

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY 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<br>PREFIX | TAG<br>NO. | COLOR DESCRIPTION |      |      |       |               |       |    | BREED/TYPE |       |      |       |      | SEX          |              |  | BRANDS<br>Tattoos,<br>etc | REMARKS<br>include<br>existing<br>conditions |
|-----|---------------|------------|-------------------|------|------|-------|---------------|-------|----|------------|-------|------|-------|------|--------------|--------------|--|---------------------------|--|
|     |               |            | Bay               | Grey | Blk. | Pinto | Chest<br>-nut | Other | TB | QT         | Draft | Pony | Other | Mare | Stall<br>ion | Geld-<br>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

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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.*)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME