513	X							X				X			50MONTHS	900032002362578
14	USJT	9514				X				X				X			50MONTHS	900032002362572
15	USJT	9515				X				X				X			50MONTHS	900032002362565

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

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. OISA PIEDRAS NEGRAS

DATE 29 MAYO 2014

TIME

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

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

(Please type or print in ink)

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

T14-88912
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	USJT	9516						X		X						X	50MONTHS	900032002362562
17	USJT	9517	Herida infectada en macetero derecho					X		X						X	50MONTHS	900032002362571
18	USJT	9518					X			X				X			50MONTHS	900032002362431
19	USJT	9519	X							X				X			50MONTHS	900032002362429
20	USJT	9520					X			X				X			50MONTHS	900032002362428
21	USJT	9521			X					X				X			50MONTHS	900032002362436
22	USJT	9522					X			X						X	50MONTHS	900032002362435
23	USJT	9523	X							X				X			50MONTHS	900032002362422
24	USJT	9524					X			X				X			50MONTHS	900032002362424
25	USJT	9525	X							X				X			60MONTHS	900032002362439
26	USJT	9526					X			X						X	60MONTHS	900032002362433
27	USJT	9527				X				X						X	50MONTHS	900032002362437
28	USJT	9528					X			X				X			60MONTHS	900108001424958
29	USJT	9529					X			X						X	50MONTHS	900032002362423
30	USJT	9530						X		X				X			50MONTHS	900032002362427
31	USJT	9531		X						X				X			50MONTHS	900032002362426
32	USJT	9532						X		X				X			60MONTHS	900032002362434
33	USJT	9533		X						X				X			60MONTHS	900032002362438
34	USJT	9534						X		X						X	50MONTHS	900032002362430
35	USJT	9535		X						X				X			50MONTHS	900032002362421
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.)

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.

T14-88914
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1700	DATE: 5-28-'14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	3408		X						X						X	60MONTHS	900164000559578
2	USJT	3409						X		X						X	60MONTHS	900164000559580
3	USJT	3410			X					X						X	50MONTHS	900164000559419
4	USJT	3411	X							X						X	60MONTHS	900164000559579
5	USJT	3412						X		X						X	50MONTHS	900164000559571
6	USJT	3413					X			X						X	50MONTHS	900164000559562
7	USJT	3414						X		X				X			60MONTHS	900164000559564
8	USJT	3415						X		X						X	50MONTHS	900164000559404
9	USJT	3416	X							X						X	60MONTHS	900164000559407
10	USJT	3417						X		X						X	60MONTHS	900164000559574
11	USJT	3418				X				X				X			50MONTHS	900164000559403
12	USJT	3419	X							X						X	50MONTHS	900164000559409
13	USJT	3420						X		X				X			60MONTHS	900164000559410
14	USJT	3421			X					X						X	50MONTHS	900164000559417
15	USJT	3422		X						X						X	60MONTHS	900164000559418

Balanitis

Herida infectada en escroto

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

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

SECRETARIA DE AGRICULTURA GANADERIA

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

INOCUIDAD Y CALIDAD AGROALIMENTARIA

EST. OISA PIEDRAS NEGRAS

DATE 30 MAYO 2014

TIME

OFICINA DE INSPECCION SANITARIA AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

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

T14-88914
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	USJT	3423						X		X						X	56MONTHS	900164000559567
17	USJT	3424	X							X						X	60MONTHS	900164000559572
18	USJT	3425					X			X				X			50MONTHS	900164000559576
19	USJT	3426						X		X						X	60MONTHS	900164000559566
20	USJT	(3427)	Error	Documental				X		X				X			60MONTHS	900164000559420
21	USJT	3428		X						X				X			50MONTHS	900164000559408
22	USJT	3429						X		X				X			50MONTHS	900164000559411
23	USJT	3430	X							X				X			60MONTHS	900164000559569
24	USJT	3431		X						X				X			60MONTHS	900164000559577
25	USJT	3432				X				X						X	40MONTHS	900164000559561
26	USJT	3433						X		X				X			60MONTHS	900164000559563
27	USJT	3434		X						X						X	60MONTHS	900164000559570
28	USJT	3435					X			X						X	50MONTHS	900164000559401
29	USJT	3436				X				X				X			60MONTHS	900164000559406
30	USJT	3437						X		X				X			48MONTHS	900164000559416
31	USJT	3438	X							X				X			50MONTHS	900164000559412
32	USJT	3439		X						X						X	60MONTHS	900164000559402
33	USJT	3440						X		X						X	48MONTHS	900164000559405
34	USJT	3441						X					X			X	50MONTHS	900164000559415
35	USJT	3442						X		X				X			60MONTHS	900164000559595
36	USJT	3443						X		X				X			62MONTHS	900164000559593
37	USJT	3444	X							X				X			60MONTHS	900164000559584
38	USJT	3445					X			X				X			58MONTHS	900164000559582
39	USJT	3446					X			X				X			68MONTHS	900164000559585
40	USJT	3447		X						X						X	60MONTHS	900164000559598
41																		
42																		
43																		
44																		
45																		

Error Documental en Microchip

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)

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

WNER/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.

T14-88913
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-28-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJT	3201						X					X	X			38MONTHS	900164000559461
2	USJT	3202						X					X	X			36MONTHS	900164000559462
3	USJT	3203						X					X	X			39MONTHS	900164000559469
4	USJT	3204						X					X			X	40MONTHS	900164000559468
5	USJT	3205				X							X	X			42MONTHS	900164000559464
6	USJT	3206						X					X	X			38MONTHS	900164000559467
7	USJT	3207						X					X	X			40MONTHS	900164000559465
8	USJT	3208						X					X	X			43MONTHS	900164000559471
9	USJT	3209						X					X	X			40MONTHS	900164000559466
10	USJT	3210				X							X			X	36MONTHS	900164000559470
11	USJT	3211	Entero					X					X			X	30MONTHS	900164000559472
12	USJT	3212						X					X	X			40MONTHS	900164000559477
13	USJT	3213						X					X	X			40MONTHS	900164000559473
14	USJT	3214	X							X						X	50MONTHS	900164000559480
15	USJT	3215											X			X	40MONTHS	900164000559547

MMB

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

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

MMB

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

SECRETARIA DE AGRICULTURA GANADERIA
SERVICIO NACIONAL DE SANIDAD

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

DATE 30/05/2014

TIME

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

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

(Please type or print in ink)

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

T14-88913
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	USJT	3216				X							X	X			41MONTHS	900164000559553
17	USJT	3217						X					X	X			36MONTHS	900164000559546
18	USJT	3218						X					X			X	40MONTHS	900164000559554
19	USJT	3219						X					X	X			38MONTHS	900164000559558
20	USJT	3220						X					X	X			40MONTHS	900164000559548
21	USJT	3221						X					X	X			43MONTHS	900164000559474
22	USJT	3222						X					X			X	41MONTHS	900164000559559
23	USJT	3223						X					X	X			43MONTHS	900164000559475
24	USJT	3224						X								X	42MONTHS	900164000559557
25	USJT	3225						X					X	X			40MONTHS	900164000559479
26	USJT	3226						X					X	X			42MONTHS	900164000559549
27	USJT	3227						X					X			X	40MONTHS	900164000559556
28	USJT	3228						X					X	X			42MONTHS	900164000559542
29	USJT	3229				X							X			X	44MONTHS	900164000559541
30	USJT	3230			X	NP				X				X			50MONTHS	900164000559544
31	USJT	3231				X							X	X			40MONTHS	900164000559550
32	USJT	3232				X				X				X			55MONTHS	900164000559551
33	USJT	3233	X							X						X	60MONTHS	900164000559545
34	USJT	3234						X					X			X	40MONTHS	900164000559453
35	USJT	3235						X					X	X			42MONTHS	900164000559457
36	USJT	3236						X					X	X			38MONTHS	900164000559446
37	USJT	3237				X							X	X			43MONTHS	900164000559560
38	USJT	3238	Herida infectada en escrito					X					X			X	45MONTHS	900164000559460
39	USJT	3239						X					X			X	46MONTHS	900164000559459
40	USJT	3240						X					X	X			48MONTHS	900164000559447
41	USJT	3241						X					X			X	46MONTHS	900164000559451
42	USJT	3242					NP	X					X	X			42MONTHS	900164000559543
43	USJT	3243						X					X	X			40MONTHS	900164000559458
44	USJT	3244						X					X	X			38MONTHS	900164000559444
45	USJT	3245						X					X			X	46MONTHS	900164000559445

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88911
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-28-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJR	1051				X				X						X	84MONTHS	900164000504489
2	USJR	1052					X			X				X			60MONTHS	900164000504483
3	USJR	1053					X			X				X			36MONTHS	900164000504481
4	USJR	1054	X							X				X			72MONTHS	900164000504476
5	USJR	1055	X							X				X			48MONTHS	900164000504475
6	USJR	1056						X		X				X			96MONTHS	900164000504478
7	USJR	1057					X			X						X	180MONTHS	900164000504484
8	USJR	1058					X			X						X	96MONTHS	900164000505133
9	USJR	1059	X							X				X			180MONTHS	900164000504492
10	USJR	1060	X							X				X			180MONTHS	900164000504509
11	USJR	1061	X							X				X			144MONTHS	900164000504496
12	USJR	1062					X			X				X			240MONTHS	900164000504498
13	USJR	1063					X			X				X			180MONTHS	900164000504508
14	USJR	1064						X		X				X			240MONTHS	900164000504495
15	USJR	1065	X							X						X	60MONTHS	900164000504491

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

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. OISA PIEDRAS NEGRAS

DATE 29 MAYO 2014

TIME

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

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

(Please type or print in ink)

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

T14-88911
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~~	USJR	1066				X				X						X	84MONTHS	900164000504497
~~17~~	USJR	1067						X		X				X			24MONTHS	900164000504510
~~18~~	USJR	1068				X				X				X			180MONTHS	900164000504505
~~19~~	USJR	1069		X	[illegible]					X				X			132MONTHS	900164000504503
~~20~~	USJR	1070	X							X						X	84MONTHS	900164000504502
~~21~~	USJR	1071						X		X				X			48MONTHS	900164000504501
~~22~~	USJR	1072						X		X				X			36MONTHS	900164000504494
~~23~~	USJR	1073	X							X						X	96MONTHS	900164000504507
~~24~~	USJR	1074	X										X			X	84MONTHS	900164000504499
~~25~~	USJR	1075					X			X						X	180MONTHS	900164000504504
~~26~~	USJR	1076	X							X				X			240MONTHS	900164000504493
~~27~~	USJR	1077	X							X				X			96MONTHS	900164000504500
~~28~~	USJR	1078			X					X				X			72MONTHS	900164000504506
~~29~~	USJR	1079			X					X				X			240MONTHS	900000000057384
~~30~~	USJR	1080					X						X			X	180MONTHS	900000000057396
~~31~~	USJR	1081		X						X						X	240MONTHS	900000000057388
~~32~~	USJR	1082				X				X						X	24MONTHS	900000000057400
~~33~~	USJR	1083					X			X						X	36MONTHS	900108001424880
~~34~~	USJR	1084					X			X						X	24MONTHS	900108001424937
~~35~~	USJR	1085					X			X				X			24MONTHS	900108001424934
~~36~~	USJR	1086	X							X				X			60MONTHS	900108001424935
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.)

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

WNER/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.

T14-88910
FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1700	DATE: 5-28-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJT	5471	X							X				X			36MONTHS	900108001424121
2	USJT	5472					X			X				X			48MONTHS	900108001424122
3	USJT	5473	X							X						X	24MONTHS	900108001424123
4	USJT	5474			X					X				X			36MONTHS	900108001424124
5	USJT	5475	X							X						X	60MONTHS	900108001424125
6	USJT	5476				X				X						X	72MONTHS	900108001424126
7	USJT	5477						X		X				X			48MONTHS	900108001424127
8	USJT	5478	X	Garrapata						X				X			36MONTHS	900108001424128
9	USJT	5479				X				X						X	48MONTHS	900108001424129
10	USJT	5480					X			X				X			24MONTHS	900108001424130
11	USJT	5481			X					X						X	24MONTHS	900108001424131
12	USJT	5482			X					X				X			36MONTHS	900108001424132
13	USJT	5483			X					X				X			48MONTHS	900108001424133
14	USJT	5484					X			X				X			72MONTHS	900108001424134
15	USJT	5485					X			X				X			60MONTHS	900108001424135

I THEREBY 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

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

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

DIRECCION GENERAL DE INSPECCION FEDERAL AGROPECUARIA

EST. 150 Piedras Negras Coahuila

DATE 30/05/14

TIME

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

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

(Please type or print in ink)

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

T14-88910
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		
18	USJT	5486			X					X				X			48MONTHS	900108001424186
19	USJT	5487			X					X						X	24MONTHS	900108001424187
20	USJT	5488	X							X				X			36MONTHS	900108001424188
21	USJT	5489				X				X						X	24MONTHS	900108001424189
22	USJT	5490			X					X						X	48MONTHS	900108001424190
23	USJT	5491	X							X						X	36MONTHS	900108001424191
24	USJT	5492				X				X				X			24MONTHS	900108001424192
25	USJT	5493	X							X				X			60MONTHS	900108001424193
26	USJT	5494		X						X				X			48MONTHS	900108001424194
27	USJT	5495						X					X			X	24MONTHS	900108001424195
28	USJT	5496				X				X				X			36MONTHS	900108001424196
29	USJT	5497	X							X						X	48MONTHS	900108001424197
30	USJT	5498	X							X				X			60MONTHS	900108001424198
31	USJT	5499	X										X	X			24MONTHS	900108001424199
32	USJT	5500						X					X	X			36MONTHS	900108001424200
33	USJT	5501				X				X						X	24MONTHS	900108001424191
34	USJT	5502		X						X				X			36MONTHS	900108001424192
35	USJT	5503					X			X				X			48MONTHS	900108001424193
36	USJT	5504				X				X						X	72MONTHS	900108001424194
37	USJT	5507						X		X						X	36MONTHS	900108001424197
38	USJT	5508					X			X				X			48MONTHS	900108001424198
39	USJT	5509	X							X						X	24MONTHS	900108001424199
40	USJT	5510				X				X				X			36MONTHS	900108001424200
41	USJT	5467					X			X				X			48MONTHS	900108001424417
42	USJT	5468					X			X				X			60MONTHS	900108001424418
43	USJT	5550					X			X				X			72MONTHS	900108001424550
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.)

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

WNER/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.

