

No black ink**Owner of animal coordinates**

Name		Address	
Phone Number			

Drugs used in animals

1- Have any drugs or vaccins been administrated to or consomud by the animal during the last 180 days or during the time you owned the animal? **YES** (detailing in table) **NO**

2- Has the animal identified on this document shown signs of any illness or deviation from normal behaviour or appearance during the last 180 days? **YES** (detailing in table) **NO**

3- Animals identified in this document to your attention has been treated in the last 180 days or during the period you owned the animal with a prohibited substance for horses to human consumption **YES** (detailing in table) **NO**

Administered drugs (dewormers , antibiotics, anti -inflammatories, hormones, . . .).

Drugs Name	Administration date	Administration méthode	Dose	Withdrawal period

Illness diagnosis

Illness Name	Diagnosis date	Recovery date	Drugs received?

Owner déclaration

I am the owner of the animal identified on page 2/2 of this document and I had the constant custody, possession or animal load

from

MM	DD	YYYY
----	----	------

 to

MM	DD	YYYY
----	----	------

As a pet owner identified on page 2/2 of this document , I certify that the information ccontenu herein is accurate , and complete. I authorize the Canadian Food Inspection Agency to contact me or visit me for validation.

I understand that any equine presented for slaughter at an establishment inspected by the Canadian Food Inspection Agency to be accompanied by acceptable information covering the previous 6 consecutive months on arrival at the establishment. To this end I have the option to attach to this document DIE previous owners in order to cover the required période 6 consecutive months of information.

Signature (no black ink)

The signer of this document may be subject to prosecution for any false statements.

More information about medications withdrawal on the website of the Canadian Food Inspection Agency :

<http://www.inspection.gc.ca/aliments/produits-de-viande-et-de-volaille/manuel-des-methodes/chapitre-17/annexe-e/fra/1370023131206/1370023203607>

Animal identification

Tag number		Export tag number	
------------	--	-------------------	--

Animal description

Sex						
Age						
Location						
Use						
Height (hand, 1 hand = 4")						
Tatoos, Scars						
Body color	<input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Bay-Brown <input type="checkbox"/> Bay <input type="checkbox"/> Dun <input type="checkbox"/> Grey <input type="checkbox"/> Roan <input type="checkbox"/> Strawberry <input type="checkbox"/> Chestnut <input type="checkbox"/> Piebald <input type="checkbox"/> Skewbald <input type="checkbox"/> Cream <input type="checkbox"/> Palomino <input type="checkbox"/> Appaloosa					
Coat marking	<input type="checkbox"/> Grey-ticked <input type="checkbox"/> Flecked <input type="checkbox"/> Spots <input type="checkbox"/> Blacks marks or dark marks <input type="checkbox"/> Patch <input type="checkbox"/> Zebra marks <input type="checkbox"/> Leopard <input type="checkbox"/> Withers stripe <input type="checkbox"/> List					
Head Marking	<input type="checkbox"/> White muzzle <input type="checkbox"/> White face <input type="checkbox"/> Star <input type="checkbox"/> Blaze <input type="checkbox"/> Snip <input type="checkbox"/> Stripe <input type="checkbox"/> Flesh mark					
Limb marking	Coronet	Half Pastern	Pastern	Mid knee	White to knee	<p>Lines are to be drawn on the diagrams representing white areas on the animal with red pen, mark whorls with an "X", the scars with an "→"</p> <p>Picture using (OPTIONAL)</p> <p>Agraffer to this document printed light color image showing each of the views in the animal's chart of this document. The image must be large enough to see the necessary details. The views are printed on a standard 8.5 x 11 " sheet. The owner must sign and date the photographs.</p>
Right foreleg						
Left Foreleg						
Right Hind Leg						
Left Hind Leg						

Declaration transient agent

The animal identified in this document has been under my care and custody since late owner's possession until

MM

DD

YYYY

By this signature, I certify that since the end date of possession of the owner, the animal described on this EID showed no signs of illness and has received no medication or vaccine. I authorize the Canadian Food Inspection Agency to contact me or visit me for validation.

Name		Adress	
Phone number			

Signature (no black ink) _____

The signer of this document may be subject to prosecution for any false statements.

More information about medications withdrawal on the website of the Canadian Food Inspection Agency :

<http://www.inspection.gc.ca/aliments/produits-de-viande-et-de-volaillie/manuel-des-methodes/chapitre-17/annexe-e/fra/1370023131206/1370023203607>