

EXHIBIT 64

WAS USED 45 miles
OUTR the weekend
AND still goes on
Mervin B. Newsinger
1900 smoke town school Rd
East Earl Pa 17519

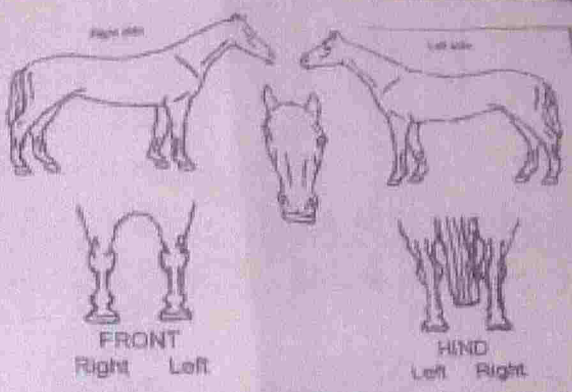
No Drugs

Equine Information Document (EID)

Owner's Name: MELANIE E. HIGGINS
 Full Address: 1500 SHORELAND SCHOOL RD
ESSEX, PA 17329
 Primary Location of animal:
 Primary Use of Animal:
 Breed:
 List visible acquired marks (brand, tattoos, scars, and location):
 Height in hands (1 hand = 4 inches):
 Month and year of birth:

ACTIVE: Attach by mailing to the document a color photo and picture showing each of the horse's legs against the color in this document. The picture should be large enough to see the details required. The photo shall be placed on a standard 8.5"x11" page. Owner's sign and date the photo.
DEADEND: The photo shall not be required if: 1. Lines are to be drawn on the diagram representing white scars on the animal where applicable with red pen for where skin took pen. Mark white with an "X". Mark the location of scars with an "S".

If an official passport, the passport may be checked.
 Attached: DID document from the previous owner.



Body Color (check the correct box)	☐ Black	☐ Tacky
	☐ Brown	☐ Red Roan
Head markings (check the correct box)	☐ Bay - Brown	☐ Blue Roan
	☐ Bay	☐ Strawberry
Coat markings (check the correct box)	☐ Chestnut	☐ Piebald
	☐ Liver chestnut	☐ Skewbald
	☐ Dark chestnut	☐ Dun
	☐ Light chestnut	☐ Cream
	☐ Bawl	☐ Palomino
	☐ Chestnut or Bawl with a frozen mane and tail	☐ Appaloosa
	☐ Star	☐ Bldg
	☐ Stripe	☐ Fleck mark
	☐ Moon	☐ White muzzle
	☐ White face	
	☐ Grey faced	☐ Patch (color, shape, position and extent)
	☐ Flecked	☐ Zebra marks
	☐ Black marks or dark rings	☐ Withers stripe
	☐ Leopard	☐ List

For more explanation of the colors/terms or marks, consult the Internet site: <http://www.equinepassports.com/equinepassports/legends.shtml>
 1. I am the owner of the animal identified on this document and have full and exclusive possession, care or control of the animal from (date: MM/DD/YYYY) to (date: MM/DD/YYYY).
 2. Have any drugs or vaccines been administered to or consumed by the animal during the last 180 days or during this time you owned the animal? ☐ Yes ☐ No
 If YES: write the name of the drug(s) or vaccine(s), last date of use, withdrawal period for drugs, amount used (dose) per treatment if the label does not indicate a dose or if drugs to used a dosage different than the label indicated on the back side this page.
 3. Has the animal identified on this document been diagnosed with an illness during 180 days or during the time you owned the animal? ☐ Yes ☐ No
 If YES, provide details with date of diagnosis and recovery on the back side of the page.
 4. Has the animal identified on this document to your knowledge been treated with a controlled drug under the label marked numbers not permitted for use in food processing equine found in section 17.2 during the last 180 days or during the time you owned the animal? ☐ Yes ☐ No
 5. OWNER DECLARATION: As the owner of the animal identified on this document, I hereby certify that the information in this EID is accurate and complete.
 I understand that, effective July 21, 2010, at least six consecutive months of documented acceptable history is required for an equine presented for processing in an establishment inspected by CFIA.
 I always treated the animal with respect and care to meet the needs.
 Date (MM/DD/YYYY): Signature: Melanie E. Higgins

Jobe markings	Front Right	Front Left	Hind Right	Hind Left
Wool patch on coronet				
Wool patch				
Wool patch				
Wool patch				
Wool patch				
Wool patch				
Wool patch				
Wool patch				
Wool patch				
Wool patch				

BUYER & OFFICE USE ONLY

Buyer ID (Batch Number):
 # of horse shipped:
 Tag Number:
 Export Tag number:
 Slaughter serial #:

Part 2 - History

Penn Valley Livestock Auction

(name of owner)

(please print full correct address and
city and state)

owner of the animal identified on this document and have had
direct possession, care or control of the animal identified below

(indicate date born or control
began)

(indicate end date)

drugs or vaccines been administered to or consumed by the
animal during the shorter of the following 3 periods: since
1/1/2010, in the last 180 days, or during the time you owned
it.