T14-88917
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
1400	5-29-14	FORNEY, TX

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
(b) (6)	n/a

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
M & M LIVESTOCK	CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS	STREET ADDRESS
11026 CR 213 A	911-A VISTA HERMOSA
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
FORNEY, TX 75126	MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.
469-595-6289	0115218183090884

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	USJT	6901					X						X			X	48MONTHS	900032002362129
2	USJT	6902				X				X						X	36MONTHS	900032002362133
3	USJT	6903	X							X				X			36MONTHS	900032002362128
4	USJT	6904				X				X				X			36MONTHS	900032002362124
5	USJT	6905	X							X				X			48MONTHS	900032002362136
6	USJT	6906	X							X						X	24MONTHS	900032002362125
7	USJT	6907	X							X				X			14MONTHS	900032002362131
8	USJT	6908	X							X						X	36MONTHS	900032002362132
9	USJT	6909						X		X				X			36MONTHS	900032002362130
10	USJT	6910	X							X						X	30MONTHS	900032002362139
11	USJT	6911					X			X						X	36MONTHS	900032002362134
12	USJT	6912					X			X				X			24MONTHS	900032002362127
13	USJT	6913					X			X						X	30MONTHS	900032002362121
14	USJT	6914	X							X						X	48MONTHS	900032002362123
15	USJT	6915						X					X	X			36MONTHS	900032002362122

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

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. OISA PIEDRAS NEGRAS

DATE 30 MAYO 2014

TIME

SECRETARIA DE SALUD
DIRECCION GENERAL DE SALUD PUBLICA
SENASICA
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION REGIONAL
INSPECCION FITOZOOSANITARIA
UNIDAD DE VERIFICACION DE SANIDAD AGROPECUARIA
PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

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

T14-88917
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	USJT	6916					X			X				X			26MONTHS	900032002362135
17	USJT	6917						X		X				X			36MONTHS	900032002362140
18	USJT	6918	Herida infectada en cabeza					X		X				X			30MONTHS	900164000484267
19	USJT	6919		X						X				X			60MONTHS	900164000484779
20	USJT	6920				X				X				X			12MONTHS	900032002362126
21	USJT	6922		X						X				X			72MONTHS	900164000484363
22	USJT	6923						X		X						X	36MONTHS	900032002362138
23	USJT	6924	X							X						X	30MONTHS	900000000067722
24	USJT	6925						X		X						X	48MONTHS	900000000059413
25	USJT	6926	X							X				X			30MONTHS	900000000067723
26	USJT	6927				X				X				X			60MONTHS	900000000059411
27	USJT	6928		X									X	X			48MONTHS	900000000067731
28	USJT	6929			X								X	X			48MONTHS	900000000067735
29	USJT	6930	X error en sexo										X			X	48MONTHS	900000000067804
30	USJT	6931					X			X				X			30MONTHS	900000000067736
31	USJT	6932						X		X						X	12MONTHS	900000000059403
32	USJT	6933					X			X				X			48MONTHS	900000000059406
33	USJT	6934	X							X				X			36MONTHS	900000000059418
34	USJT	6935						X		X				X			24MONTHS	900000000067807
35	USJT	6936					X			X				X			48MONTHS	900000000067805
36	USJT	6937	X										X			X	36MONTHS	900000000059415
37	USJT	6938						X		X				X			12MONTHS	900000000059408
38	USJT	6939					X			X				X			60MONTHS	900000000059402
39	USJT	6940	X							X				X			12MONTHS	981020007890025
40	USJT	6941		X									X			X	60MONTHS	900000000059417
41	USJT	6942					X			X				X			36MONTHS	900000000059407
42	USJT	6943					X						X	X			36MONTHS	900000000067806
43	USJT	6944	Error en microchip									X		X			48MONTHS	900000000067757
44	USJT	6945						X		X						X	12MONTHS	900164000484212
45	USJT	6946	X							X				X			24MONTHS	981020007902757

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88917
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		
46	USJT	6947				X				X						X	36MONTHS	900164000484171
47	USJT	6948	X							X				X			36MONTHS	981020007865197
48	USJT	6949	X							X						X	30MONTHS	900164000484278
49	USJT	6950		X									X			X	50MONTHS	900164000484264

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.)

S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88918
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1700	DATE: 5-29-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJU	1370	X							X				X			50MONTHS	900032002367282
2	USJT	5744						X					X	X			60MONTHS	900108001423674
3	USJT	5720		X	HERIDA INFECTADA					X				X			60MONTHS	900108001423770
4	USJT	5619					X			X				X			60MONTHS	900108001423689
5	USJT	9929					X			X				X			50MONTHS	900032002362256
6	USJT	9932				X				X						X	50MONTHS	981020009094794
7	USJT	5551	X							X				X			60MONTHS	900108001424431
8	USJT	9934	X							X						X	50MONTHS	900164000559602
9	USJU	0497						X		X						X	50MONTHS	900108001424560
10	USJT	5443						X		X				X			60MONTHS	900108001423873
11	USJU	1363			X					X				X			50MONTHS	900032002362023
12	USJT	5689	HERIDA NP					X		X				X			50MONTHS	900108001423799
13	USJT	5517	CIEGO OJO DERECHO					X		X						X	50MONTHS	900108001424147
14	USJT	5460	X							X				X			50MONTHS	900108001424410
15	USJT	5583					X			X				X			50MONTHS	900108001423913

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

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. PIEDRAS NEGRAS, COAHUILA
DATE 30/05/14
TIME

OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA
PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

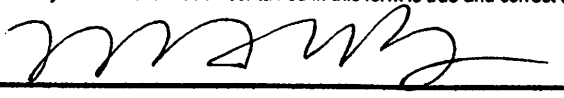
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated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

T14-88918
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	USJT	5711					X			X				X			60MONTHS	900108001423761
17	USJT	5188					X			X				X			60MONTHS	900108001424238
18	USJU	1403						X		X						X	60MONTHS	900032002362915
19	USJU	2356					X			X						X	50MONTHS	900032002367315
20	USJT	9844					X			X						X	60MONTHS	900032002367284
21	USJU	1443				X				X				X			50MONTHS	900032002362110
22	USJR	6820	X							X						X	60MONTHS	900164000504160
23	USJT	9928						X		X						X	60MONTHS	981020009688122
24	USJT	9927	X							X				X			60MONTHS	981020009660246
25	USJT	5224	X							X						X	60MONTHS	900032002362432
26	USJT	9930						X		X						X	50MONTHS	981020009669480
27	USJT	9931						X					X	X			60MONTHS	900032002362440
28	USJT	9415	CHLOEXIA/DIARRE							X				X			50MONTHS	900164000484178
29	USJT	9933			X					X						X	60MONTHS	900108001424431
30	USJT	9920						X					X			X	60MONTHS	981020009674129
31	USJU	1377		X						X				X			50MONTHS	900032002367286
32	USJT	9935						X					X			X	60MONTHS	900164000559286
33	USJR	6703						X		X				X			60MONTHS	900164000559290
34	USJT	5569			X					X						X	60MONTHS	900108001423899
35	USJT	9438	NECRO INFECTION							X				X			60MONTHS	900164000559435
36	USJT	9936						X					X	X			60MONTHS	900164000559345
37	USJT	9937						X					X	X			60MONTHS	900164000559612
38	USJT	9876						X					X			X	60MONTHS	900164000559357
39	USJT	5553						X		X				X			60MONTHS	900108001423883
40	USJA	2470						X		X				X			60MONTHS	900000000068788
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.)



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.

T14-88916
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-29-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJK	8787	X							X						X	96MONTHS	900032002366844
2	USJK	8788				X				X						X	72MONTHS	900032002366842
3	USJK	8789						X		X						X	84MONTHS	900032002367398
4	USJK	8790				X				X						X	96MONTHS	900032002367388
5	USJK	8791				X				X						X	108MONTHS	900032002367382
6	USJK	8792					X			X				X			120MONTHS	900032002367386
7	USJK	8793						X		X						X	84MONTHS	900032002367392
8	USJK	8794					X			X				X			72MONTHS	900032002367381
9	USJK	8795				X				X						X	96MONTHS	900032002367393
10	USJK	8796						X		X				X			72MONTHS	900032002367384
11	USJK	8797			X					X				X			96MONTHS	900032002367390
12	USJK	8798						X		X						X	84MONTHS	900032002367394
13	USJK	8799		X						X				X			72MONTHS	900032002367395
14	USJK	8982	X							X				X			96MONTHS	900032002367397
15	USJK	8983					X			X				X			108MONTHS	900032002367391

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

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. OISA PIEDRAS NEGRAS

DATE 30 MAYO 2014

TIME

SECRETARIA DE AGRICULTURA, GANADERIA, DESARROLLO RURAL, PESCA Y ALIMENTACION
INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION SANITARIA AGROPECUARIA
PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

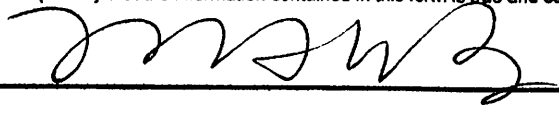
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated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

T14-88916
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	USJK	8984					X			X				X			120MONTHS	900032002367396
17	USJK	8985						X		X				X			84MONTHS	900032002367383
18	USJK	8986					X			X				X			72MONTHS	900032002367387
19	USJK	8987	X							X				X			96MONTHS	900032002367389
20	USJK	8988					X			X						X	108MONTHS	900032002367385
21	USJK	8989					X			X						X	120MONTHS	900032002367399
22	USJK	8990				X				X				X			84MONTHS	900032002367400
23	USJK	8991						X		X				X			72MONTHS	900032002367018
24	USJK	8992					X			X				X			96MONTHS	900032002367010
25	USJK	8993					X			X						X	108MONTHS	900032002367012
26	USJK	8994					X						X	X			96MONTHS	900032002367013
27	USJK	8995					X			X						X	96MONTHS	900032002367014
28	USJK	8996		X						X				X			72MONTHS	900032002367002
29	USJK	8997	X							X						X	84MONTHS	900032002367004
30	USJK	8998						X		X				X			72MONTHS	900032002367007
31	USJK	3038						X		X				X			96MONTHS	900032002367001
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.)



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.

T14-88919
FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 5-29-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	1 / 7
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a — 2 / 7
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V. — 3 / 6
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE — 4 / 7
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458 — 5 / 7
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJU	1422		X						X						X	96MONTHS	90032002367451
2	USJU	1425					X			X				X			72MONTHS	90032002367442
3	USJU	1426					X			X						X	84MONTHS	90032002362111
4	USJU	1428					X			X				X			72MONTHS	90032002362112
5	USJU	1429					X			X				X			96MONTHS	90032002362108
6	USJU	1430	X							X				X			72MONTHS	90032002362113
7	USJU	1431					X			X						X	84MONTHS	90032002362116
8	USJU	1432					X			X				X			96MONTHS	90032002362102
9	USJU	1433					X			X						X	72MONTHS	90032002362106
10	USJU	1434					X			X				X			84MONTHS	90032002362118
11	USJU	1435				X				X				X			96MONTHS	90032002362104
12	USJU	1436				X				X						X	108MONTHS	90032002362103
13	USJU	1438					X			X						X	72MONTHS	90032002362120
14	USJU	1442	X							X				X			96MONTHS	90032002362105
15	USJU	1444	X							X				X			108MONTHS	90032002362119

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

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. 01SA PIEDRAS NEGRAS

DATE 30 MAYO 2014

TIME

INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA
PIEDRAS NEGRAS COAH.

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

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

(Please type or print in ink)

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

T14-88919
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	USJU	1445					X			X						X	72MONTHS	900032002367318
17	USJU	1447					X			X				X			96MONTHS	900032002367303
18	USJU	1448					X			X				X			108MONTHS	900032002367311
19	USJU	1449						X		X				X			72MONTHS	900032002367301
20	USJU	2351						X		X						X	96MONTHS	900032002367302
21	USJU	2352	X							X						X	84MONTHS	900032002367305
22	USJU	2353					X			X						X	108MONTHS	900032002367312
23	USJU	2354						X		X						X	120MONTHS	900032002367310
24	USJU	2393					X			X				X			84MONTHS	900032002367356
25	USJU	2394					X			X				X			72MONTHS	900032002367346
26	USJU	2395						X		X				X			96MONTHS	900032002367360
27	USJU	2398						X		X				X			108MONTHS	900032002367357
28	USJU	2399					X			X				X			120MONTHS	900032002362334
29	USJU	2400		X						X				X			84MONTHS	900032002362331
30	USJU	2401				X				X						X	72MONTHS	900032002362328
31	USJU	2402					X			X						X	96MONTHS	900032002362329
32	USJU	2404						X		X						X	108MONTHS	900032002362323
33	USJU	2416						X		X						X	72MONTHS	900032002362337
34	USJU	2419				X				X						X	96MONTHS	900032002362321
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.)

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.

T14-88915
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
1:00	5-29-14	FORNEY, TX

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
(b) (6) [redacted]	n/a
CONSIGNOR (OWNER/SHIPPER) NAME	**CONSIGNEE (RECEIVER/DESTINATION) NAME**
M & M LIVESTOCK	CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS	**STREET ADDRESS**
11026 CR 213 A	FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE	**CITY, STATE, ZIP CODE**
FORNEY, TX 75126	SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.	**AREA CODE & TELEPHONE NO.**
469-595-6289	4945-40-46

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	USJT	5631						X		X				X			96MONTHS	900108001423721
2	USJT	5632				X				X						X	108MONTHS	900108001423722
3	USJT	5633	X							X				X			72MONTHS	900108001423723
4	USJT	5634	X							X				X			84MONTHS	900108001423724
5	USJT	5635						X		X				X			120MONTHS	900108001423725
6	USJT	5636					X			X				X			84MONTHS	900108001423726
7	USJT	5637	X							X				X			96MONTHS	900108001423727
8	USJT	5638			X					X				X			108MONTHS	900108001423728
9	USJT	5639	X							X				X			120MONTHS	900108001423729
10	USJT	5640					X			X				X			72MONTHS	900108001423730
11	USJT	5641		X						X				X			120MONTHS	900108001423731
12	USJT	5642					X			X				X			84MONTHS	900108001423732
13	USJT	5643					X			X				X			72MONTHS	900108001423733
14	USJT	5647					X			X						X	96MONTHS	900108001423737
15	USJT	5648	HX en mP T					X		X				X			72MONTHS	900108001423738

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

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. OISA PIEDRAS NEGRAS

DATE 30 MAYO 2014

TIME

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

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

(Please type or print in ink)

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

T14-88915
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	USJT	5649					X			X				X			84MONTHS	900108001423739
17	USJT	5650					X			X						X	108MONTHS	900108001423740
18	USJT	5652	X							X				X			120MONTHS	900108001423742
19	USJT	5653					X			X						X	84MONTHS	900108001423743
20	USJT	5654				X				X				X			72MONTHS	900108001423744
21	USJT	5655				X				X						X	96MONTHS	900108001423745
22	USJT	5656				X				X						X	84MONTHS	900108001423746
23	USJT	5657					X			X				X			96MONTHS	900108001423747
24	USJT	5658			X					X				X			72MONTHS	900108001423748
25	USJT	5659				X				X				X			96MONTHS	900108001423749
26	USJT	5660					X			X				X			84MONTHS	900108001423750
27	USJT	5762					X			X				X			108MONTHS	900108001423712
28	USJT	5763	X							X						X	120MONTHS	900108001423713
29	USJT	5765	X							X						X	96MONTHS	900108001423715
30	USJT	5760	X							X						X	132MONTHS	900108001423710
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.)

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

WNER/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.

T14-88973
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-1-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJU	2396	X							X						X	24MONTHS	900032002367358
2	USJU	2397	X									X				X	36MONTHS	900032002367345
3	USJU	2403					X			X						X	12MONTHS	900032002362339
4	USJU	2405						X					X			X	48MONTHS	900032002367350
5	USJU	2406						X					X	X			60MONTHS	900032002367347
6	USJU	2407						X					X	X			36MONTHS	900032002362336
7	USJU	2408				X							X			X	48MONTHS	900032002367348
8	USJU	2409				X							X			X	36MONTHS	900032002362333
9	USJU	2410				X							X	X			24MONTHS	900032002362335
10	USJU	2411				X							X			X	36MONTHS	900032002367353
11	USJU	2412						X					X			X	48MONTHS	900032002367359
12	USJU	2413						X					X	X			60MONTHS	900032002362324
13	USJU	2414						X					X			X	24MONTHS	900032002362325
14	USJU	2415						X					X			X	36MONTHS	900032002362330
15	USJU	2417		X						X						X	12MONTHS	900032002362332

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

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. OISA PIEDRAS NEGRAS

DATE 02-JUNIO-2014

TIME

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

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

(Please type or print in ink)

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

T14-88973
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	USJU	2418				X				X						X	36MONTHS	900032002362338
17	USJU	2420	Claudia cacier				X			X						X	48MONTHS	900032002362326
18	USJU	2421			X								X			X	72MONTHS	900032002362340
19	USJU	2423			X					X						X	36MONTHS	900032002362322
20	USJU	2424				X				X				X			48MONTHS	900032002361866
21	USJU	2425					X			X						X	12MONTHS	900032002361873
22	USJU	2427						X		X						X	48MONTHS	900032002361868
23	USJU	2458				X				X				X			36MONTHS	900032002361891
24	USJU	2459					X			X				X			48MONTHS	900032002361883
25	USJU	2461	X							X						X	36MONTHS	900032002361888
26	USJU	2462					X			X				X			48MONTHS	900032002361889
27	USJU	2463					X			X				X			36MONTHS	900032002361885
28	USJU	2464					X			X				X			24MONTHS	900032002361882
29	USJU	2465					X			X				X			36MONTHS	900032002361897
30	USJU	2466					X			X				X			48MONTHS	900032002367200
31	USJU	2467	X							X				X			24MONTHS	900032002361893
32	USJU	2468	X							X				X			36MONTHS	900032002361899
33	USJU	2469	X	sin chip.						X				X			48MONTHS	900032002361895
34	USJU	2470					X			X						X	12MONTHS	900032002367188
35	USJU	2471					X			X				X			36MONTHS	900032002367196
36	USJU	2472	X							X				X			48MONTHS	900032002367191
37	USJU	2473	X							X						X	24MONTHS	900032002367192
38	USJU	2474					X			X						X	36MONTHS	900032002367198
39	USJU	2001	X										X			X	12MONTHS	900032002367801
40	USJU	2002	X							X				X			24MONTHS	900032002367802
41	USJU	2003	Hx. infectada en mastitis Derecha.					X		X				X			36MONTHS	900032002367803
42	USJU	2004	X							X						X	48MONTHS	900032002367804
43	USJU	2005						X		X				X			36MONTHS	900032002367805
44	USJU	2007	Hernadeuro					X					X			X	60MONTHS	900032002367807
45	USJU	2008			X					X						X	36MONTHS	900164000503710

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88973
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		
46	USJU	2009					X			X						X	48MONTHS	900032002367809
47	USJU	2010	X										X	X			60MONTHS	900032002367810
48	USJU	2011					X			X				X			36MONTHS	900032002367811

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)

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

WNER/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.

