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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

| TIME HORSES LOADED ON CONVEYANCE DATE |  |             |         |              |            |              |           |          |            |                | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE                  |  |           |              |  |                                    |                 |               |                     |  |
|---------------------------------------|--|-------------|---------|--------------|------------|--------------|-----------|----------|------------|----------------|--|--|-----------|--------------|--|------------------------------------|-----------------|---------------|---------------------|--|
| VEH                                   | ICLE LICEN   | ISE NO. F   | AND DR  | IVER'S       | NAME       |              |           |          |            |                | NAME OF AUCTION/MARKET   |  |           |              |  |                                    |                 |               |                     |  |
| CON                                   | ISIGNOR (O   | )WNER/S     | HIPPEF  | R) NAME      | Ξ          |              |           |          |            |                | CONSIGNEE (RECEIVER/DESTINATION) NAME                                  |  |           |              |  |                                    |                 |               |                     |  |
| STRI                                  | EET ADDRE  | ESS         |         |              |            |              |           |          |            |                | STREET ADDRESS   |  |           |              |  |                                    |                 |               |                     |  |
| CITY                                  | /, STATE, ZI   | IP CODE     |         |              |            |              |           |          |            |                | CITY, STATE, ZIP CODE  |  |           |              |  |                                    |                 |               |                     |  |
| ARE                                   | A CODE & 1   | ΓELEPHC     | NE NO   | ).           |            |              |           |          |            |                | AREA CODE & TELEPHONE NO.  |  |           |              |  |                                    |                 |               |                     |  |
| CHE                                   | CK THE BO  | X THAT !    | INDICA* | TES TH       | E FOLL     | .OWING       | IS TRU    | E FOR i  | ALL THE    | E HC           | RSF  | ES ON                                  | THIS C    | ERTIFIC      | CATE   |                                    |                 |               |                     |  |
| [                                     |  | nt mares a  |         | -            |            | e birth) c   | during th | ıe trip. | [          | F              | Horse  | es are                                 | able to I | oear we      | ight on a                                    | all 4 limt                         | os.             |               |                     |  |
| Į                                     | Foals ar   | re older th | an 6 mc |              |            |              |           |          | [          |                | Horses are not blind in both eyes. Horses are able to walk unassisted. |  |           |              |  |                                    |                 |               |                     |  |
|                                       | TAG  | Tag         |         | COL          | LOR DE     |              |           |          |            | EED/TY         | PE<br>———  |  |           | SEX          |  | BRANDS                             | REMARKS Include |               |                     |  |
|                                       | PREFIX   | NO.         | Bay     | Grey         | Blk.       | Pinto        | Chestn    | Other    | ТВ         | Q <sup>-</sup> | Т  | Draft                                  | Pony      | Other        | Mare   | Stal                               | Geld            | Tattoos, etc. | existing conditions |  |
| 1                                     |  |             |         | -            | -          |              |           |          |            | _              | $\dashv$   |  |           |              |  |                                    |                 |               |                     |  |
| 3                                     |  | -           | -       | +            | +          | +            |           |          |            | -              | +  |  |           |              |  |                                    |                 |               |                     |  |
| 4                                     |  |             | -       | +            | -          | +            |           |          |            | -              | $\dashv$   |  |           |              |  |                                    |                 |               |                     |  |
| 5                                     |  |             | -       | +            | +          | +            |           |          |            | $\vdash$       | +  |  |           |              |  |                                    |                 |               |                     |  |
| 6                                     |  |             | -       | +            | -          | +            |           |          |            |                |  | —————————————————————————————————————— |           |              |  |                                    |                 |               |                     |  |
| 7                                     |  |             |         |              |            | +            |           |          |            |                | +  | <del> </del>                           |           |              |  |                                    |                 |               |                     |  |
| 8                                     |  |             |         |              |            |              |           |          |            |                | 7  | <del> </del>                           |           |              |  |                                    |                 |               |                     |  |
| 9                                     |  |             |         |              |            |              |           |          |            |                |  |  |           |              |  |                                    |                 |               |                     |  |
| 10                                    |  |             |         |              |            |              |           |          |            |                |  |  |           |              |  |                                    |                 |               |                     |  |
| 11                                    |  |             |         | <u> </u>     |            | <u> </u>     |           |          |            | igspace        | _  | ļ<br>——                                |           |              |  |                                    |                 |               |                     |  |
| 12                                    |  |             |         | <u> </u>     |            | <del> </del> |           |          |            | <u> </u>       | $\dashv$   | <u> </u>                               |           |              |  |                                    |                 |               |                     |  |
| 13                                    |  | -           | -       | <del> </del> | -          | <del> </del> | -         |          |            | _              | $\dashv$   | <u> </u>                               |           | -            |  |                                    |                 |               |                     |  |
| 14                                    |  |             | -       | -            | -          | -            |           |          |            | -              | $\dashv$   |  |           |              |  |                                    |                 |               |                     |  |
| 15<br>HOR                             | SES HAVE   | HAD AC      | CESS T  | O FOOI       | D WAT      | ED ANI       | PEST      |          | MINIMI     | IM O           | F 6  | CONSI                                  | ECUTIV    | <u></u>      | CAN  | ADIAN                              | ' FOOI          | NEDECTION     | AGENCY (CEIA)       |  |
|                                       | HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE. |             |         |              |            |              |           |          |            |                |  |  |           |              | CANADIAN FOOD INSPECTION AGENCY (CFIA)  EST. |                                    |                 |               |                     |  |
| SIGN                                  | NATURE   |             |         |              |            |              |           |          |            |                |  |  |           |              |  | DATE                               |                 |               |                     |  |
| COM                                   | REBY AUTI  | Y THE CF    | FIA OR  | DGIF T       | TO THE     | USDA.        | FALSIF    | FICATIO  | ON OF T    | THIS           | FOF  | RM OR                                  | KNOW      | <b>INGLY</b> |  | DIRECCION GENERAL DE INSPECCION EN |                 |               |                     |  |
|                                       | NG A FALSIF<br>000 OR IMP  |             |         |              |            |              |           |          |            |                |  |  |           |              |  | FRONTERAS (DGIF)                   |                 |               |                     |  |
|                                       | NATURE OF<br>best of my kr   |             |         | ER(I cer     | rtify that | the info     | rmation   | containe | ed in this | s forr         | m is   | true an                                | d corre   | ct to        |  | DATE                               |                 |               |                     |  |
|                                       |  |             |         |              |            |              |           |          |            |                |  |  |           |              |  | TIME                               |                 |               |                     |  |
|                                       |  |             |         |              |            |              |           |          |            |                |  |  |           |              | 1 —  |                                    |                 |               |                     |  |