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OMB NO.  
0579-0160

**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 NO. AND DRIVERS 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 NO.	AREA CODE AND TELEPHONE NO.	

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.  
Foals are older than 6 months of age.

Horses are able to bear weight on all 4 limbs.  
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	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1.																		
2.																		
3.																		
4.																		
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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

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).

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. \_\_\_\_\_