T14-88974
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-1-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJT	5791	X							X				X			36MONTHS	900108001423841
2	USJT	5792	X							X				X			48MONTHS	900108001423842
3	USJT	5793			X			NP		X				X			12MONTHS	900108001423843
4	USJT	5794						X		X				X			36MONTHS	900108001423844
5	USJT	5795	X										X	X			48MONTHS	900108001423845
6	USJT	5796				X				X				X			24MONTHS	900108001423846
7	USJT	5797	X							X				X			36MONTHS	900108001423847
8	USJT	5798			X					X				X			48MONTHS	900108001423848
9	USJT	5799	X							X						X	60MONTHS	900108001423849
10	USJT	5800					X			X				X			24MONTHS	900108001423850
11	USJT	5801					X			X				X			36MONTHS	900108001423851
12	USJT	5803	X					NP					X	X			48MONTHS	900108001423853
13	USJT	5804	X							X						X	72MONTHS	900108001423854
14	USJT	5805	X										X			X	60MONTHS	900108001423855
15	USJT	5806	X							X				X			48MONTHS	900108001423856

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

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. Oficina de Inmigración, Coahuila
DATE 02/06/14
TIME

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

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

(Please type or print in ink)

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

T14-88974
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	USJT	5807					X			X						X	36MONTHS	900108001423857
17	USJT	5808					X			X				X			24MONTHS	900108001423858
18	USJT	5809					X			X				X			36MONTHS	900108001423859
19	USJT	5810		Ciego			X			X						X	48MONTHS	900108001423860
20	USJT	5811						X		X				X			36MONTHS	900108001423821
21	USJT	5812					X			X						X	12MONTHS	900108001423822
22	USJT	5813	X	Sin Chip						X						X	24MONTHS	900108001423823
23	USJT	5814					X			X				X			36MONTHS	900108001423824
24	USJT	5815	X							X				X			48MONTHS	900108001423825
25	USJT	5816	X							X						X	60MONTHS	900108001423826
26	USJT	5817					X			X						X	36MONTHS	900108001423827
27	USJT	5818		X						X				X			48MONTHS	900108001423828
28	USJT	5819					X			X						X	36MONTHS	900108001423829
29	USJT	5820						X		X						X	24MONTHS	900108001423830
30	USJT	5821					X			X						X	60MONTHS	900108001423831
31	USJT	5822	X										X			X	48MONTHS	900108001423832
32	USJT	5823	X							X						X	36MONTHS	900108001423833
33	USJT	5824			X					X				X			24MONTHS	900108001423834
34	USJT	5825					X			X						X	36MONTHS	900108001423835
35	USJT	5826			X					X				X			12MONTHS	900108001423836
36	USJT	5827						X		X				X			24MONTHS	900108001423837
37	USJT	5828				X				X				X			36MONTHS	900108001423838
38	USJT	5829		Ciego				X		X						X	48MONTHS	900108001423839
39	USJT	5830			X					X						X	36MONTHS	900108001423840
40	USJT	5832				X				X				X			24MONTHS	900164000505212
41	USJT	5846	X							X				X			36MONTHS	900164000505226
42	USJT	5909	X							X				X			48MONTHS	900164000503709
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.)

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

WNER/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.

T14-88976
FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-1-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 011521818309084

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	USJT	3301		Garrapata			X			X						X	20MONTHS	981020009690545
2	USJT	3302	X							X				X			20MONTHS	900032002362509
3	USJT	3303						X		X				X			20MONTHS	900032002362511
4	USJT	3304						X					X	X			20MONTHS	900032002362517
5	USJT	3305						X		X				X			24MONTHS	900032002362506
6	USJT	3306	X										X			X	20MONTHS	900032002362118
7	USJT	3307	X										X			X	36MONTHS	900032002362520
8	USJT	3308					X			X				X			36MONTHS	900032002362504
9	USJT	3309		X						X				X			18MONTHS	900032002362503
10	USJT	3310					X			X				X			36MONTHS	900032002362519
11	USJT	3311					X						X	X			36MONTHS	900032002362516
12	USJT	3312					X			X						X	40MONTHS	900032002362508
13	USJT	3313			X								X			X	30MONTHS	900032002362501
14	USJT	3314					X			X						X	16MONTHS	900032002362505
15	USJT	3315					X			X				X			30MONTHS	900032002362515

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

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. OISA PIEDRAS NEGRAS

DATE 02-JUNIO-2014

TIME

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

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

(Please type or print in ink)

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

T14-88976
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	USJT	3316					X			X						X	32MONTHS	900032002362512
17	USJT	3317	X							X						X	30MONTHS	900032002362514
18	USJT	3318					X			X						X	30MONTHS	900032002362510
19	USJT	3319		X						X				X			16MONTHS	900032002362502
20	USJT	3320			X					X						X	30MONTHS	900032002362513
21	USJT	3321				X				X						X	30MONTHS	900032002362480
22	USJT	3322	X							X						X	20MONTHS	900164000484641
23	USJT	3323				X				X						X	30MONTHS	900032002362467
24	USJT	3324	X										X			X	18MONTHS	900032002362465
25	USJT	3325						X		X						X	30MONTHS	900032002362478
26	USJT	3326					X						X			X	30MONTHS	900032002362473
27	USJT	3327	X							X						X	30MONTHS	900032002362463
28	USJT	3328	X										X			X	20MONTHS	900032002362479
29	USJT	3329	X										X			X	30MONTHS	900032002362466
30	USJT	3330					X			X						X	30MONTHS	900164000484601
31	USJT	3331	X							X						X	20MONTHS	900032002362470
32	USJT	3332						X		X				X			30MONTHS	900032002362468
33	USJT	3333						X		X						X	30MONTHS	900032002362462
34	USJT	3334	X							X						X	20MONTHS	900032002362477
35	USJT	3335		X						X				X			28MONTHS	900032002362472
36	USJT	3336	X							X				X			20MONTHS	900032002362471
37	USJT	3337				X				X				X			20MONTHS	900032002362461
38	USJT	3338					X			X				X			22MONTHS	900032002362476
39	USJT	3339	X										X			X	28MONTHS	900032002362469
40	USJT	3340	X							X						X	20MONTHS	900032002362475
41	USJT	3341						X		X						X	30MONTHS	900164000559583
42	USJT	3342						X		X						X	20MONTHS	900164000559588
43	USJT	3343						X		X						X	30MONTHS	900164000559599
44	USJT	3344	X							X				X			20MONTHS	900164000559586
45	USJT	3345						X					X	X			20MONTHS	900164000559594

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88976
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		
~~46~~	USJL	3346						X					X	X			20MONTHS	900164000559597
~~47~~	USJL	3347		X									X	X			28MONTHS	900164000559600
~~48~~	USJL	3348						X					X			X	22MONTHS	900164000559591
~~49~~	USJL	3349		X									X			X	24MONTHS	900164000559581
~~50~~	USJL	3350						X		X						X	35MONTHS	900164000559596
~~51~~	USJL	3351	X							X				X			34MONTHS	900164000559587
~~52~~	USJL	3352	X							X						X	38MONTHS	900164000559590
~~53~~	USJL	3353		X						X				X			40MONTHS	900164000559592

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. 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.

T14-88975
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM	DATE: 6-1-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	3151				X				X						X	96MONTHS	900032002367005
2	USJT	3152		X						X						X	72MONTHS	900032002367020
3	USJT	3153					X			X				X			84MONTHS	900032002367003
4	USJT	3154						X		X				X			108MONTHS	900032002367017
5	USJT	3155			X					X				X			120MONTHS	900032002367019
6	USJT	3156					X			X						X	96MONTHS	900032002367011
7	USJT	3157						X		X				X			84MONTHS	900032002367008
8	USJT	3158						X		X				X			96MONTHS	900032002367009
9	USJT	3159					X			X						X	132MONTHS	900032002367006
10	USJT	3160	Claudicacion					X		X				X			84MONTHS	900032002367015
11	USJT	3161	X							X				X			72MONTHS	900032002367016
12	USJT	3162					X			X						X	96MONTHS	900032002362097
13	USJT	3163	X							X				X			84MONTHS	900032002362099
14	USJT	3164					X			X				X			108MONTHS	900032002362098
15	USJT	3165	X							X				X			120MONTHS	900032002362093

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

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. Ojinaga negras - Coah.

DATE 02/06/2014

TIME

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

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

(Please type or print in ink)

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

T14-88975
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	USJT	3166	X							X				X			84MONTHS	900032002362082
17	USJT	3167	X							X				X			72MONTHS	900032002362089
18	USJT	3168	X							X				X			96MONTHS	900032002362100
19	USJT	3169					X			X				X			84MONTHS	900032002362088
20	USJT	3170					X			X				X			72MONTHS	900032002362090
21	USJT	3171		X						X				X			96MONTHS	900032002362086
22	USJT	3172					X			X				X			108MONTHS	900032002362091
23	USJT	3173						X		X						X	120MONTHS	900032002362092
24	USJT	3174				X				X				X			84MONTHS	900032002362096
25	USJT	3175					X			X						X	72MONTHS	900032002362083
26	USJT	3176				X				X						X	96MONTHS	900032002362087
27	USJT	3177				X				X						X	84MONTHS	900032002362084
28	USJT	3178				X				X				X			72MONTHS	900032002362095
29	USJT	3179				X				X				X			96MONTHS	900032002362085
30	USJT	3180				X				X						X	108MONTHS	900032002362094
31	USJT	3181						X		X				X			120MONTHS	900032002362081
32	USJT	3182	X							X				X			84MONTHS	900000000026833
33	USJT	3183	X							X				X			72MONTHS	900000000026837
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.)

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.

114-88920
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-1-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	5831	X							X				X			96MONTHS	900164000505211
2	USJT	5833			X					X				X			72MONTHS	900164000505213
3	USJT	5834			X					X				X			84MONTHS	900164000505214
4	USJT	5835						X		X				X			108MONTHS	900164000505216
5	USJT	5836	X							X				X			120MONTHS	900164000505215
6	USJT	5837				X				X						X	84MONTHS	900164000505217
7	USJT	5838				X				X				X			72MONTHS	900164000505218
8	USJT	5839	X							X						X	96MONTHS	900164000505219
9	USJT	5840			X					X				X			132MONTHS	900164000505220
10	USJT	5841			X					X						X	84MONTHS	900164000505221
11	USJT	5842					X			X				X			72MONTHS	900164000505222
12	USJT	5843					X			X				X			96MONTHS	900164000505223
13	USJT	5844				X				X				X			108MONTHS	900164000505224
14	USJT	5845	X							X						X	120MONTHS	900164000505225
15	USJT	5847	X							X						X	84MONTHS	900164000505227

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

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. Cuidadmiras
DATE 02/06/2014
TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-88920
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		
12	USJT	5848					X			X				X			72MONTHS	900164000505238
13	USJT	5849			X					X				X			96MONTHS	900164000505239
14	USJT	5850	X							X				X			120MONTHS	900164000505230
15	USJT	5851			X					X				X			84MONTHS	900164000505231
20	USJT	5852						X		X				X			72MONTHS	900164000505232
21	USJT	5853	X							X						X	96MONTHS	900164000505233
22	USJT	5854					X			X				X			108MONTHS	900164000505234
23	USJT	5855	X							X				X			120MONTHS	900164000505235
24	USJT	5856				X				X				X			84MONTHS	900164000505236
25	USJT	5857				X				X						X	72MONTHS	900164000505237
26	USJT	5858						X		X				X			96MONTHS	900164000505238
27	USJT	5859			X					X				X			132MONTHS	900164000505239
28	USJT	5860					X			X				X			84MONTHS	900164000505240
29	USJT	5861						X		X				X			72MONTHS	900164000505241
30	USJT	5862	X							X				X			96MONTHS	900164000505242
31	USJT	5863	X							X				X			84MONTHS	900164000505243
32	USJT	5864						X		X				X			72MONTHS	900164000505244
33	USJT	5865						X		X				X			96MONTHS	900164000505150
34	USJT	5866	X							X				X			84MONTHS	900164000505246
35	USJT	5867				X				X						X	120MONTHS	900164000505247
36	USJT	5868	X							X				X			72MONTHS	900164000505248
37	USJT	5802					X			X				X			96MONTHS	900164000423653
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.)

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.

T14-88980
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 3:00	DATE: 6-2-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	9367					X			X						X	40MONTHS	900032002362364
2	USJT	9368	X							X						X	46MONTHS	900032002362362
3	USJT	9369	X							X				X			50MONTHS	900032002362376
4	USJT	9370	X							X						X	48MONTHS	900032002362377
5	USJT	9371					X			X						X	50MONTHS	900032002362366
6	USJT	9372					X			X						X	40MONTHS	900032002362371
7	USJT	9373						X		X						X	48MONTHS	900032002367821
8	USJT	9374					X			X				X			50MONTHS	900032002362375
9	USJT	9375						X		X				X			60MONTHS	900032002362545
10	USJT	9376					X			X				X			50MONTHS	900164000504553
11	USJT	9377						X		X				X			48MONTHS	900032002362548
12	USJT	9378		X						X				X			50MONTHS	900032002362363
13	USJT	9379			X					X						X	60MONTHS	900032002362378
14	USJT	9380			X					X						X	60MONTHS	900032002362367
15	USJT	9381				X				X				X			60MONTHS	900032002362365

I THEREBY 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

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

SECRETARIA DE AGRICULTURA, GANADERIA, DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE INOCUIDAD Y CALIDAD AGROALIMENTARIA

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. (1) Piedras Negras, Coahuila.

DATE 06/2/2014

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS
PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

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

T14-88980
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	USJT	9382						X		X						X	60MONTHS	900032002362373
17	USJT	9383					X			X				X			50MONTHS	900032002362559
18	USJT	9384					X			X				X			50MONTHS	900032002362546
19	USJT	9385						X		X						X	60MONTHS	900032002362552
20	USJT	9386			X					X				X			50MONTHS	900032002362368
21	USJT	9387					X			X				X			60MONTHS	900032002362547
22	USJT	9388					X			X						X	60MONTHS	900032002362369
23	USJT	9389				X				X						X	50MONTHS	900032002362379
24	USJT	9390					X			X						X	50MONTHS	900032002362372
25	USJT	9391					X			X				X			60MONTHS	900032002362374
26	USJT	9392					X			X				X			60MONTHS	900032002362370
27	USJT	9393					X			X				X			50MONTHS	900032002362553
28	USJT	9394						X		X				X			60MONTHS	900032002362361
29	USJT	9395					X			X						X	60MONTHS	900032002362380
30	USJT	9396						X		X				X			50MONTHS	900032002362560
31	USJT	9397						X		X				X			60MONTHS	900032002362551
32	USJT	9837					X			X						X	60MONTHS	900032002362550
33	USJT	3448						X		X						X	50MONTHS	900032002362554
34	USJT	3449	X							X						X	60MONTHS	900032002362557
35	USJT	3450				X				X				X			60MONTHS	900032002362543
36	USJT	9938						X		X				X			60MONTHS	900032002362544
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.)

.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.

