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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 1 hour 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 APPROVED  0579-0160  Exp. Date xx/xxx | |
| 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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| 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.*) | | | | | | | | | | | | | | | | | | | |

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