☐ YES (provide details with dates of diagnosis and treatment)

Date	Drug Name	Vaccine Name	Other

has been treated for the above or contact your veterinarian.

animal identified on this document to your knowledge
was with an illness during the shorter of the following
periods: since January 1, 2010, in the last 180 days, or during
the time you owned the animal.

Identify the illness as follows:

Date of diagnosis	Recovery date

animal identified on this document been treated with a
veterinarian-prescribed drug, substance not permitted
for use in horses since January 1, 2010, or in the
shorter of the time you owned the animal.

Other information:

506

Part 3 - Owner Declaration

As the owner of the animal described on this document, I
hereby certify that the information provided is true and correct
information. I understand that any false information is a violation of the
Animal Welfare Act and may result in criminal penalties.

I understand that, effective July 1, 2010, all horses in
continuous motion of interstate commerce must be
registered for an equine identification number (EIN) in an
establishment inspected by the Canadian Food Inspection
Agency.

As such, I have the option of attaching to this document
completed Equine Identification Document(s) from previous
owner(s) in order to obtain the required continuous motion
or identification number.

[Signature]
(signature of owner)

(Date DD/M/YYYY)

Internet site of ACIA:

<http://www.inspection.gc.ca/english/ssa/meavia/man/man1.sh>
(fr)

Internet site for more information on the description of the
horses, the body color and marks:

<http://www.inspection.gc.ca/english/ssa/meavia/man/ch17/an>
[nxxee.shtml#E1](http://www.inspection.gc.ca/english/ssa/meavia/man/ch17/an)

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Part 4 - Identification

Date when last inspected:

Device used:

Mark of the animal:

Primary location of
mark or brand
(indicate on which side)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Primary use(s) of animal:

(Check the correct box)

Penns Valley Livestock Auction

History **Pawnee Valley Livestock Auction**
 of Walter M. Hoffer (maker of owner)
 phone number _____ (please you fill contact address and
 and the owner of the animal _____

I am the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal identified below from _____ (Indicate date care or control started) to _____ (Indicate end date)

Have any drugs or vaccines been administered to or consumed by the animal during the shorter of the following 3 periods: since January 31, 2019, in the last 180 days, or during the time you owned the animal.

☐ NO ☐ YES (provide details with dates of diagnosis and recovery)

Name	Diagnosis	Recovery

☐ NO ☐ YES (provide details with dates of diagnosis and recovery)

Name	Last Date	Wavelength	Power

For information consult the label of container.

* For information consult the label or contact your veterinarian.

Has the animal identified on this document to your knowledge been diagnosed with an illness during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal:

☐ NO ☐ YES (filled up the following?)

[illegible]

has animal identified on this document, been treated with a
 name listed under the table named substances not permitted
 use in food producing equine since January 31, 2010, or in the
 180 days or during the time you owned the animal.

1402 ☐ YES

Describe the level of your veterinary training

Part 3 - Owner Declaration

As the owner of the online identified on this document, I hereby certify that the information stated in this Equine Information Document is accurate and complete.

I understand that, effective July 31, 2010, at least six continuous months of documented acceptable history is required for an equine presented for processing in an establishment inspected by the Canadian Food Inspection Agency.

As such, I have the option of attaching to this document, completed Equine Information Documents, from previous owners, in order to cover the required six continuous months of documented history.

Robert M. Holzman
(signature of owner)

(Eggle DDMMYYYY)

Internet site of ACIA :
<http://www.inspection.gc.ca/english/assim/asv/mar/mar.en.html>

Internet site for more informations on the description of the horses, the body color and marks:
<http://www.inspection.gc.ca/en/shippas/moav/mar/ch17/annexee.shtml#E1>

Part 1: Identification

Name: _____

Gender: ☐ Male ☐ Female

Primary residence (Is the current address or Postal residential address?)

Primary work(s) of the animal (check the correct box)

Box (check the correct box)

Month and year of birth (if known)

Country of Birth (if known)

Height to Wards (if hand = 4 inches)

Handicap (if any)

Other (if any)

Equine Information Document (EID)

Owner's Name: Denise Archer

Full Address: 43 Hopkiss Mill Rd Hopkiss, IL 60148

Primary Location of animal:

Primary Use of Animal:

Sex:

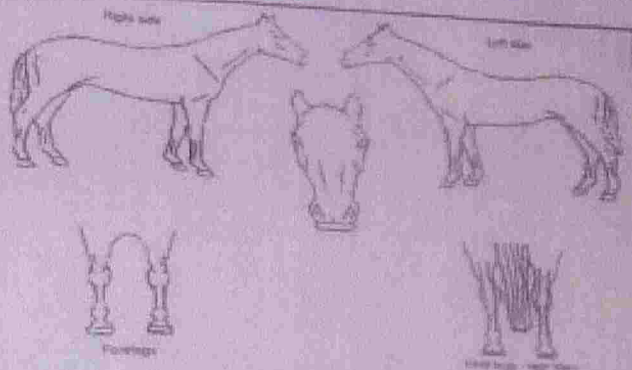
List visible acquired marks (brand, tattoos, scars, And location)

Height in hands (1 hand = 4 inches)

Picture (attach by adding to this document a clear printed color picture showing each of the views in the diagram of the animal in this document. The picture should be large enough to see the details required. The views shall be printed on a standard 8 1/2" x 11" page. Owners sign and date the picture.