T14-88977
FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-2-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USIE	7759				X				X						X	60MONTHS	900108001611970
2	USIE	7760		X			Garrapata			X						X	60MONTHS	900108001611968
3	USIE	7761		X						X						X	72MONTHS	900108001611962
4	USIE	7762					X			X						X	24MONTHS	900108001611961
5	USIE	7763					X			X						X	144MONTHS	900108001611967
6	USIE	7764						X		X						X	120MONTHS	900108001611975
7	USIE	7765		X					X					X			120MONTHS	900108001611978
8	USIE	7766				X				X				X			96MONTHS	900108001611964
9	USIE	7767					X			X				X			180MONTHS	900108001611966
10	USIE	7768	X							X						X	144MONTHS	900108001611971
11	USIE	7769						X		X				X			120MONTHS	900108001611976
12	USIE	7770					X			X						X	120MONTHS	900108001611980
13	USIE	7771				X				X						X	72MONTHS	900108001611979
14	USIE	7772		X						X				X			72MONTHS	900108001611965
15	USIE	7773		X						X				X			180MONTHS	900108001611963

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

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. Oisit Piedras Negras

DATE 03/06/2014

TIME

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

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

(Please type or print in ink)

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

T14-88977
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	USIE	7774		X						X						X	60MONTHS	[illegible]
17	USIE	7775						X		X				X			72MONTHS	900108001611977
18	USIE	7776						X		X				X			120MONTHS	[illegible]
19	USIE	7777					X			X				X			144MONTHS	900108001613969
20	USIE	7778					X			X				X			60MONTHS	900108001611974
21	USIE	7779					X			X				X			84MONTHS	900108001612080
22	USIE	7780					X			X				X			72MONTHS	900108001612079
23	USIE	7781					X			X				X			96MONTHS	900108001612028
24	USIE	7782		X						X				X			84MONTHS	900108001612037
25	USJT	3353		X						X				X			60MONTHS	900164000559592
26	USJT	5648	Herida MAT							X				X			50MONTHS	900108001423738
27	USJT	3427			X						X			X			60MONTHS	[illegible]
28	USJR	1069		X						X				X			60MONTHS	900164000564503
29	USJT	3354	X							X				X			50MONTHS	900164000559614
30	USJT	3355					X			X				X			50MONTHS	900164000559620
31	USJT	3356	X							X				X			50MONTHS	[illegible]
32	USJT	3357	X							X				X			50MONTHS	[illegible]
33	USJT	3358	X							X				X			50MONTHS	900164000559604
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)

.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.

T14-88978

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1700	DATE: 6-2-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [x] 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	USJU	2012			X					X				X			96MONTHS	900032002367812
2	USJU	2013	X	Error doc. en						X microchip.				X			84MONTHS	900032002367813
3	USJU	2014					X			X				X			108MONTHS	900032002367814
4	USJU	2015				X				X						X	120MONTHS	900032002367815
5	USJU	2016					X			X				X			84MONTHS	900032002367816
6	USJU	2017						X		X						X	72MONTHS	900108001423760
7	USJU	2018					X			X						X	96MONTHS	900032002367818
8	USJU	2019						X		X						X	132MONTHS	900032002367819
9	USJU	2020				X				X				X			84MONTHS	900032002367820
10	USJU	2021				NP		X		X						X	96MONTHS	900032002367821
11	USJU	2023					X			X						X	108MONTHS	900032002367823
12	USJU	2024	X							X						X	120MONTHS	900032002367824
13	USJU	2025					X			X				X			84MONTHS	900032002367825
14	USJU	2026					X						X			X	72MONTHS	900032002367826
15	USJU	2027	X							X				X			96MONTHS	900032002367827

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

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. [illegible]

DATE 03/06/14

TIME

FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-88978
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	USJU	2028						X		X						X	84MONTHS	[redacted]
17	USJU	2029				X				X				X			108MONTHS	[redacted]
18	USJU	2030					X			X				X			120MONTHS	[redacted]
19	USJU	2031					X			X				X			84MONTHS	[redacted]
20	USJU	2032				X				X				X			72MONTHS	[redacted]
21	USJU	2033					X			X				X			96MONTHS	[redacted]
22	USJU	2034			X					X						X	132MONTHS	[redacted]
23	USJU	2035	X							X				X			84MONTHS	[redacted]
24	USJU	2036					X			X						X	72MONTHS	[redacted]
25	USJU	2037				X				X				X			96MONTHS	[redacted]
26	USJU	2038				X				X				X			108MONTHS	[redacted]
27	USJU	2040				X				X						X	120MONTHS	[redacted]
28	USJT	5661					X			X				X			84MONTHS	[redacted]
29	USJT	5662	X							X						X	72MONTHS	[redacted]
30	USJT	5663						X		X						X	96MONTHS	[redacted]
31	USJT	5664	X							X						X	72MONTHS	[redacted]
32	USJT	5665	X							X						X	108MONTHS	[redacted]
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.)

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

WNER/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.

T14-88979
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-2-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJT	3251						X					X	X			40MONTHS	900032002362292
2	USJT	3252						X					X	X			50MONTHS	900032002362283
3	USJT	3253						X					X			X	50MONTHS	900032002362297
4	USJT	3254						X					X	X			50MONTHS	900032002362290
5	USJT	3255						X					X	X			60MONTHS	900000000067804
6	USJT	3256						X					X			X	50MONTHS	900032002362296
7	USJT	3257						X					X	X			40MONTHS	900032002362285
8	USJT	3258	Entero.		X								X			X	40MONTHS	900032002362298
9	USJT	3259			X								X	X			50MONTHS	900032002362291
10	USJT	3260	Entero					X					X			X	50MONTHS	900032002362283
11	USJT	3261						X					X			X	50MONTHS	900032002362288
12	USJT	3262						X					X			X	60MONTHS	900032002362293
13	USJT	3263	Entero		X								X			X	50MONTHS	900032002362287
14	USJT	3264						X					X			X	60MONTHS	900032002362295
15	USJT	3265						X					X	X			50MONTHS	900032002362294

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

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

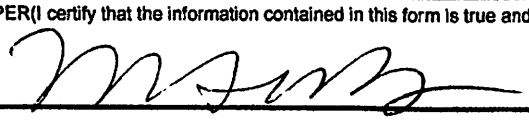
114-88979

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	USJT	3266			X								X			X	60MONTHS	900032002362289
17	USJT	3267						X					X			X	50MONTHS	900032002362281
18	USJT	3268						X					X			X	50MONTHS	[illegible]
19	USJT	3269						X					X			X	60MONTHS	900032002362284
20	USJT	3270						X					X			X	60MONTHS	900032002362448
21	USJT	3271						X					X	X			50MONTHS	[illegible]
22	USJT	3272		X									X			X	40MONTHS	900032002362443
23	USJT	3273						X					X	X			60MONTHS	[illegible]
24	USJT	3274						X					X	X			50MONTHS	[illegible]
25	USJT	3275						X					X	X			60MONTHS	900032002362452
26	USJT	3276						X					X			X	60MONTHS	900032002362441
27	USJT	3277			X								X	X			50MONTHS	900032002362463
28	USJT	3278		X		ENTERO.							X			X	60MONTHS	900032002362444
29	USJT	3279						X					X			X	50MONTHS	900032002362456
30	USJT	3280						X					X			X	50MONTHS	900032002362445
31	USJT	3281						X					X			X	60MONTHS	900032002362451
32	USJT	3282						X					X			X	50MONTHS	900032002362454
33	USJT	3283						X					X			X	40MONTHS	[illegible]
34	USJT	3284						X					X			X	50MONTHS	900032002362450
35	USJT	3285						X					X			X	60MONTHS	900032002362458
36	USJT	3286						X					X			X	50MONTHS	[illegible]
37	USJT	3287						X					X			X	60MONTHS	900032002362446
38	USJT	3288						X					X			X	60MONTHS	900164000559601
39	USJT	3289						X					X			X	50MONTHS	[illegible]
40	USJT	3290						X					X	X			60MONTHS	[illegible]
41	USJT	3291				X							X			X	50MONTHS	[illegible]
42	USJT	3292						X					X			X	40MONTHS	900164000559603
43	USJT	3293						X					X			X	50MONTHS	[illegible]
44	USJT	3294				X							X			X	60MONTHS	[illegible]
45	USJT	3295						X					X	X			50MONTHS	900164000559618

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88979
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		
46	USJT	3296						X					X			X	60MONTHS	900164000559610
47	USJT	3297						X					X			X	50MONTHS	900164000559606
48	USJT	3298						X					X			X	60MONTHS	900164000559617
49	USJT	3299				X							X	X			60MONTHS	[illegible]
50	USJT	3300				X							X	X			50MONTHS	900164000559605
51	USJT	3359						X					X	X			60MONTHS	900032002362530
52	USJT	3360						X					X			X	50MONTHS	900032002362538
53	USJT	3361						X					X	X			40MONTHS	[illegible]
54	USJT	3362						X					X	X			60MONTHS	900032002362533
55	USJT	3363	Entero					X					X			X	50MONTHS	900164000559460
56	USJT	3364						X					X	X			60MONTHS	900032002362527
57	USJT	3365						X					X			X	50MONTHS	900032002362528
58	USJT	3366						X					X			X	40MONTHS	900032002362540
59	USJT	3367						X					X			X	50MONTHS	900032002362537
60	USJT	3368						X			NP		X			X	50MONTHS	900032002362525
61	USJT	3211	Entero					X					X			X	60MONTHS	900164000559472
62	USJT	3369			X								X			X	60MONTHS	[illegible]
63	USJT	3370						X					X			X	50MONTHS	[illegible]

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. 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.

T14-88984
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-3-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJR	1251					X			X						X	72MONTHS	900032002367510
2	USJR	1252			X					X						X	96MONTHS	900032002367519
3	USJR	1253	X							X				X			60MONTHS	900032002367515
4	USJR	1254						X		X				X			132MONTHS	900032002367506
5	USJR	1255					X			X				X			120MONTHS	900032002367512
6	USJR	1256				X				X				X			132MONTHS	900032002367513
7	USJR	1257					X			X						X	84MONTHS	900032002367503
8	USJR	1258						X		X				X			132MONTHS	900032002367516
9	USJR	1259					X			X				X			120MONTHS	900032002367511
10	USJR	1260	X							X				X			120MONTHS	900032002367508
11	USJR	1261						X		X						X	180MONTHS	900032002367509
12	USJR	1262					X			X				X			132MONTHS	900032002367505
13	USJR	1263				X				X				X			144MONTHS	900032002367517
14	USJR	1264	X							X				X			84MONTHS	900032002367514
15	USJR	1265					X			X				X			120MONTHS	900032002367501

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

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. Oficina de Inspección de Sanidad Agropecuaria

DATE 06/2014

TIME

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

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

(Please type or print in ink)

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

T14-88984
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	USJR	1266					X			X				X			96MONTHS	900032002367507
17	USJR	1267					X			X				X			84MONTHS	900032002367502
18	USJR	1268	X	error			Documental			X				X			108MONTHS	900032002367520
19	USJR	1269						X		X				X			60MONTHS	900032002367504
20	USJR	1270		X						X						X	132MONTHS	900032002367518
21	USJR	1271				X				X						X	144MONTHS	900164000559518
22	USJR	1272	X							X				X			144MONTHS	900164000559504
23	USJR	1273				X				X						X	132MONTHS	900164000559515
24	USJR	1274					X			X						X	84MONTHS	900032002371000
25	USJR	1275						X		X				X			84MONTHS	900164000559517
26	USJR	1276	X							X				X			72MONTHS	900164000559503
27	USJR	1277	X							X						X	84MONTHS	900164000559501
28	USJR	1278	X							X				X			144MONTHS	900164000559507
29	USJR	1279		error en			X			X				X			132MONTHS	900164000559502
30	USJR	1280		error en			Sexo			X				X			96MONTHS	900164000559520
31	USJR	1281		X						X						X	144MONTHS	900164000559508
32	USJR	1282	X							X						X	60MONTHS	900164000559509
33	USJR	1283					X			X				X			132MONTHS	900164000559506
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.)

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.

T14-88986
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-3-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USKA	3001		Garrapata				X		X						X	96MONTHS	900032002361886
2	USKA	3002		X						X				X			72MONTHS	900032002361890
3	USKA	3003		Garrapata			X			X				X			84MONTHS	900032002361862
4	USKA	3004					X			X				X			108MONTHS	900032002367197
5	USKA	3005						X		X				X			120MONTHS	900032002361887
6	USKA	3006		X						X				X			84MONTHS	900032002361884
7	USKA	3007					X			X				X			96MONTHS	900032002367193
8	USKA	3008				X				X				X			132MONTHS	900032002367184
9	USKA	3009					X				X					X	120MONTHS	900032002361894
10	USKA	3010	X							X				X			84MONTHS	900032002367185
11	USKA	3011						X		X				X			72MONTHS	900032002367199
12	USKA	3012	X							X						X	96MONTHS	900032002361900
13	USKA	3013	X							X						X	108MONTHS	900032002367194
14	USKA	3014					X			X				X			120MONTHS	900032002367186
15	USKA	3015	X							X						X	84MONTHS	900032002367187

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

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

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. OISA PIEDRAS NEGRAS
DATE 05 - 06 - 14
TIME

OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

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

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

(Please type or print in ink)

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

T14-88986
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	USKA	3016						X		X						X	72MONTHS	900032002367195
17	USKA	3017					X			X				X			96MONTHS	900032002367181
18	USKA	3018					X			X				X			108MONTHS	900032002367182
19	USKA	3019			X					X				X			120MONTHS	900032002361892
20	USKA	3020						X					X	X			84MONTHS	900032002361896
21	USKA	3021	X							X				X			72MONTHS	900032002361881
22	USKA	3022					X			X						X	96MONTHS	900032002367183
23	USKA	3023				X				X				X			108MONTHS	900032002367189
24	USKA	3024						X		X						X	120MONTHS	900032002367190
25	USKA	3025	X							X				X			84MONTHS	900032002367361
26	USKA	3026						X		X				X			72MONTHS	900032002361878
27	USKA	3027						X		X				X			96MONTHS	900032002361880
28	USKA	3028			X					X				X			108MONTHS	900032002367568
29	USKA	3029		X						X				X			120MONTHS	900032002361871
30	USKA	3030						X		X				X			84MONTHS	900032002361875
31	USKA	3031					X			X				X			72MONTHS	900032002361864
32	USKA	3032	X	S/ CHIP						X						X	96MONTHS	900032002361861
33	USKA	3033						X		X				X			84MONTHS	900032002361872
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)

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.

T14-88982
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 — DATE: 6-3-14	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJR	1201					X			X				X			180MONTHS	900032002367497
2	USJR	1202					X			X				X			120MONTHS	900032002367486
3	USJR	1203	X	4x Infectada abdamen (126)									X	X			180MONTHS	900032002367482
4	USJR	1204						X		X				X			144MONTHS	900032002367498
5	USJR	1205					X			X				X			120MONTHS	900032002367481
6	USJR	1206					X			X						X	48MONTHS	900032002367489
7	USJR	1207	X							X				X			132MONTHS	900032002367496
8	USJR	1208		X						X						X	168MONTHS	900032002367484
9	USJR	1209	4x en el cuello				X			X						X	180MONTHS	900032002370647
10	USJR	1210						X		X				X			132MONTHS	900032002370642
11	USJR	1211					X			X				X			96MONTHS	900032002370657
12	USJR	1212						X		X				X			24MONTHS	900032002370646
13	USJR	1213					X			X				X			24MONTHS	900032002370649
14	USJR	1214				X				X				X			24MONTHS	900032002370644
15	USJR	1215					X			X				X			18MONTHS	900032002370650

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

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 6/3/14
TIME

VS FORM 10-13 (SEP 2002) Previous editions are obslete

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

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

(Please type or print in ink)

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

T14-88982
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	USJR	1216					X			X				X			18MONTHS	900032002370643
17	USJR	1217					X			X				X			18MONTHS	900032002370660
18	USJR	1218					X			X				X			18MONTHS	900032002370641
19	USJR	1219					X			X				X			24MONTHS	900032002370651
20	USJR	1220	X							X				X			18MONTHS	900032002370652
21	USJR	1221	X							X				X			18MONTHS	900032002370659
22	USJR	1222		X						X						X	96MONTHS	900032002370655
23	USJR	1223					X			X				X			24MONTHS	900032002370656
24	USJR	1224	X							X				X			120MONTHS	900032002370654
25	USJR	1225						X		X				X			84MONTHS	900032002370658
26	USJR	1226	X							X				X			120MONTHS	900032002370645
27	USJR	1227	X							X						X	72MONTHS	900032002370653
28	USJR	1228					X			X				X			144MONTHS	900032002370648
29	USJR	1229		X						X						X	156MONTHS	900032002370986
30	USJR	1230					X			X						X	132MONTHS	900032002370991
31	USJR	1231	Garrapata					X		X				X			144MONTHS	900032002370984
32	USJR	1232					X			X						X	144MONTHS	900032002370989
33	USJR	1233					X			X				X			120MONTHS	900032002370994
34	USJR	1234				X				X				X			84MONTHS	900032002370993
35	USJR	1235	prenada				X			X				X			132MONTHS	900032002370999
36	USJR	1236	X							X				X			132MONTHS	900032002370997
37	USJR	1237		X						X				X			120MONTHS	900032002370995
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.)

