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| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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. | OMB APPROVED0579-0160Exp. Date xx/xxxx |
| UNITED STATES DEPARTMENT OF AGRICULTUREANIMAL AND PLANT HEALTH INSPECTION SERVICEVETERINARY SERVICES | **OWNER/SHIPPER CERTIFICATE****FITNESS TO TRAVEL TO A SLAUGHTER FACILITY****(*Please type or print in ink*)** |
| TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE |
| VEHICLE LICENSE NUMBER AND DRIVER NAME | NAME OF AUCTION/MARKET |
| CONSIGNOR (*OWNER/SHIPPER*) NAME | CONSIGNEE (*RECEIVER/DESTINATION*) NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY, STATE, AND ZIP CODE | CITY, STATE, AND ZIP CODE |
| AREA CODE AND TELEPHONE NUMBER | AREA CODE AND TELEPHONE NUMBER |
| 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 | Chest-nut | Other | TB | QT | Draft | Pony | Other | Mare | Stallion | Geld-ing |
| 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 | 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 $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (16 U.S.C. SECTION 1001). | DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) |
| SIGNATURE OF OWNER/SHIPPER (*I certify that the information contained in this form is true and correct to the best of my knowledge*.) | EST. |
|  | DATE |
| TIME |

VS FORM 10-13 Previous editions are obsolete

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