IRRAWING (the picture shall not be required if) Lines are to be drawn on the diagrams representing white areas on the animal where applicable with red pen the others with black pen. Mark whorls with an "X". Mark the location of scars with an "X".

If an official passport, the passport may be attached Attached EID document from the previous owner(s).



For more explanation on the colours terms or marks, consult the internet site: <http://www.inspection.gc.ca/english/eq/animals/eid/eid.html>

Body Color (check the correct box)

- ☐ Black
- ☐ Brown
- ☐ Bay - Brown
- ☐ Bay
- ☐ Chestnut
- ☐ Liver chestnut
- ☐ Dark chestnut
- ☐ Light chestnut
- ☐ Sorrel
- ☐ Chestnut or Sorrel with a flaxen mane and tail
- ☐ Gray
- ☐ Red Roan
- ☐ Blue Roan
- ☐ Strawberry
- ☐ Piebald
- ☐ Skewbald
- ☐ Dun
- ☐ Cream
- ☐ Palomino
- ☐ Appaloosa

Head marking (check the correct box)

- ☐ Star
- ☐ Stripe
- ☐ Black
- ☐ White face
- ☐ Grey ticked
- ☐ Flecked
- ☐ Black marks or dark marks
- ☐ Leopard
- ☐ Snip
- ☐ Fresh mark
- ☐ White muzzle

Coat marking (check the correct box)

- ☐ Patch (colour, shape position and extent)
- ☐ Zebra marks
- ☐ Withers stripe
- ☐ List

1. I am the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal from (date MM/DD/YYYY) to (date MM/DD/YYYY).
2. Have any drugs or vaccines been administered to or consumed by the animal during the last 180 days or during the time you owned the animal? ☐ Yes ☒ No
If YES, write the name of the drug(s) or vaccine(s), last date of use, withdrawal period for drugs, animals used (dose) per treatment if the label does not indicate a dose or if drugs is used a dosage different than the label indicates on the back side this page.
3. Has the animal identified on this document been diagnosed with an illness during 180 days or during the time you owned the animal? ☐ Yes ☒ No
If YES, provide details with dates of diagnosis and recovery on the back side of the page.
4. Has the animal identified on this document to your knowledge been treated with a substance listed under the table named substances not permitted for use in food producing animals found in section during the last 180 days or during the time you owned the animal? ☐ Yes ☒ No
5. OWNER DECLARATION: As the owner of the animal identified on this document, I hereby declare the information in this EID is accurate and complete.
I understand that, effective July 31, 2010, at least six continuous months of ownership is required for an equine presented for processing in an establishment regulated by CFIA.
I always treated the animal with respect and care to meet the needs.
Date (MM/DD/YYYY): Signature:

BUYER & OFFICE USE ONLY

Buyer ID (Batch Number)

of horse shipped

Tag Number

Diagram illustrating the four basic horse stances:

- Right side
- Left side
- Front view
- Rear view

(Date: DD/MM/YYYY)

Equine Information Document (EID)

Owner's Name: Tom W. Wynn

Address: 1040 West 1st St
Wichita, KS 67203

Primary Location of animal: MO

Primary Use of Animal: Farm

Age: _____

Last visible acquired marks (brand, tattoo, scars, and location): _____

Height in hands (1 hand = 4 inches): _____

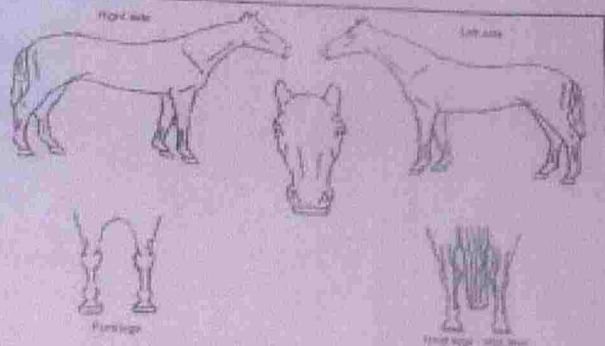
ATTENTION: Attach by stapling to this document a clear printed color picture showing each of the views in the diagram of the horse in this document. The picture should be large enough to see the details required. The views shall be printed on a standard 8 1/2" x 11" page. Shows top, side and back view.