.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.

T14-88981
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-3-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted] (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJR	1101	X							X				X			120MONTHS	900032002370610
2	USJR	1102	X							X						X	96MONTHS	900032002370606
3	USJR	1103					X			X						X	84MONTHS	900032002370618
4	USJR	1104				X				X						X	120MONTHS	900032002370604
5	USJR	1105	X Garrapata							X				X			84MONTHS	900032002370605
6	USJR	1106		X						X				X			144MONTHS	900032002370609
7	USJR	1107				X				X						X	120MONTHS	900032002370611
8	USJR	1108	X							X						X	60MONTHS	900032002370612
9	USJR	1109				X				X				X			72MONTHS	900032002370616
10	USJR	1110		X						X				X			60MONTHS	900032002370617
11	USJR	1111	Sin microchip			X				X				X			60MONTHS	900032002370983
12	USJR	1112				X				X				X			72MONTHS	900032002370614
13	USJR	1113					X			X				X			180MONTHS	900032002370620
14	USJR	1114						X		X						X	180MONTHS	900032002370601
15	USJR	1115				X				X				X			60MONTHS	900032002370615

I THEREBY 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

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. Oficina de Inspección Piedras Negras Coahuila

DATE 04/06/24

TIME

OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

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

T14-88981
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	USJR	1116		X						X				X			144MONTHS	900032002370608
17	USJR	1117	Sin microchip				X			X				X			132MONTHS	900032002370602
18	USJR	1118					X			X						X	132MONTHS	900032002370613
19	USJR	1119	X Sin microchip							X				X			72MONTHS	900032002370603
20	USJR	1120	Garrapata			X				X				X			144MONTHS	900032002370619
21	USJR	1121					X			X						X	84MONTHS	900032002370607
22	USJR	1122					X			X				X			144MONTHS	900032002367491
23	USJR	1123					X			X						X	144MONTHS	900032002367485
24	USJR	1124					X			X				X			132MONTHS	900032002367492
25	USJR	1125		X						X				X			36MONTHS	900032002367490
26	USJR	1126	X							X				X			36MONTHS	900032002367487
27	USJR	1127						X		X				X			36MONTHS	900032002367499
28	USJR	1128					X			X				X			48MONTHS	900032002367483
29	USJR	1129				X				X				X			132MONTHS	900032002367493
30	USJR	1130			X					X				X			48MONTHS	900032002367494
31	USJR	1131					X			X				X			144MONTHS	900032002367495
32	USJR	1132						X		X						X	156MONTHS	900032002367488
33	USJR	1133	X										X			X	144MONTHS	900032002367500
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. 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.

T14-88985
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1500	DATE: 6-3-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	3452					X			X						X	60MONTHS	900032002362263
2	USJT	3453				X				X				X			60MONTHS	900032002362279
3	USJT	3454				X				X						X	60MONTHS	900032002362278
4	USJT	3455						X		X				X			60MONTHS	900032002362276
5	USJT	3456			X					X						X	50MONTHS	900032002362273
6	USJT	3457						X		X						X	50MONTHS	900032002362274
7	USJT	3458						X		X						X	60MONTHS	900032002362261
8	USJT	3459				X				X				X			50MONTHS	900032002362269
9	USJT	3460					X			X						X	60MONTHS	900032002362262
10	USJT	3461						X		X				X			60MONTHS	900032002362277
11	USJT	3462		X						X				X			50MONTHS	900032002362268
12	USJT	3463						X		X				X			50MONTHS	900032002362275
13	USJT	3464					X			X						X	50MONTHS	900032002362272
14	USJT	3465	X							X						X	60MONTHS	900164000486567
15	USJT	3466						X		X				X			60MONTHS	985170000968012

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

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

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. OISA PIEDRAS NEGRAS

DATE 05-JUN-2014

TIME

DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA
PIEDRAS NEGRAS, COAHUILA

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

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.

T14-88985
FORM

APPROVED
OMB NO.
0579-0160

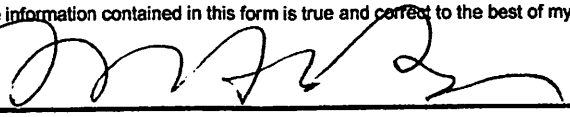
OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(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	USJT	3467					X			X				X			50MONTHS	900032002362271
17	USJT	3468				X				X						X	50MONTHS	900032002362584
18	USJT	3469	X							X				X			60MONTHS	900032002362581
19	USJT	3470	X							X				X			50MONTHS	900032002362585
20	USJT	3471					X			X				X			60MONTHS	900032002362280
21	USJT	3472						X		X				X			60MONTHS	900032002362592
22	USJT	3473					X			X						X	50MONTHS	900032002362597
23	USJT	3474	X							X				X			60MONTHS	900032002362591
24	USJT	3475	X							X				X			60MONTHS	900032002362587
25	USJT	3476			X					X				X			50MONTHS	900032002362265
26	USJT	3477					X			X				X			60MONTHS	900032002362588
27	USJT	3478						X		X				X			50MONTHS	900032002362594
28	USJT	3479						X		X				X			60MONTHS	900032002362586
29	USJT	3480		X						X						X	60MONTHS	900032002362595
30	USJT	3481					X			X				X			50MONTHS	900032002362596
31	USJT	3482						X		X				X			60MONTHS	900032002362589
32	USJT	3483				X				X				X			60MONTHS	900164000484267
33	USJT	3484						X		X				X			60MONTHS	900032002367015
34	USJT	3485	Claudication				X	MAL		X				X			60MONTHS	900164000504508
35	USJT	3486						X		X						X	50MONTHS	900108001424147
36	USJT	3487		X						X						X	50MONTHS	900108001611968
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.)



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.

T14-88983
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-3-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJT	2601	Absceso		X		paleta	derecha		X						X	24MONTHS	900032002368741
2	USJT	2602			X					X						X	36MONTHS	900032002368742
3	USJT	2603					X			X						X	12MONTHS	900032002368743
4	USJT	2604						X		X						X	24MONTHS	900032002368744
5	USJT	2605	Ciego					X		X						X	48MONTHS	900032002368745
6	USJT	2606	X	ojo	derecho					X						X	36MONTHS	900032002368746
7	USJT	2607					X			X						X	48MONTHS	900032002368747
8	USJT	2608			X					X						X	60MONTHS	900032002368748
9	USJT	2609					X			X						X	24MONTHS	900032002367822
10	USJT	2610						X		X						X	36MONTHS	900032002368750
11	USJT	2611					X			X				X			24MONTHS	900032002368751
12	USJT	2612					X			X				X			36MONTHS	900032002368752
13	USJT	2613					X			X				X			48MONTHS	900032002368753
14	USJT	2614			X					X						X	36MONTHS	900032002368754
15	USJT	2615					X			X				X			24MONTHS	900032002368755

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

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. Usapeados Texas

DATE 05/06/2014

TIME

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

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

(Please type or print in ink)

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

T14-88983
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	USJT	2616			X					X						X	36MONTHS	900032002368756
17	USJT	2617	sin microchip		X					X						X	48MONTHS	900032002368757
18	USJT	2618	X							X				X			36MONTHS	900032002368758
19	USJT	2619	X							X						X	24MONTHS	900032002368759
20	USJT	2620	X				NP			X				X			60MONTHS	900032002368760
21	USJT	2621					X			X				X			24MONTHS	900032002368961
22	USJT	2622					X			X				X			36MONTHS	900032002368962
23	USJT	2623	X							X						X	48MONTHS	900032002368963
24	USJT	2624				X				X				X			24MONTHS	900032002368964
25	USJT	2625	X							X						X	36MONTHS	900032002368965
26	USJT	2626			X					X						X	48MONTHS	900032002368966
27	USJT	2627				X				X				X			24MONTHS	900032002368967
28	USJT	2628	X							X						X	36MONTHS	900032002368968
29	USJT	2629			X					X				X			12MONTHS	900032002368969
30	USJT	2630					X			X						X	24MONTHS	900032002368970
31	USJT	2631	X							X				X			36MONTHS	981020009086449
32	USJT	2632					X			X						X	24MONTHS	900032002368972
33	USJT	2633			X					X				X			36MONTHS	900032002368973
34	USJT	2634						X		X						X	48MONTHS	900032002368974
35	USJT	2635						X		X						X	24MONTHS	900032002368975
36	USJT	2636	ciego ojo			X	derecho			X				X			36MONTHS	900032002368976
37	USJT	2637					X			X						X	48MONTHS	900032002368977
38	USJT	2638					X			X				X			36MONTHS	981020009131166
39	USJT	2639	X							X				X			24MONTHS	900032002368979
40	USJT	2640	X							X						X	36MONTHS	900032002368980
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.)

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

WNER/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.

T14-88989
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-4-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJT	7201	X							X				X			96MONTHS	900000000066282
2	USJT	7202	X							X						X	72MONTHS	900000000066293
3	USJT	7203		X									X	X			24MONTHS	900000000066288
4	USJT	7204					X			X						X	48MONTHS	900000000066300
5	USJT	7205				X				X						X	36MONTHS	900164000504924
6	USJT	7206						X		X				X			24MONTHS	900164000504926
7	USJT	7207					X			X				X			36MONTHS	900000000066289
8	USJT	7208		X									X	X			60MONTHS	900000000066281
9	USJT	7209			X					X						X	36MONTHS	900000000066283
10	USJT	7210			X					X						X	48MONTHS	900164000504917
11	USJT	7211	X							X				X			24MONTHS	900164000504916
12	USJT	7212				X				X						X	36MONTHS	900000000066299
13	USJT	7213						X		X				X			48MONTHS	900000000066287
14	USJT	7214	X							X						X	24MONTHS	900000000066290
15	USJT	7215						X					X	X			96MONTHS	900000000066298

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

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

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. OISA PIEDRAS NEGRAS

DATE 05

TIME

DIRECCION GENERAL DE INSPECCION ZOOSANITARIA

OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

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

T14-88989
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	USJT	7216					X						X			X	84MONTHS	900000000066295
17	USJT	7217					X			X						X	36MONTHS	900000000066294
18	USJT	7218	X							X						X	24MONTHS	900000000066284
19	USJT	7219					X			X				X			36MONTHS	900000000066291
20	USJT	7220				X				X						X	48MONTHS	900164000505056
21	USJT	7221	X							X				X			24MONTHS	900164000505058
22	USJT	7222					X			X						X	36MONTHS	900164000505067
23	USJT	7223				X				X				X			48MONTHS	900164000505068
24	USJT	7224					X			X						X	36MONTHS	900164000505059
25	USJT	7225	X							X				X			24MONTHS	900164000505063
26	USJT	7226			X					X						X	36MONTHS	900164000505060
27	USJT	7227						X		X						X	24MONTHS	900164000505055
28	USJT	7228					X			X						X	12MONTHS	900164000505065
29	USJT	7229	Ciego X ojo izquierdo							X				X			36MONTHS	900164000505062
30	USJT	7230	X							X						X	48MONTHS	900164000505057
31	USJT	7231	Garrapata.			X				X						X	36MONTHS	900164000505061
32	USJT	7232				X				X				X			24MONTHS	900164000505064
33	USJT	7233			X					X						X	36MONTHS	900164000505069
34	USJT	7234				X				X						X	24MONTHS	900164000505053
35	USJT	7235				X				X						X	36MONTHS	900164000505066
36	USJT	7236						X		X				X			24MONTHS	900164000505052
37	USJT	7237	Sin microchip		X					X						X	36MONTHS	900164000505051
38	USJT	7238				X				X				X			48MONTHS	900164000505054
39	USJT	7239	X							X				X			24MONTHS	900164000505070
40	USJT	7240				X				X						X	36MONTHS	900032002367566
41	USJT	7241			X					X				X			48MONTHS	900032002367577
42	USJT	7242	X							X				X			36MONTHS	900032002367572
43	USJT	7243	X							X						X	24MONTHS	900032002367576
44	USJT	7244	Error documental en X microchip							X						X	48MONTHS	900032002367579
45	USJT	7245		X						X						X	36MONTHS	900032002367565

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. 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.

T14-88987
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-4-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	5951			X					X				X			96MONTHS	900032002367761
2	USJT	5952					X			X				X			72MONTHS	900032002367762
3	USJT	5953			X					X						X	84MONTHS	900032002367763
4	USJT	5954						X		X						X	108MONTHS	900032002367764
5	USJT	5955	X							X						X	120MONTHS	900032002367765
6	USJT	5956						X		X				X			84MONTHS	900032002367766
7	USJT	5957					X			X				X			72MONTHS	900032002367767
8	USJT	5958			X					X				X			96MONTHS	900032002367768
9	USJT	5959					X			X				X			132MONTHS	900032002367769
10	USJT	5960	X							X				X			84MONTHS	900032002367770
11	USJT	5961				X				X				X			72MONTHS	900032002367771
12	USJT	5962				X				X				X			96MONTHS	900032002367772
13	USJT	5963						X		X				X			108MONTHS	900032002367773
14	USJT	5964	X							X				X			120MONTHS	900032002367774
15	USJT	5965	X							X				X			84MONTHS	900032002367775

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

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. OISA PIEDRAS NEGRAS

DATE 05/06/14

TIME

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

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

(Please type or print in ink)

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

T14-88987
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	USJT	5966	X							X				X			72MONTHS	900032002367776
17	USJT	5967					X			X						X	96MONTHS	900032002367777
18	USJT	5968						X		X				X			108MONTHS	900032002367778
19	USJT	5969		Garrapata				X		X				X			120MONTHS	900032002367779
20	USJT	5970					X			X						X	84MONTHS	900032002367780
21	USJT	5971		X						X				X			72MONTHS	900032002369061
22	USJT	5972						X		X						X	96MONTHS	900032002369062
23	USJT	5973				X				X						X	108MONTHS	900032002369063
24	USJT	5974						X		X				X			120MONTHS	900032002369064
25	USJT	5975	X							X				X			84MONTHS	900032002369065
26	USJT	5976					X			X				X			72MONTHS	900032002369066
27	USJT	5977					X			X				X			96MONTHS	900032002369067
28	USJT	5978	X							X				X			108MONTHS	900032002369068
29	USJT	5979					X			X				X			120MONTHS	900032002369069
30	USJT	5980					X			X						X	84MONTHS	900032002369070
31	USJT	5981					X			X						X	84MONTHS	900032002369071
32	USJT	5982				X				X				X			72MONTHS	900032002369072
33	USJT	5983	X							X						X	96MONTHS	900032002369073
34	USJT	5984					X						X	X			84MONTHS	900032002369074
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.)

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.

