

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

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 | Black | Pinto | Chest- nut | Other | TB | QT | Draft | Pony | Other | Mare | Stall ion | Geld- ing | | | |
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)