WARNING: This picture shall not be required if: Lines are to be drawn on the diagram representing white areas on the coat which are applicable with red pen; the other with black pen. Mark white with an "X". Mark the location of scars with an "X".

If an official passport, the passport may be attached.

Attached EID document from the previous owner:

Body Color (check the correct box)	☐ Black	☐ Grey
	☐ Brown	☐ Red Roan
Head marking (check the correct box)	☐ Bay - Brown	☐ Blue Roan
	☐ Bay	☐ Strawberry
Coat marking (check the correct box)	☐ Chestnut	☐ Palomino
	☐ Liver chestnut	☐ Appaloosa
with a flaxen mane and tail	☐ Dark chestnut	☐ Skewbald
	☐ Light chestnut	☐ Dun
with a flaxen mane and tail	☐ Sorrel	☐ Cream
	☐ Chestnut or Sorrel	☐ Paint (color, shape position and extent)
with a flaxen mane and tail	☐ Star	☐ Zebra marks
	☐ Stripe	☐ Withers stripe
with a flaxen mane and tail	☐ Blaze	☐ List
	☐ White face	
with a flaxen mane and tail	☐ Grey ticked	
	☐ Flecked	
with a flaxen mane and tail	☐ Black marks or dark marks	
	☐ Leopard	



For more explanation on the contents terms or marks, consult the National EID, <http://www.inspection-sc.ca/eng/inspection/eid/eid.html> or the National EID, <http://www.inspection-sc.ca/eng/inspection/eid/eid.html>

1. I am the owner of the animal identified on this document and have not transferred ownership, sale or control of the animal form (date: MM/DD/YYYY) 8/16/10 to date: 8/16/10

2. Have any drugs or vaccines been administered to or consumed by the animal during the last 180 days or during the time you owned the animal? Yes
If YES, write the name of the drug(s) or vaccine(s), and date of use, withdrawal period for drug, amount used (dose) per treatment if the label does not indicate a dose or if drug is used a dosage different than the label indicates on the back side of the page.

3. Has the animal identified on this document been diagnosed with an illness during 180 days or during the time you owned the animal? Yes
If YES, provide details with dates of diagnosis and recovery on the back side of the page.

4. Has the animal identified on this document to your knowledge been treated with a substance listed under the table named substances not permitted for use in food processing equine listed in section 5.3, during the last 180 days or during the time you owned the animal? Yes

5. OWNER DECLARATION: As the owner of the animal identified on this document, I hereby certify that the information in this EID is accurate and complete.

I understand that, effective July 31, 2010, at least six continuous months of documentation supporting value is required for an equine presented for processing in an establishment inspected by CFIA.

I always treated the animal with respect and care to meet the needs.

Date (MM/DD/YYYY): 8/16/10 Signature: [Signature]

BUYER & OFFICE USE ONLY

Buyer ID (Batch Number) _____

of horse shipped _____

Tag Number 4333

Export Tag number _____

Slaughter serial # _____

VIDE MARKINGS	Right foreleg	Left foreleg	Right hind leg	Left hind leg
Right chest or shoulder				
Left chest				
Right hind				
Left hind				
Right neck				
Left neck				
Right eye				
Left eye				
Right ear				
Left ear				

1	2	3	4	5	6
State	Year	Birth number of the truck	Number of persons in the congregation	Number of births or deaths	Any special remarks
					266

(Signature of buyer)

Part 4 - Traveling to the slaughterhouse

Date of Collection	
Master Serial Number	

<http://www.bepress.com/enrca/english/lssa/mexico/mexican/journal>

[illegible]

Part 1 – Identification

¹From 1923 to 1925, 17 years' age limit.

Cage name <i>Indira Aikona</i>		<i>196 Indira Rd Elizabeth NJ 07208</i>	
Name of the animal			
Primary location of the animal (Lap) Location (Lap) address: Previous (Identification Number)			
Primary work(s) of the animal (check the correct box)		☐ Assistance/companion animal/demonstrating ☐ Bystander ☒ Guard/Dorm sentry ☐ Public work ☐ Private industry work ☐ Performance/showbiz/etc. ☐ None/Fish ☐ Cleaning	
Sex (check the correct box)		☐ Male / ☐ Female ☐ Neutered	
Born and year of birth (if known)			
Country of Birth (if known)		<i>USA</i>	
Height in hands (if hand = 4 inches)			
Pedigree registry and registration number			
Microchip number and location			
Passport ID number			
Unique Equine Life Number or other unique identifier			
List visible acquired marks (scars, tattoos, scars, etc.) and location		☐ Black ☐ Bayen ☐ Bay - Brown ☐ Grey ☐ Chestnut ☐ Liver chestnut ☐ Dark chestnut ☐ Light Chestnut ☐ Sorrel ☐ Dapple or steel with a black mask and tail ☐ Grey ☐ Blue ☐ Strawberry ☐ Flaxen ☐ Marekiss ☐ Cream ☐ Palomino ☐ Appaloosa	
Body colour (check the correct box)			
Head markings (check the correct box)		☐ Star ☐ Stripe ☐ Blaze ☐ White face ☐ Grey socks ☐ Flecked ☐ Black marks or dark spots ☐ Spot ☐ Lavender	
Coat marking (check the correct box)		☐ Neck ☐ Fore ☐ Pastern and hoof ☐ Tail ☐ Withers/wings ☐ Leg	