T14-88988
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM	DATE: 6-4-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJA	9151						X					X	X			96MONTHS	900000000068489
2	USJA	9152				X				X				X			72MONTHS	900000000068484
3	USJA	9153		Garrapata			X			X				X			84MONTHS	900000000068496
4	USJA	9154		X						X				X			108MONTHS	900000000068488
5	USJA	9155		X						X						X	120MONTHS	900000000068492
6	USJA	9156				X				X				X			84MONTHS	900000000068497
7	USJA	9157					X			X				X			72MONTHS	900000000068485
8	USJA	9158		X						X						X	96MONTHS	900000000068498
9	USJA	9159						X		X				X			132MONTHS	900000000068499
10	USJA	9160	X							X				X			84MONTHS	900000000068495
11	USJA	9161			X					X						X	72MONTHS	900000000068491
12	USJA	9162			X					X				X			96MONTHS	900000000068494
13	USJA	9163	X							X				X			108MONTHS	900000000068490
14	USJA	9164				X				X				X			120MONTHS	900000000068493
15	USJA	9165						X					X	X			84MONTHS	900000000068481

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

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. OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

DATE 05/06/14

TIME

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

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

(Please type or print in ink)

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

T14-88988
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~~	USJA	9166					X			X				X			72MONTHS	900000000068500
17	USJA	9167					X			X				X			96MONTHS	900000000068817
18	USJA	9168	X							X				X			72MONTHS	900000000068819
~~19~~	USJA	9169						X					X			X	84MONTHS	900000000068820
~~20~~	USJA	9170					X			X						X	108MONTHS	900000000068821
21	USJA	9171		X						X				X			120MONTHS	900000000068829
~~22~~	USJA	9172					X			X						X	84MONTHS	900000000068830
23	USJA	9173	X							X				X			72MONTHS	900000000068594
~~24~~	USJA	9174						X		X				X			96MONTHS	900000000068595
25	USJA	9175	ENTIRE					X								X	84MONTHS	900000000068592
26	USJA	9176					X			X				X			72MONTHS	900000000068426
27	USJA	9177						X		X				X			108MONTHS	900000000068424
28	USJA	9178	X							X				X			120MONTHS	900000000068437
~~29~~	USJA	9179		X						X						X	84MONTHS	900000000068589
30	USJA	9180	X							X				X			72MONTHS	900000000068600
31	USJA	9181					X			X				X			96MONTHS	900000000068591
~~32~~	USJA	9182						X		X				X			108MONTHS	900000000068586
33	USJA	9183						X		X				X			120MONTHS	900000000068597
~~34~~	USJA	9184		CHECK						X						X	84MONTHS	900000000068598
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.)



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.

T14-88991
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
12:00	6-4-14	FORNEY, TX

VEHICLE LICENSE NO. AND DRIVER'S NAME
(b) (6) [redacted]

NAME OF AUCTION/MARKET
n/a

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
M & M LIVESTOCK	CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS 11026 CR 213 A	STREET ADDRESS FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE FORNEY, TX 75126	CITY, STATE, ZIP CODE SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO. 469-595-6289	AREA CODE & TELEPHONE NO. 4945-40-46

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	USJU	1556						X		X				X			96MONTHS	900164000559718
2	USJU	1557	X							X				X			72MONTHS	900164000559712
3	USJU	1558			X								X			X	84MONTHS	900164000559689
4	USJU	1559					X			X				X			72MONTHS	900164000559716
5	USJU	1560					X			X						X	96MONTHS	900164000559711
6	USJU	1561	X							X				X			108MONTHS	900164000559701
7	USJU	1562			X					X				X			120MONTHS	900164000559706
8	USJU	1563					X			X				X			96MONTHS	900164000559719
9	USJU	1564					X			X						X	84MONTHS	900164000559703
10	USJU	1565			X					X				X			72MONTHS	900164000559707
11	USJU	1566					X			X				X			84MONTHS	900164000559747
12	USJU	1567		X						X						X	108MONTHS	900164000559709
13	USJU	1568	X							X						X	120MONTHS	900164000559702
14	USJU	1569				X				X				X			132MONTHS	900164000559720
15	USJU	1570	X										X			X	84MONTHS	900164000559714

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

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. Olga Piedras Negrete
DATE 06/2014
TIME

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

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

(Please type or print in ink)

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

T14-88991
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	USJU	1571	X							X						X	72MONTHS	900164000559713
17	USJU	1572	Herida Parpado					X	Sup.	X	Derecho					X	96MONTHS	900164000559705
18	USJU	1573				X				X				X			84MONTHS	900164000559708
19	USJU	1574						X		X				X			72MONTHS	900164000559704
20	USJU	1575					X			X				X			96MONTHS	900164000559710
21	USJU	1576				X				X				X			84MONTHS	900164000559715
22	USJU	1577			X	Linfadenitis				X				X			72MONTHS	900164000559730
23	USJU	1578						X		X						X	96MONTHS	900164000559739
24	USJU	1579		X						X						X	108MONTHS	900164000559721
25	USJU	1580					X			X				X			120MONTHS	900164000559737
26	USJU	1581	X							X				X			96MONTHS	900164000559731
27	USJU	1582	X							X				X			84MONTHS	900164000559729
28	USJU	1583					X			X				X			72MONTHS	900164000559725
29	USJU	1584					X			X						X	84MONTHS	900164000559735
30	USJU	1585					X			X						X	108MONTHS	900164000559734
31	USJU	1586	X										X	X			120MONTHS	900164000559726
32	USJU	1587						X		X						X	84MONTHS	900164000559722
33	USJU	1588						X		X				X			72MONTHS	900164000559724
34	USJU	1589	X							X				X			96MONTHS	900164000559723
35	USJU	1590	Garrapata					X		X						X	84MONTHS	900164000559738
36	USJU	1591	X							X				X			108MONTHS	900164000559740
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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.)

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

WNER/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.

T14-88992
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00	DATE: 6-4-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						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	USJU	1592	X	Herida			infectada			X			paleta	X			36MONTHS	900164000559728
2	USJU	1593	X							X						X	48MONTHS	900164000559733
3	USJU	1594						X		X				X			36MONTHS	900164000559727
4	USJU	1595						X		X				X			24MONTHS	900164000559732
5	USJU	1596	X							X				X			60MONTHS	900164000559736
6	USJU	1597			X					X				X			72MONTHS	900164000559748
7	USJU	1598						X		X				X			60MONTHS	900164000559742
8	USJU	1599					X			X				X			48MONTHS	900164000559741
9	USJU	1600		X									X	X			36MONTHS	900164000559745
10	USJU	1601	X										X	X			24MONTHS	900164000559754
11	USJU	1602	X										X	X			60MONTHS	900164000559751
12	USJU	1603	X										X	X			48MONTHS	900164000559753
13	USJU	1604	X							X				X			60MONTHS	900164000559760
14	USJU	1605					X			X				X			72MONTHS	900164000559758
15	USJU	1606						X		X				X			60MONTHS	900164000559746

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

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. 0154 PIEDRAS NEGRAS
DATE 06/06/2014
TIME

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

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

(Please type or print in ink)

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

T14-88992
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	USJU	1607						X		X				X			48MONTHS	900164000559759
17	USJU	1608	X							X				X			36MONTHS	900164000559756
18	USJU	1609	X		No se presento					X				X			48MONTHS	900164000559757
19	USJU	1610	X							X				X			24MONTHS	900164000559752
20	USJU	1611					X			X				X			36MONTHS	900164000559744
21	USJU	1612	X							X				X			48MONTHS	900164000559743
22	USJU	1613					X			X				X			60MONTHS	900164000559749
23	USJU	1614	X							X				X			36MONTHS	900164000559747
24	USJU	1615	Herida Miembro posterior derecho, hernia					X		X				X			48MONTHS	900164000559750
25	USJU	1616						X		X				X			60MONTHS	900164000559755
26	USJU	1617						X		X				X			36MONTHS	900164000559659
27	USJU	1618	X							X				X			24MONTHS	900164000559650
28	USJU	1619				X				X				X			36MONTHS	900164000559655
29	USJU	1620			X					X				X			48MONTHS	900164000559644
30	USJU	1621	X							X				X			60MONTHS	900164000559645
31	USJU	1622	X							X				X			36MONTHS	900164000559657
32	USJU	1623				X							X	X			60MONTHS	900164000559649
33	USJU	1624				X				X				X			60MONTHS	900164000559660
34	USJU	1625						X		X				X			36MONTHS	900164000559642
35	USJU	1626	X Entero							X				X			48MONTHS	900164000559643
36	USJU	1627	Gestacion							X				X			36MONTHS	900164000559646
37	USJU	1628						X		X				X			48MONTHS	900164000559641
38	USJU	1629					X			X				X			24MONTHS	900164000559648
39	USJU	1630			X								X	X			36MONTHS	900164000559658
40	USJU	1631					X			X				X			48MONTHS	900164000559651
41	USJU	1632					X			X				X			60MONTHS	900164000559652
42	USJU	1633						X					X	X			24MONTHS	900164000559653
43	USJU	1634			X					X				X			36MONTHS	900164000559654
44	USJU	1635	Ciego			X				X				X			60MONTHS	900164000559656
45	USJU	1636				X				X				X			72MONTHS	900164000559647

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. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88992
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		
46	USJU	1637	X							X				X			84MONTHS	900164000559798
47	USJU	1638			X					X				X			60MONTHS	900164000559789
48	USJU	1639			X					X				X			36MONTHS	900164000559792

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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)

S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WNER/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.

T14-88990
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00
DATE: 6-4-14

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX

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

NAME OF AUCTION/MARKET: n/a

CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK

CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS

STREET ADDRESS: 11026 CR 213 A

STREET ADDRESS: 911-A VISTA HERMOSA

CITY, STATE, ZIP CODE: FORNEY, TX 75126

CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620

AREA CODE & TELEPHONE NO.: 469-595-6289

AREA CODE & TELEPHONE NO.: 0115218183090884

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

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	USJR	1001				X							X			X	96MONTHS	900164000559489
2	USJR	1002		X									X			X	84MONTHS	900164000559491
3	USJR	1003		X									X	X			72MONTHS	900164000559482
4	USJR	1004	X	Gestante									X	X			96MONTHS	900164000559492
5	USJR	1005	X	Gestante									X	X			72MONTHS	900164000559494
6	USJR	1006	X	Gestante									X	X			72MONTHS	900164000559488
7	USJR	1007	X										X	X			36MONTHS	900164000559499
8	USJR	1008	X							X				X			48MONTHS	900164000559495
9	USJR	1009				X	NP			X				X			240MONTHS	900164000559496
10	USJR	1010		X						X						X	96MONTHS	900164000559484
11	USJR	1011			X	NP				X						X	240MONTHS	900164000559493
12	USJR	1012		NP		X				X						X	240MONTHS	900164000559485
13	USJR	1013				X				X						X	18MONTHS	900164000559481
14	USJR	1014				X				X						X	18MONTHS	900164000559498
15	USJR	1015	X							X				X			18MONTHS	900164000559483

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

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. OISA PIEDRAS NEGRAS
DATE 06/06/2014
TIME

VS FORM 10-13 (SEP 2002)

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

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

(Please type or print in ink)

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

T14-88990
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	USJR	1016						X					X			X	96MONTHS	900164000559500
17	USJR	1017	X				NP			X						X	60MONTHS	900164000559497
18	USJR	1018	Hernia					X		X				X			24MONTHS	900164000559490
19	USJR	1019		X						X				X			48MONTHS	900164000559486
20	USJR	1020	X							X				X			36MONTHS	900164000559487
21	USJR	1021	X							X				X			120MONTHS	900032002367547
22	USJR	1022						X		X				X			120MONTHS	900032002367560
23	USJR	1023				X				X				X			144MONTHS	900032002367555
24	USJR	1024						X		X						X	240MONTHS	900032002367550
25	USJR	1025				X				X				X			132MONTHS	900032002367548
26	USJR	1026	Ciego ojo derecho				X			X				X			180MONTHS	900032002367556
27	USJR	1027				X				X						X	24MONTHS	900032002367551
28	USJR	1028	X							X				X			24MONTHS	900032002367554
29	USJR	1029	X							X						X	24MONTHS	900032002367542
30	USJR	1030				X				X						X	132MONTHS	900032002367541
31	USJR	1031	X							X				X			96MONTHS	900032002367545
32	USJR	1032				X				X						X	180MONTHS	900032002367544
33	USJR	1033	X							X						X	60MONTHS	900032002367546
34	USJR	1034				X				X				X			144MONTHS	900032002367549
35	USJR	1035				X				X						X	192MONTHS	900032002367559
36	USJR	1036					X			X						X	72MONTHS	900032002367557
37	USJR	1037		X						X				X			96MONTHS	900032002367552
38	USJR	1038		X						X				X			84MONTHS	900032002367543
39	USJR	1039						X					X			X	48MONTHS	900032002367558
40	USJR	1040					X			X				X			18MONTHS	900032002367553
41	USJR	1041				X				X				X			18MONTHS	900032002369519
42	USJR	1042	error en microchip	X						X				X			180MONTHS	900032002369510
43	USJR	1043	X							X						X	60MONTHS	900032002369513
44	USJR	1044	X error en microchip							X						X	24MONTHS	900032002369512
45	USJR	1045					X			X						X	60MONTHS	900032002369516

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.)

SECRETARIA DE AGRICULTURA GANADERIA
DESARROLLO RURAL PESCA Y ALIMENTACION
SENASICA
DIRECCION GENERAL DE SANIDAD VEGETAL
INSPECCION FITOZOOSANITARIA
PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

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

T14-88990

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		
46	USJR	1046					X			X						X	36MONTHS	900032002369505
47	USJR	1047				X				X						X	18MONTHS	900032002369511
48	USJR	1048						X NP		X				X			120MONTHS	900032002370987

Error en microchip

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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.)

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.

T14-88996
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-5-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO CP. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA GANADERIA
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

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	USJR	1231			Garrapata			X		X				X			40MONTHS	900032002370984
2	USJR	1120			Garrapata	X				X				X			40MONTHS	900032002370619
3	USJR	1111				X				X				X			50MONTHS	900032002362384
4	USJT	7229			X Tuerto o/o izquierdo.					X				X			60MONTHS	900164000505062
5	USKA	3032						X		X						X	60MONTHS	900032002362393
6	USJR	1105			Garrapata			X		X				X			50MONTHS	900032002370605
7	USJA	9153			Garrapata.		X			X				X			60MONTHS	900000000068496
8	USJA	9184		X	Tuerto o/o izquierdo.					X						X	50MONTHS	900000000068598
9	USJR	1235			Gestante.		X			X				X			50MONTHS	900032002370999
10	USJT	2636			Ciego o/o Derecho.	X				X				X			40MONTHS	900000000057858
11	USJR	1209			Hx infectada. Oveja derecha.		X			X				X			40MONTHS	900032002370647
12	USJT	2601			X					X						X	60MONTHS	981020009117657
13	USJA	9175			Entero			X								X	50MONTHS	900000000068592
14	USJT	7224					X			X						X	40MONTHS	900032002367579
15	USJT	7237			X					X						X	50MONTHS	900032002362381

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

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. Oficinas Aduaneras

DATE 06/06/2014

TIME

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

T14-88996
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	USJT	7231				X				X						X	50MONTHS	900164000505061
17	USKA	3001						X		X						X	50MONTHS	900032002362394
18	USKA	3003		Garrapata			X			X				X			50MONTHS	900032002361862
19	USJT	2617			X					X						X	60MONTHS	900032002362389
20	USJT	2605		Ulcera cornea ojo derecho				X		X						X	50MONTHS	900032002368745
21	USJT	5969					X			X				X			40MONTHS	900032002367779
22	USKA	3002		X	Garrapata					X				X			40MONTHS	900032002361890
23	USJR	1119						X		X				X			40MONTHS	900032002362400
24	USJT	2469	X							X				X			60MONTHS	900032002362398
25	USJT	1054	X	S-N. M.						X				X			60MONTHS	9000164000504476
26	USJT	1279						X		X						X	60MONTHS	900164000559502
27	USJT	9517		Hx infectada				X		X				X			60MONTHS	900032002362571
28	USJT	1268	X							X				X			60MONTHS	900032002367520
29	USJT	1280	X							X						X	60MONTHS	900164000559520
30	USJT	3382		Papilomas en belfos.		X				X						X	48MONTHS	900032002362391
31	USJT	3417		Hx infectada de castración				X		X						X	60MONTHS	900164000559574
32	USJT	5478	X							X				X			50MONTHS	900108001424128
33	USJT	2469	X							X				X			60MONTHS	900032002362398
34	USJT	2039					X			X				X			50MONTHS	900032002367839
35	USJT	3379						X		X						X	60MONTHS	900032002362541
36	USJT	3372				X				X				X			60MONTHS	900032002362582
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PUERTO MEXICO, COATZA.

