

**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 hours 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 and
0579-0320

| | | |
|---------------------------------------|------|---|
| TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE |
| VEHICLE LICENSE NO. AND DRIVER'S NAME | | NAME OF AUCTION/MARKET |
| CONSIGNOR (OWNER/SHIPPER) NAME | | CONSIGNEE (RECEIVER/DESTINATION) NAME |
| STREET ADDRESS | | STREET ADDRESS |
| CITY, STATE, ZIP CODE | | CITY, STATE, ZIP CODE |
| AREA CODE AND TELEPHONE NO. | | AREA CODE AND TELEPHONE NO. |

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

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

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS (Include existing conditions) | |
|----|---------------|------------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|---|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 1 | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | |

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

SIGNATURE

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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

EST. _____

DATE _____

TIME _____

COPY DESIGNATIONS
in lower right corner in RED ink

PART 1 - Inspector

PART 2 - Owner/Shipper

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SLAUGHTER FACILITY**

VS FORM 10-13