	Right foreleg	Left foreleg	Right hind leg	Left hind leg
White patch on forehead				
Anterior				
Lateral				
Medial				
Posterior				
White patches				
White hallock				
White on knee				
White to hock				
White to hind quarter				
Variation in the hood				

For more explanation on the colours terms or marks, consult the Internet site:
<http://www.assp.com.au/assp/assp/mark/3/mark.asp>

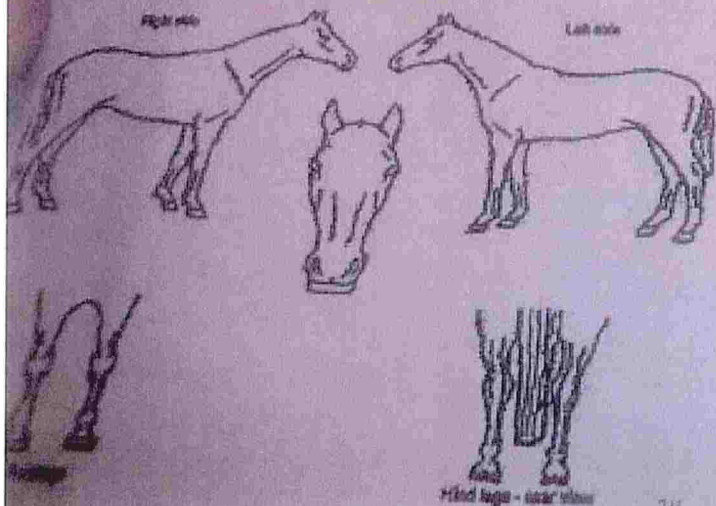
Attach, by stapling to this document, a single page containing the same (if applicable) of the spots and clear marked colour pictures of the animal showing each of the views in the diagrams. The pictures should be large enough to see the detail required. The views shall be printed on a standard 8.5" x 11" page. Take close up of any visible required marks such as lesions and stains. Owners sign and date the picture page.

For pictures will not be required if:
 * Lines are to be drawn on the diagrams representing white areas on the animal where applicable with a red pen the others with a black pen. Mark white with an X & marks the location of scars with an arrow -> or -> for written description information and as a substitute for pictures, is completed properly by a Licensed Veterinarian or an authorized person by an Animal Pedigree Act or recognized by Equine Canada or breed association employed provincially.

Name and signature of Veterinarian/authorized person or N/A (if not applicable):

License/authorization number:

- Use official pedigree, legible color copy may be attached.
- Add the PED document from the previous owners



Part 2 - Animal health statement of ownership

I, DAVID BLANKS (name) of 2105 BROWN RD (address) (state you full correct address to possession, care or control of the animal identified below from 8-10-10 (date)) (date care or control started) to 8-10-10 (date care or control ended)

Have any drugs or vaccines been administered to or consumed by the animal during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal? If yes, write the name the drug(s) or vaccine(s), Drug Identification Number (DIN) if indicated on the label.

☒ NO ☐ YES (provide details with date of diagnosis and recovery)

Name	Start Date	Withdrawal period*	Notes

* For information consult the label or contact your veterinarian.

Has the animal identified on this document to your knowledge been diagnosed with an illness during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal?

☒ NO ☐ YES (fill up the following)

Date of diagnosis	Recovery date

Has the animal identified on this document been treated with a substance listed under the table banned substances not permitted for use in food producing equines since January 31, 2010, or in the last 180 days or during the time you owned the animal?

☒ NO ☐ YES

* Consult the label or your veterinarian.

Name of the previous owner:

I Always treated the animal with respect and care to meet their needs.

David Blanks
(Signature of owner)

8, 10, 10
(Date: DD/MM/YYYY)

Part 2 - History

(name of owner)
 (state your full contact address and phone number)

was the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal identified below

from (indicate date care or control began)
 to (indicate end date)

were any drugs or vaccines been administered to or consumed by the animal during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal:

☐ NO ☐ YES provide details with dates of diagnosis and recovery

Name	Last Date	Where was seen?	Date

For information consult the label or contact your veterinarian

has the animal identified on this document to your knowledge ever diagnosed with an illness during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal:

☐ NO ☐ YES (fill up the following)

Date of diagnosis	Recovery date

has the animal identified on this document been treated with a substance listed under the table named substances not permitted in use in food producing equine since January 31, 2010, or in the last 180 days or during the time you owned the animal:

☐ NO ☐ YES (fill up the following)

Part 3 - Owner Declaration

As the owner of the animal identified on this document, I hereby certify that the information stated in this Equine Information Document is accurate and complete.