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.)

S FORM 10-13A
.P 2002)

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

WNER/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.

T14-88993
FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-5-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTERREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USJT	5911					X			X						X	24MONTHS	900164000504011
2	USJT	5912					X			X						X	36MONTHS	900164000504012
3	USJT	5913				X				X				X			48MONTHS	900164000504013
4	USJT	5914					X			X						X	60MONTHS	900108001423659
5	USJT	5915					X			X						X	48MONTHS	900164000504015
6	USJT	5916	X							X				X			36MONTHS	900164000504016
7	USJT	5917						X		X						X	24MONTHS	900164000504017
8	USJT	5918						X		X				X			36MONTHS	900164000504018
9	USJT	5919				X				X						X	12MONTHS	900164000504019
10	USJT	5920					X			X						X	36MONTHS	900164000504020
11	USJT	2050						X		X				X			48MONTHS	900108001424210
12	USJT	5921			X					X				X			48MONTHS	900164000504021
13	USJT	5922				X				X						X	60MONTHS	900164000504022
14	USJT	5923						X		X				X			36MONTHS	900164000504023
15	USJT	5924					X			X				X			24MONTHS	900164000504024

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

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. OISA PIEDRAS NEGRAS

DATE 06/06/2014

TIME

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

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

(Please type or print in ink)

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

T14-88993
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	USJT	5925	X							X				X			36MONTHS	900164000504025
17	USJT	5926					X			X						X	48MONTHS	900164000504026
18	USJT	5927			X					X				X			36MONTHS	900164000504027
19	USJT	5928					X			X						X	24MONTHS	900164000504028
20	USJT	5929				X				X				X			36MONTHS	900164000504029
21	USJT	5930					X			X						X	48MONTHS	900164000504030
22	USJT	5931			X					X						X	36MONTHS	900164000505251
23	USJT	5932					X			X						X	48MONTHS	900164000505252
24	USJT	5933						X		X						X	36MONTHS	900164000505253
25	USJT	5934			X					X						X	24MONTHS	900164000503960
26	USJT	5935	No se presento							X				X			36MONTHS	900108001423843
27	USJT	5936					X			X				X			48MONTHS	900164000505256
28	USJT	5937		X						X						X	12MONTHS	900164000505257
29	USJT	5938				X				X				X			36MONTHS	900164000505258
30	USJT	5939					X			X				X			48MONTHS	900164000505259
31	USJT	5940	X							X				X			60MONTHS	900164000505260
32	USJT	5941					X			X				X			36MONTHS	900164000505261
33	USJT	5942	X							X						X	48MONTHS	900164000505262
34	USJT	5943					X			X				X			12MONTHS	900164000505263
35	USJT	5944			X					X				X			48MONTHS	900164000505264
36	USJT	5945				X				X						X	36MONTHS	900164000505265
37	USJT	5946					X			X						X	24MONTHS	900164000505266
38	USJT	5947			X								X			X	36MONTHS	900164000505267
39	USJT	5948				X				X						X	48MONTHS	900164000505268
40	USJT	5949				X				X				X			36MONTHS	900164000505269
41	USJT	5950	Garrapata			X				X				X			24MONTHS	900164000505270
42	USJT	5985						X					X			X	36MONTHS	900032002369075
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.)

SECRETARIA DE DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

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.

T14-88995
FORM APPROVED
OMB NO. 0579-0160

6

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-5-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJU	2422						X		X				X			96MONTHS	900032002362327
2	USJU	2426						X		X						X	72MONTHS	900032002361867
3	USJU	2428					X			X				X			84MONTHS	900032002361874
4	USJU	2451					X			X						X	108MONTHS	900032002361870
5	USJU	2452	Gestante				X						X	X			120MONTHS	900032002361876
6	USJU	2453		X						X						X	84MONTHS	900032002361869
7	USJU	2454	X							X				X			72MONTHS	900032002361877
8	USJU	2455		X						X				X			96MONTHS	900032002361863
9	USJU	2456	X							X				X			132MONTHS	900032002361879
10	USJU	2457			X								X			X	84MONTHS	900032002361865
11	USJU	2460	X							X				X			72MONTHS	900032002361898
12	USKA	3036					X						X	X			84MONTHS	900032002367567
13	USKA	3042						X		X						X	72MONTHS	900032002367571
14	USKA	3043	X							X				X			96MONTHS	900032002367569
15	USKA	3045				X				X				X			108MONTHS	900032002370708

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

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. Cd Piedras Negras
DATE
TIME

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

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

(Please type or print in ink)

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

T14-88995
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	USKA	3050						X		X				X			120MONTHS	900032002370702
17	USKA	3052	X						X				X	X			84MONTHS	900032002370713
18	USKA	3053					X			X						X	72MONTHS	900032002370412
19	USKA	3054					X			X						X	96MONTHS	900032002370405
20	USKA	3055					X			X						X	108MONTHS	900032002370413
21	USKA	3056		X						X				X			120MONTHS	900032002370407
22	USKA	3057						X		X				X			84MONTHS	900032002370415
23	USKA	3058						X		X				X			72MONTHS	900032002370406
24	USKA	3059		X						X				X			96MONTHS	900032002370408
25	USKA	3060						X		X				X			84MONTHS	900032002370409
26	USKA	3061	X							X				X			72MONTHS	900032002370410
27	USKA	3062		X						X						X	96MONTHS	900032002370418
28	USKA	3063	X							X						X	108MONTHS	900032002370420
29	USKA	3064					X			X				X			120MONTHS	900032002370414
30	USKA	3065	Absceso				X	en		X	Pecho			X			84MONTHS	900032002370712
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL, PESCA Y ALIMENTACION
SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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. 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.

T14-88998
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM	DATE: 6-5-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJU	1640			X					X				X			84MONTHS	900164000559800
2	USJU	1641					X			X				X			108MONTHS	900164000559795
3	USJU	1642		X						X				X			120MONTHS	900164000559788
4	USJU	1643			X					X				X			132MONTHS	900164000559787
5	USJU	1644						X		X				X			72MONTHS	900164000559791
6	USJU	1645		X						X						X	96MONTHS	900164000559786
7	USJU	1646				X				X						X	84MONTHS	900164000559797
8	USJU	1647	X							X						X	72MONTHS	900164000559790
9	USJU	1648				X				X				X			108MONTHS	900164000559784
10	USJU	1649						X		X						X	120MONTHS	900164000559794
11	USJU	1650		X	ciego ojo derecho					X				X			84MONTHS	900164000559781
12	USJU	1651	Garrapata					X		X				X			96MONTHS	900164000559799
13	USJU	1652					X			X				X			120MONTHS	900164000559783
14	USJU	1653					X			X						X	84MONTHS	900164000559796
15	USJU	1654		X						X						X	72MONTHS	900164000559793

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

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. 0159 piedras negras

DATE 09/06/2014

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-88998
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	USJU	1655		X						X				X			96MONTHS	900164000559782
17	USJU	1656		X						X				X			84MONTHS	900164000559858
18	USJU	1657				X				X						X	72MONTHS	900164000559846
19	USJU	1658				X				X						X	96MONTHS	900164000559847
20	USJU	1659						X		X						X	108MONTHS	900164000559859
21	USJU	1660	X							X				X			120MONTHS	900164000559856
22	USJU	1661	Sexo				X			X						X	132MONTHS	900164000559841
23	USJU	1662						X		X				X			84MONTHS	900164000559849
24	USJU	1663					X			X						X	72MONTHS	900164000559844
25	USJU	1664						X		X				X			96MONTHS	900164000559857
26	USJU	1665				X				X						X	120MONTHS	900164000559842
27	USJU	1666	[illegible]				129	X			X			X			84MONTHS	900164000559855
28	USJU	1667					X			X						X	72MONTHS	900164000559850
29	USJU	1668					X			X						X	96MONTHS	900164000559860
30	USJU	1669	X							X				X			108MONTHS	900164000559845
31	USJU	1670	X							X				X			120MONTHS	900164000559854
32	USJU	1671		X						X						X	84MONTHS	900164000559853
33	USJU	1672	X							X				X			72MONTHS	900164000559852
34	USJU	1673		X						X				X			96MONTHS	900164000559851
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.)

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.

T14-89503

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-8-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) [redacted]	NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJT	3039	X							X						X	72MONTHS	900032002371048
2	USJT	3040					X	NP		X				X			84MONTHS	900032002371051
3	USJT	3041					X			X				X			108MONTHS	900032002371052
4	USJT	3042					X			X				X			120MONTHS	900032002371057
5	USJT	3043	X							X				X			84MONTHS	900032002371056
6	USJT	3044	X							X						X	72MONTHS	900032002371055
7	USJT	3045			X					X				X			96MONTHS	900032002371046
8	USJT	3046					X			X				X			84MONTHS	900032002371050
9	USJT	3047	X							X				X			108MONTHS	900032002371047
10	USJT	3048	error documentado en edad y H/x pasado superior Derecha.				X			X				X			120MONTHS	900032002371043
11	USJT	3049		X						X				X			96MONTHS	900032002371044
12	USJT	4786		X						X				X			108MONTHS	900032002371058
13	USJT	4787					X			X				X			120MONTHS	900032002371060
14	USJT	4788			X					X						X	84MONTHS	900032002371041
15	USJT	4789					X			X				X			72MONTHS	900032002370548

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

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. Olsapredras negras.

DATE 09/06/2014.

TIME

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

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

(Please type or print in ink)

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

T14-89503
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	USJT	4790		Guayapata			X			X				X			96MONTHS	900032002370558
17	USJT	4791		X Guayapata						X				X			84MONTHS	900032002370554
18	USJT	4792	X							X						X	72MONTHS	900032002371053
19	USJT	4793						X		X				X			108MONTHS	900032002370549
20	USJT	4794		X						X				X			120MONTHS	900032002370559
21	USJT	4795				X				X						X	84MONTHS	900032002371049
22	USJT	4796						X		X				X			72MONTHS	900032002371054
23	USJT	4797					X			X						X	96MONTHS	900032002371045
24	USJT	4798					X			X						X	120MONTHS	900032002371059
25	USJT	4799	X							X						X	84MONTHS	900032002370770
26	USJT	4800						X		X				X			72MONTHS	900032002370779
27	USJT	3184		X						X				X			96MONTHS	900032002370780
28	USJT	3185					X			X						X	120MONTHS	900032002370763
29	USJT	3186		X Melanomas						X						X	84MONTHS	900032002370766
30	USJT	3187					X			X						X	72MONTHS	900032002370769
31	USJT	3188					X			X				X			96MONTHS	900032002370771
32	USJT	3189					X			X				X			108MONTHS	900032002370772
33	USJT	3190	X							X				X			120MONTHS	900032002370777
34	USJT	3191					X			X				X			132 MONTHS	900032002370765
35	USJT									dup							MONTHS	9000320023
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.)

.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.

T14-88999
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 — DATE: Jun 8-14	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJU	2041					herida inf. en cabeza	X		X				X			96MONTHS	900108001424201
2	USJU	2042				X				X				X			72MONTHS	900108001424202
3	USJU	2043				X				X				X			84MONTHS	900108001424203
4	USJU	2044						X					X	X			108MONTHS	900108001424204
5	USJU	2045	X										X	X			120MONTHS	900108001424205
6	USJU	2046				X				X				X			72MONTHS	900108001424206
7	USJU	2047			X								X	X			96MONTHS	900108001424207
8	USJU	2048				X							X			X	108MONTHS	900108001424208
9	USJU	2049					X			X				X			120MONTHS	900108001424209
10	USJU	2051					X			X				X			84MONTHS	900108001424211
11	USJU	2052					X			X				X			72MONTHS	900108001424212
12	USJU	2053					X			X				X			96MONTHS	900108001424213
13	USJU	2054					X			X				X			72MONTHS	900108001424214
14	USJU	2055				X				X						X	84MONTHS	900108001424215
15	USJU	2056	X							X						X	72MONTHS	900108001424216

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

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. SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA

DATE DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA

TIME OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 0159 Piedras Negras

DATE 09/06/2014

TIME

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

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

(Please type or print in ink)

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

T14-88999
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	USJU	2057				X				X						X	96MONTHS	900108001424217
17	USJU	2058	X							X				X			108MONTHS	900108001424218
18	USJU	2059			NP		X		X							X	120MONTHS	900108001424219
19	USJU	2060	X							X				X			84MONTHS	900108001424220
20	USJU	2061						X		X				X			72MONTHS	900108001424161
21	USJU	2062						X		X				X			96MONTHS	900108001424162
22	USJU	2063	X	Garapala						X						X	84MONTHS	900108001424163
23	USJU	2064			X					X				X			72MONTHS	900108001424164
24	USJU	2065			X					X						X	96MONTHS	900108001424165
25	USJU	2066						X		X				X			84MONTHS	900108001424166
26	USJU	2067			X					X				X			108MONTHS	900108001424167
27	USJU	2068					X			X				X			120MONTHS	900108001424168
28	USJU	2069	X							X				X			84MONTHS	900108001424169
29	USJU	2070	X							X				X			72MONTHS	900108001424170
30	USJU	2071					X			X						X	96MONTHS	900108001424171
31	USJU	2072	X							X						X	72MONTHS	900108001424172
32	USJU	2073						X		X				X			84MONTHS	900108001424173
33	USJU	2074	X							X				X			108MONTHS	900108001424174
34	USJU	2075	X							X				X			72MONTHS	900108001424175
38	USJU	2076						X		X				X			96MONTHS	900108001424176
36	USJU	2077				X				X				X			84MONTHS	900108001424177
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.)

.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.

T14-88997
FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 P — DATE: 6-8-14	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJU	1674	X							X						X	96MONTHS	900164000559843
2	USJU	1675		X						X				X			72MONTHS	900164000559785
3	USJU	1676					X			X						X	84MONTHS	900164000559848
4	USJU	1677				X				X				X			72MONTHS	900164000559830
5	USJU	1678		X						X						X	96MONTHS	900164000559837
6	USJU	1679					X			X						X	108MONTHS	900164000559829
7	USJU	1680						X		X						X	120MONTHS	900164000559839
8	USJU	1681		X						X						X	84MONTHS	900164000559834
9	USJU	1682				X				X				X			72MONTHS	900164000559840
10	USJU	1683	abceso submandibular					X		X						X	96MONTHS	900164000559825
11	USJU	1684			X					X				X			132MONTHS	900164000559832
12	USJU	1685		X						X				X			84MONTHS	900164000559833
13	USJU	1686					X	Herida		X		ojo Derecho		X			72MONTHS	900164000559822
14	USJU	1687		X						X						X	96MONTHS	900164000559831
15	USJU	1688						X		X				X			108MONTHS	900164000559836

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

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. Oficial Piedras Negras

DATE 09/06/2014

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

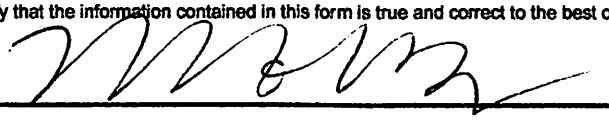
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated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

T14-88997
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	USJU	1689	X	Selection Nord						X				X			120MONTHS	900164000559838
17	USJU	1690		X						X				X			84MONTHS	900164000559828
18	USJU	1691					X			X						X	72MONTHS	900164000559827
19	USJU	1692		X						X						X	96MONTHS	900164000559821
20	USJU	1693	X							X				X			108MONTHS	900164000559826
21	USJU	1694		X						X						X	120MONTHS	900164000559835
22	USJU	1695					X			X						X	84MONTHS	900164000559823
23	USJU	1696	X							X						X	72MONTHS	900164000559824
24	USJU	1697					X			X				X			96MONTHS	900164000559875
25	USJU	1698					X			X				X			132MONTHS	900164000559874
26	USJU	1699	X							X						X	84MONTHS	900164000559867
27	USJU	1700						X		X				X			72MONTHS	900164000559879
28	USJU	1701						X		X				X			96MONTHS	900164000559866
29	USJU	1702					X			X						X	108MONTHS	900164000559863
30	USJU	1703		X							X					X	120MONTHS	900164000559872
31	USJU	1704			X						X					X	84MONTHS	900164000559871
32	USJU	1705					X			X						X	72MONTHS	900164000559873
33	USJU	1706		X						X						X	96MONTHS	900164000559865
34	USJU	1707		X	Melanomas					X				X			72MONTHS	900164000559864
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.)