I understand that, effective July 31, 2010, at least six continuous months of documented acceptable history is required for an equine presented for processing in an establishment inspected by the Canadian Food Inspection Agency.

As such, I have the option of attaching to this document, completed Equine Information Document(s) from previous owner(s) in order to cover the required six continuous months of documented history.

John B. Hostetter
 (signature of owner)

April 30, 2010
 (Date DD/MM/YYYY)

Internet site of ACIA:
<http://www.inspection.gc.ca/english/ssa/mesv/mar/mar17a1.htm>

Internet site for more information on the description of the horses, the body color and marks:
<http://www.inspection.gc.ca/english/ssa/mesv/mar/mar17a1.htm#news.shtml#E1>

John B. Hostetter
181 Jarmell Dr.
Claremont, Pa 16820

Agencies responsible for inspection and approval: Canadian Food Inspection Agency

N° *653*

EQUINE INFORMATION DOCUMENT

Part 1 - Identification

Note: Write N/A if not applicable.

Owner name	
Name of the animal	
Primary location of the animal (address or Premier identification number)	
Primary use(s) of the animal (check the correct box)	☐ Recreation/competition ☐ Warmblood/pleasure riding ☐ Breeding ☐ Ranch/semi-work ☐ Public work ☐ Private industry work ☐ Performance/athleticism ☐ Riding ☐ Rodeo ☐ Utility production ☐ Food production ☐ Others
Sex (check the correct box)	☐ Mare/filly ☐ Gelding ☐ Stud / stallion (male only)
Month and year of birth (if known)	
Country of birth (if known)	
Height to hands (1 hand = 4 inches)	

Version 01/11

Pedigree registry and registration number	
Microchip number and location	
Passport ID number	
Unique Equine Life Number or other unique identifier	
List visible acquired marks (brands, tattoos, scars, etc) and location	
Body colour (check the correct box)	☐ Black ☐ Brown ☐ Bay - Brown ☐ Bay ☐ Chestnut ☐ Liver chestnut ☐ Dark chestnut ☐ Light Chestnut ☐ Sorrel ☐ Chestnut or sorrel with a flaxen mane and tail ☐ Grey ☐ Roan ☐ Skewberry ☐ Palomino ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa ☐ Star ☐ Stripe ☐ Blaze ☐ White face ☐ Snip ☐ Fleck mark ☐ White muzzle
Head markings (check the correct box)	☐ Grey toed ☐ Flecked ☐ Black marks or Dark marks ☐ Spots ☐ Leopard ☐ Patch (colour, shape, position and extent) ☐ Zebra marks ☐ Withers stripe ☐ List
Coat markings (check the correct box)	

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Limbs markings	Right foreleg	Left foreleg	Right hind leg	Left hind leg
☐ White patch on coronary				
☐ anterior				
☐ lateral				
☐ medial				
☐ posterior				
☐ White coronet				
☐ White pastern				
☐ White fetlock				
☐ White to knee				
☐ White to hock				
☐ White to hind quarter				
☐ Variation in the hoof alignment				
For more explanation on the colours terms or marks, consult the Internet site: http://www.inspection.gc.ca/equidae/equine/identification/identification.html				

Attach, by stapling to this document, a single page containing the name (if applicable) of the equine and clear printed colour picture of the animal showing each of the views in the diagram. The pictures should be large enough to see the detail required. The views shall be printed on a standard 8.5" x 11" page. Owners sign and date the picture page.

The pictures will not be required if:

- Lines are to be drawn on the diagrams representing whites areas on the animal where applicable with a red pen the others with a black pen. Mark whorls with an «X». Marks the location of scars with an arrow «→». The written description information and as a substitute for pictures, is completed by a licensed Veterinarian or an authorized person by an Animal Pedigree Act or recognized by Equine Canada. Name and signature of Veterinarian/authorized person: _____

License/authorization number: _____

- If an official passport, the passport may be attached
- Add the EID documents from the previous owners

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Part 3: Other Considerations

As the owner of the above building, we are submitting herewith with the information stated in the County Information Statement a complete and complete.

I understand that effective July 1, 2010, all new construction projects of substantial scope/size/complexity located in Maryland for all years submitted for consideration to MD Environmental Cooperation by the Chesapeake Bay Program Agency.

I-1	Inventory	Inventory
I-2	Inventory	Inventory

Expanding your understanding of the world

Figure 8. [Return on investment](#)

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Part 3 - Buyer Declaration

# (Batch/Assignment)	Year	Batch number of the track	Number of horses in the consignment	Number of origin or auction	Tag report number

Always treat the animal with respect and care to meet their needs.

(Signature of buyer)

(Date: DD/MM/YYYY)

Part 4 - Traceability to the slaughterhouse

Date of Slaughter	
Slaughter Serial Number	

Internet site of CFIA:

<http://www.inspection.gc.ca/eng/ahp/fss/traceability/man/manf.shtml>

Internet site for more information on the description of the horses, the body color and markings:

<http://www.inspection.gc.ca/eng/ahp/fss/man/va/man/va1/annexes.shtml#B>

EQUINE INFORMATION DOCUMENT (EID)

Part 1 - Identification

Write here if not applicable

Owner name <i>Blue Horse</i>		
Name of the animal <i>10553 MC 37 Blue</i>		
Primary location of the animal (Legal location, Legal address, Previous identification number)	<i>Blue Horse Farm</i>	
Primary use(s) of the animal (check the correct box)	☒ Recreational/competition animal/performer (other) ☐ Breeding ☐ Ranch/Town work ☐ Public work ☐ Private industry work ☐ Performance/entertainment	
Sex (check the correct box)	☐ Mare ☐ Stallion ☐ Gelding	
Month and year of birth (if known)		
Country of birth (if known)		
Height in hands (1 hand = 4 inches)		
Pedigree registry and registration number		
Membership number and location		
Passport ID number		
Unique Equine Life Number or other unique identifier		
List visible acquired marks (brands, tattoos, scars, etc.) and location	☐ Head ☐ Neck ☐ Body - front ☐ Body - side ☐ Body - back ☐ Tail ☐ Limbs ☐ Other	
Body color (check the correct box)	☐ Bay ☐ Black ☐ Chestnut ☐ Grey ☐ White ☐ Roan ☐ Dappled ☐ Paint ☐ Other	
Head markings (check the correct box)	☐ Star ☐ Blaze ☐ Snip ☐ White face ☐ Grey neck ☐ Picked ☐ Black marks on dark horses ☐ Solid ☐ Leopard	
Coat markings (check the correct box)	☐ Blanket ☐ Saddle ☐ Legs ☐ Tail ☐ Other	

	Right foreleg	Left foreleg	Right hind leg	Left hind leg
1. Name of animal				
2. Breed				
3. Age				
4. Sex				
5. Colour				
6. Date of birth				
7. Date of capture				
8. Date of arrival				
9. Date of departure				
10. Date of return				
11. Date of death				
12. Date of euthanasia				
13. Date of necropsy				
14. Date of disposal				
15. Date of burial				
16. Date of cremation				
17. Date of incineration				
18. Date of other disposal				
19. Date of other disposal				
20. Date of other disposal				

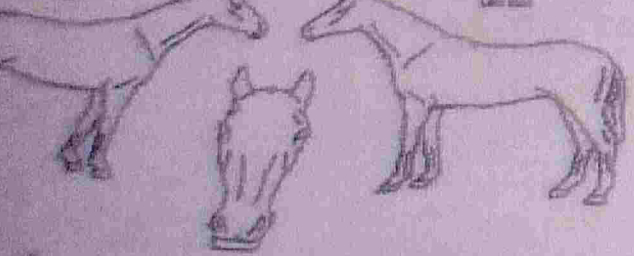
When completing this document, a single page recording the items (if applicable) of the register and other relevant information of the animal should be used. The owner should be kept advised of the animal's progress. The owner shall be provided with a standard 8.5" x 11" page. This page size of any further information shall be provided and attached. Owner sign and date the progress page.

Labels are to be drawn on the diagram representing under areas on the animal where applicable with a pen or other such tool. Mark which with an 'X'. Mark the location of scars with an arrow '→'. The owner should provide information not to a substitute for pictures, or completed pictures to a human veterinarian or an authorized person in the Animal Welfare Act or recognized by the Canadian or breed association authorities.

Name and signature of veterinarian/authorized person or N/A (if not applicable):

Address/telephone number:

If an official passport, include other page that be attached.
 Add the full information from the previous entries



Part 2 - Animal health statement of owner/owner

Place number on the corner of the animal identified on this document and mark last information date date or control number in.

Have any drugs or vaccines been administered to or contracted by the animal during the period of the following 3 periods: since January 31, 2015, in the last 180 days, or during the time you owned the animal? If yes, write the name the drug(s) or vaccine(s), Drug Identification Number (DIN) if indicated on the label.

☐ YES (provide details with date of diagnosis and recovery)	
Name	Last Date

* For information consult the label or contact your veterinarian.

Has the animal identified on this document been treated with a substance listed under the following 3 periods: since January 31, 2015, in the last 180 days, or during the time you owned the animal?

☐ NO	☐ YES (fill in the following)
Date of diagnosis	Recovery date

Has the animal identified on this document been treated with a substance listed under the following 3 periods: since January 31, 2015, in the last 180 days, or during the time you owned the animal?

☐ NO ☐ YES

* Consult the label or your veterinarian.