.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.

T14-89500
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-8-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJR	0901				X				X				X			132MONTHS	900032002370722
2	USJR	0902						X		X				X			96MONTHS	900032002370739
3	USJR	0903	X							X				X			144MONTHS	900032002370727
4	USJR	0904					X			X				X			72MONTHS	900032002370737
5	USJR	0905			X					X				X			132MONTHS	900032002370738
6	USJR	0906		X		Herida MAI				X				X			180MONTHS	900032002370740
7	USJR	0907					X			X						X	84MONTHS	900032002370735
8	USJR	0908					X			X						X	84MONTHS	900032002370733
9	USJR	0909				X				X						X	72MONTHS	900032002370729
10	USJR	0910				X				X				X			120MONTHS	900032002370725
11	USJR	0911	X							X						X	72MONTHS	900032002370734
12	USJR	0912					X			X						X	96MONTHS	900032002370721
13	USJR	0913					X			X				X			144MONTHS	900032002370730
14	USJR	0914				X				X						X	120MONTHS	900032002370723
15	USJR	0915				X				X						X	96MONTHS	900032002370724

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

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. OISA PIEDRAS NEGRAS

DATE 9/06/2014

TIME

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

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

(Please type or print in ink)

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

T14-89500
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	USJR	0916					X			X				X			132MONTHS	900032002370731
17	USJR	0917		X						X				X			180MONTHS	900032002370728
18	USJR	0918					X			X				X			60MONTHS	900032002370736
19	USJR	0919						X		X						X	96MONTHS	900032002370732
20	USJR	0920				X				X				X			144MONTHS	900032002370726
21	USJR	0921						X		X				X			156MONTHS	900032002367590
22	USJR	0922	X							X						X	84MONTHS	900032002367597
23	USJR	0923						X		X						X	96MONTHS	900032002367583
24	USJR	0924	X							X						X	120MONTHS	900032002367581
25	USJR	0925				X				X				X			96MONTHS	900032002367584
26	USJR	0926					X			X				X			72MONTHS	900032002367594
27	USJR	0927		X						X				X			180MONTHS	900032002367587
28	USJR	0928		X						X				X			180MONTHS	900032002367598
29	USJR	0929		X						X						X	84MONTHS	900032002367596
30	USJR	0930				X				X				X			96MONTHS	900032002367592
31	USJR	0931						X		X						X	96MONTHS	900032002367585
32	USJR	0932		X						X				X			132MONTHS	900032002367591
33	USJR	0933						X		X						X	96MONTHS	900032002367599
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.)

U.S. DEPARTMENT OF AGRICULTURE

According to the Paperwork Reduction Act of 1995, no persons T14-88999

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.

T14-89502

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 6-8-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6) (b) (6)	NAME OF AUCTION/MARKET: n/a
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJU	2201					X			X				X			108MONTHS	900032002368941
2	USJU	2202	X							X						X	72MONTHS	900032002368942
3	USJU	2203	X							X						X	84MONTHS	900032002368943
4	USJU	2204	X							X						X	96MONTHS	900032002368944
5	USJU	2205	X							X				X			120MONTHS	900032002368945
6	USJU	2206	X							X				X			84MONTHS	900032002368946
7	USJU	2207	X							X				X			72MONTHS	900032002368947
8	USJU	2208	X							X						X	96MONTHS	900032002368948
9	USJU	2209	X							X				X			132MONTHS	900032002368949
10	USJU	2210	X							X						X	84MONTHS	900032002368950
11	USJU	2211	X							X						X	72MONTHS	900032002368951
12	USJU	2212	X							X						X	96MONTHS	900032002368952
13	USJU	2213	X							X						X	108MONTHS	900032002368953
14	USJU	2214	herida inf. anca izq.				X			X				X			120MONTHS	900032002368954
15	USJU	2215	X							X				X			84MONTHS	900032002368955

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

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. SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION

DATE

SERVICIO NACIONAL DE SANIDAD INOCUIDAD Y CALIDAD AGROALIMENTARIA

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

OFICINA DE PIEDRAS NEGRAS, COAHUILA

EST. Olsa piedras negras

DATE 09/06/2014

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

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

(Please type or print in ink)

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

T14-89502
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	USJU	2216	X							X						X	72MONTHS	900032002368956
17	USJU	2217	X							X				X			96MONTHS	900032002368957
18	USJU	2218	X							X				X			84MONTHS	900032002368958
19	USJU	2219	X							X				X			72MONTHS	900032002368959
20	USJU	2220	X							X						X	96MONTHS	900032002368960
21	USJU	2221					X			X				X			84MONTHS	900032002368981
22	USJU	2222	X							X				X			72MONTHS	900032002368982
23	USJU	2223	X							X				X			96MONTHS	900032002368983
24	USJU	2224					X			X						X	108MONTHS	900032002368984
25	USJU	2225						X		X						X	120MONTHS	900032002368985
26	USJU	2226		X						X				X			84MONTHS	900032002368986
27	USJU	2227					X			X				X			72MONTHS	900032002368987
28	USJU	2228					X			X						X	96MONTHS	900032002368988
29	USJU	2229				X				X				X			108MONTHS	900032002368989
30	USJU	2230	X							X				X			120MONTHS	900032002368990
31	USJU	2231	X							X				X			84MONTHS	900032002368991
32	USJU	2232					X			X				X			72MONTHS	900032002368992
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.)

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.

T14-88999
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00	DATE: Jun 8-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	(b) (6)
NAME OF AUCTION/MARKET: n/a	
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJU	2041					herida inf. cabeza	en X		X				X			96MONTHS	900108001424201
2	USJU	2042				X				X				X			72MONTHS	900108001424202
3	USJU	2043				X				X				X			84MONTHS	900108001424203
4	USJU	2044						X					X	X			108MONTHS	900108001424204
5	USJU	2045	X										X	X			120MONTHS	900108001424205
6	USJU	2046				X				X				X			72MONTHS	900108001424206
7	USJU	2047			X								X	X			96MONTHS	900108001424207
8	USJU	2048				X							X			X	108MONTHS	900108001424208
9	USJU	2049					X			X				X			120MONTHS	900108001424209
10	USJU	2051					X			X				X			84MONTHS	900108001424211
11	USJU	2052					X			X				X			72MONTHS	900108001424212
12	USJU	2053					X			X				X			96MONTHS	900108001424213
13	USJU	2054					X			X				X			72MONTHS	900108001424214
14	USJU	2055				X				X						X	84MONTHS	900108001424215
15	USJU	2056	X							X						X	72MONTHS	900108001424216

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

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. 0159 Piedras Negras

DATE 06/06/2014

TIME

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

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

(Please type or print in ink)

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

T14-88999
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	USJU	2057				X				X						X	96MONTHS	900108001424217
17	USJU	2058	X							X				X			108MONTHS	900108001424218
18	USJU	2059			NP		X		X							X	120MONTHS	900108001424219
19	USJU	2060	X							X				X			84MONTHS	900108001424220
20	USJU	2061						X		X				X			72MONTHS	900108001424161
21	USJU	2062						X		X				X			96MONTHS	900108001424162
22	USJU	2063	X	Garapala						X						X	84MONTHS	900108001424163
23	USJU	2064			X					X				X			72MONTHS	900108001424164
24	USJU	2065			X					X						X	96MONTHS	900108001424165
25	USJU	2066						X		X				X			84MONTHS	900108001424166
26	USJU	2067			X					X				X			108MONTHS	900108001424167
27	USJU	2068					X			X				X			120MONTHS	900108001424168
28	USJU	2069	X							X				X			84MONTHS	900108001424169
29	USJU	2070	X							X				X			72MONTHS	900108001424170
30	USJU	2071					X			X						X	96MONTHS	900108001424171
31	USJU	2072	X							X						X	72MONTHS	900108001424172
32	USJU	2073						X		X				X			84MONTHS	900108001424173
33	USJU	2074	X							X				X			108MONTHS	900108001424174
34	USJU	2075	X							X				X			72MONTHS	900108001424175
35	USJU	2076						X		X				X			96MONTHS	900108001424176
36	USJU	2077				X				X				X			84MONTHS	900108001424177
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.)

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.

T14-88997
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM	DATE: 6-8-14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FORNEY, TX	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b) (6)	NAME OF AUCTION/MARKET: (b) (6)
CONSIGNOR (OWNER/SHIPPER) NAME: M & M LIVESTOCK	CONSIGNEE (RECEIVER/DESTINATION) NAME: CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 4945-40-46

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	USJU	1674	X							X						X	96MONTHS	900164000559843
2	USJU	1675		X						X				X			72MONTHS	900164000559785
3	USJU	1676					X			X						X	84MONTHS	900164000559848
4	USJU	1677				X				X				X			72MONTHS	900164000559830
5	USJU	1678		X						X						X	96MONTHS	900164000559837
6	USJU	1679					X			X						X	108MONTHS	900164000559829
7	USJU	1680						X		X						X	120MONTHS	900164000559839
8	USJU	1681		X						X						X	84MONTHS	900164000559834
9	USJU	1682				X				X				X			72MONTHS	900164000559840
10	USJU	1683	Abceso Submandibular					X		X						X	96MONTHS	900164000559825
11	USJU	1684			X					X				X			132MONTHS	900164000559832
12	USJU	1685		X						X				X			84MONTHS	900164000559833
13	USJU	1686					X	Herida		X				X			72MONTHS	900164000559822
14	USJU	1687		X						X						X	96MONTHS	900164000559831
15	USJU	1688						X		X				X			108MONTHS	900164000559836

go Derecho

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

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. Oficial Fitosanitario Negro

DATE 09/06/2014

TIME

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

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

(Please type or print in ink)

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

T14-88997
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	USJU	1689	X	Splecion Nevi						X				X			120MONTHS	900164000559838
17	USJU	1690		X						X				X			84MONTHS	900164000559828
18	USJU	1691					X			X						X	72MONTHS	900164000559827
19	USJU	1692		X						X						X	96MONTHS	900164000559821
20	USJU	1693	X							X				X			108MONTHS	900164000559826
21	USJU	1694		X						X						X	120MONTHS	900164000559835
22	USJU	1695					X			X						X	84MONTHS	900164000559823
23	USJU	1696	X							X						X	72MONTHS	900164000559824
24	USJU	1697					X			X				X			96MONTHS	900164000559875
25	USJU	1698					X			X				X			132MONTHS	900164000559874
26	USJU	1699	X							X						X	84MONTHS	900164000559867
27	USJU	1700						X		X				X			72MONTHS	900164000559879
28	USJU	1701						X		X				X			96MONTHS	900164000559866
29	USJU	1702					X			X						X	108MONTHS	900164000559863
30	USJU	1703		X							X					X	120MONTHS	900164000559872
31	USJU	1704			X						X					X	84MONTHS	900164000559871
32	USJU	1705					X			X						X	72MONTHS	900164000559873
33	USJU	1706		X						X						X	96MONTHS	900164000559865
34	USJU	1707		X	Melanomas					X				X			72MONTHS	900164000559864
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.)

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.

T14-89501
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
1:00 PM	6-8-14	FORNEY, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME (b) (6) [redacted]	(b) (6) [redacted]	NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
M & M LIVESTOCK		CARNICOS DE JEREZ, S.A. DE C.V.
STREET ADDRESS		STREET ADDRESS
11026 CR 213 A		FRAY EUSEBIO KINO NO. 204 COL ROBLE NORTE
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
FORNEY, TX 75126		SAN NICOLAS DELOS GARZA NUEVO LEON, MEXICO C.P. 66458
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
469-595-6289		4945-40-46

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	USKA	3101	X							X						X	96MONTHS	900032002370715
2	USKA	3102				X				X						X	72MONTHS	900032002370720
3	USKA	3104			X					X				X			84MONTHS	900032002370716
4	USKA	3105	X							X						X	108MONTHS	900032002370706
5	USKA	3106	X							X						X	120MONTHS	900032002370419
6	USKA	3107	Garrapata			X				X				X			84MONTHS	900032002370401
7	USKA	3109	X							X						X	72MONTHS	900032002370719
8	USKA	3110	X						X							X	96MONTHS	900032002370705
9	USKA	3112					X			X				X			132MONTHS	900032002370709
10	USKA	3115		X					X					X			84MONTHS	900032002370411
11	USKA	3117					X			X						X	72MONTHS	900032002370717
12	USKA	3121					X			X						X	96MONTHS	900032002370718
13	USKA	3122	X							X				X			108MONTHS	900032002370498
14	USKA	3123						X		X						X	120MONTHS	900032002370957
15	USKA	3124						X		X				X			84MONTHS	900032002370952

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

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. OISA PIEDRAS NEGRAS

DATE 10 - JUNIO - 2014

TIME _____

SECRETARIA DE AGRICULTURA GANADERIA DESARROLLO RURAL PESCA Y ALIMENTACION
CALIDAD AGROALIMENTARIA
DIRECCION GENERAL DE INSPECCION FITOZOOSANITARIA
OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA

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

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

(Please type or print in ink)

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

T14-89501
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	USKA	3125	X							X						X	72MONTHS	900032002370944
17	USKA	3126					X			X						X	96MONTHS	900032002370949
18	USKA	3128					X			X				X			108MONTHS	900032002370950
19	USKA	3129						X		X				X			120MONTHS	900032002370951
20	USKA	3131	X							X				X			84MONTHS	900032002370953
21	USKA	3132					X		X					X			72MONTHS	900032002370941
22	USKA	3133						X		X				X			96MONTHS	900032002370945
23	USKA	3134					X			X				X			108MONTHS	900032002370947
24	USKA	3135			X					X				X			120MONTHS	900032002370960
25	USKA	3136					X			X				X			84MONTHS	900032002370942
26	USKA	3137	X							X				X			72MONTHS	900032002370946
27	USKA	3138						X		X				X			96MONTHS	900032002370955
28	USKA	3139		X						X						X	108MONTHS	900032002370958
29	USKA	3140					X						X			X	120MONTHS	900032002370959
30	USKA	3142				X				X				X			84MONTHS	900032002371173
31	USKA	3146			X					X				X			72MONTHS	900032002371172
32	USKA	3147	X							X				X			96MONTHS	900032002371178
33	USKA	3150					X			X				X			108MONTHS	900032002371180
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.)

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

WNER/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.

T14-89504
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
1:00	6-9-14	FORNEY, TX

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
(b) (6) (b) (6)	n/a

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
M & M LIVESTOCK	CPD ALIMENTOS S.A. DE C.V. ENRIQUE C LIVAS
STREET ADDRESS: 11026 CR 213 A	STREET ADDRESS: 911-A VISTA HERMOSA
CITY, STATE, ZIP CODE: FORNEY, TX 75126	CITY, STATE, ZIP CODE: MONTEREY, NUEVO LEON 64620
AREA CODE & TELEPHONE NO.: 469-595-6289	AREA CODE & TELEPHONE NO.: 0115218183090884

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	USKA	3035	X							X				X			12MONTHS	900032002367564
2	USKA	3037	X							X				X			24MONTHS	900032002367573
3	USKA	3038				X				X						X	36MONTHS	900032002367578
4	USKA	3039					X			X						X	48MONTHS	900032002367563
5	USKA	3040					X			X				X			60MONTHS	900032002367574
6	USKA	3041				X				X						X	36MONTHS	900032002367570
7	USKA	3044					X			X						X	24MONTHS	900032002367575
8	USKA	3046			X					X				X			36MONTHS	900032002370711
9	USKA	3047						X		X						X	48MONTHS	900032002370714
10	USKA	3048	X							X				X			60MONTHS	900032002370704
11	USKA	3049			X					X				X			36MONTHS	900032002370703
12	USKA	3051					X			X						X	24MONTHS	900032002370710
13	USKA	3103					X			X				X			36MONTHS	900032002370707
14	USKA	3108				X				X				X			12MONTHS	900032002370403
15	USKA	3113						X					X	X			60MONTHS	900032002370416

Error documental en microchip

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

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. OISA PIEDRAS NEGRAS
DATE 10 JUNIO 14
TIME

OFICINA DE INSPECCION DE SANIDAD AGROPECUARIA PIEDRAS NEGRAS, COAHUILA