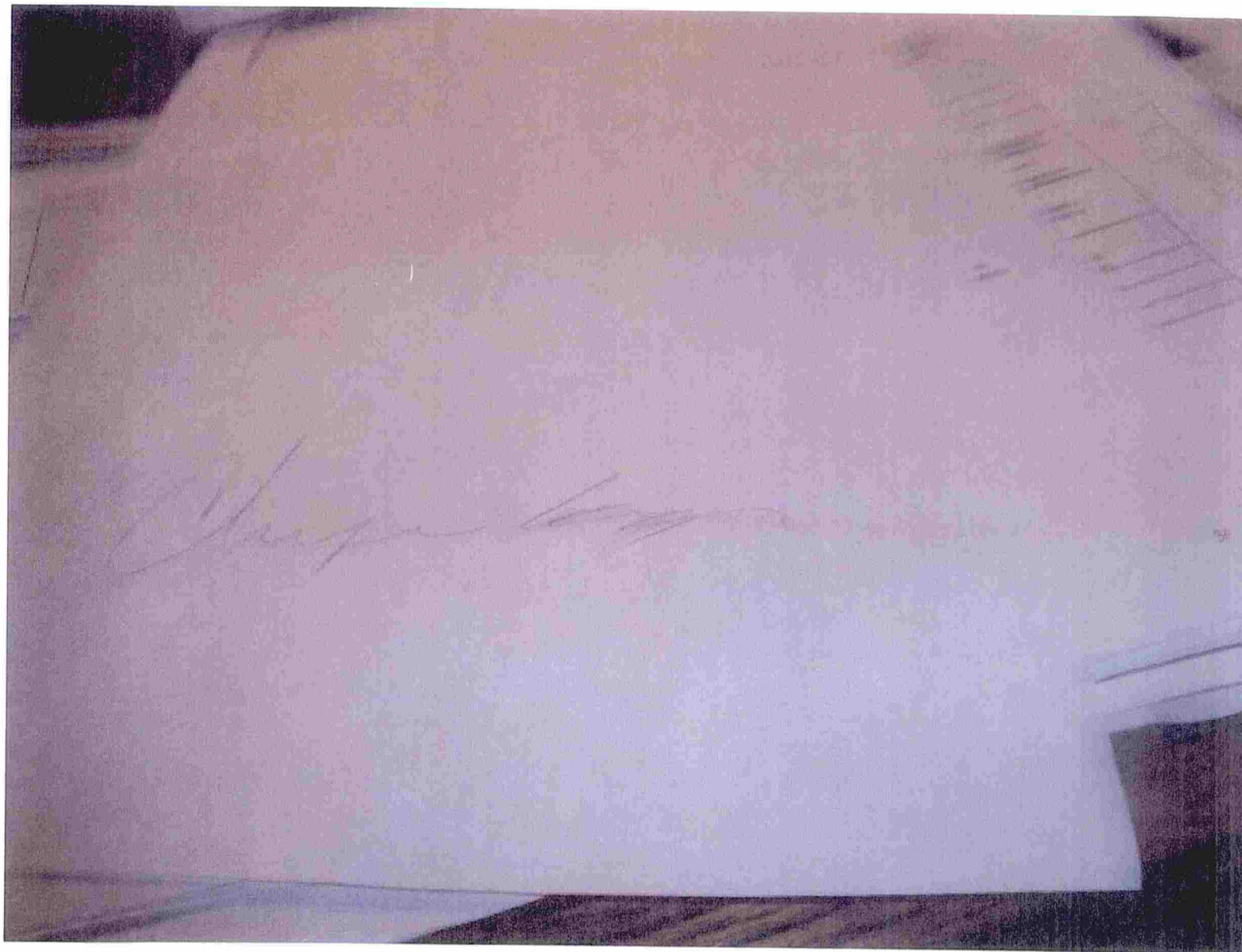
Name of the previous owner:

I Always treated the animal with respect and care to meet their needs:

Bud L...
 (Signature of owner)

(Date: DD/MM/YYYY)

Full Address: Primary Location of Animal: Secondary use of Animal: Sex: List suitable required studies: (Genetics, behavior, scars, age, and location) HISTORY: (Attach by stapling to this document, a clear printed color picture showing each of the animal in the diagram of the animal in this document. The picture should be large enough to see the details required. The names should be printed on a standard 8 1/2 x 11" page. Owners sign and date the picture.) (Date taken) (see picture should not be required if.) (Owner use to be taken on this document representing where animal on the animal where applicable with animal pose the animal with a black pen. Mark words with an "X" Mark the location of a scar with an arrow.) If an official passport, the passport may be attached. And the EBT document from the previous owner(s).		Primary Location of Animal: Secondary use of Animal: Sex: List suitable required studies: (Genetics, behavior, scars, age, and location) HISTORY: (Attach by stapling to this document, a clear printed color picture showing each of the animal in the diagram of the animal in this document. The picture should be large enough to see the details required. The names should be printed on a standard 8 1/2 x 11" page. Owners sign and date the picture.) (Date taken) (see picture should not be required if.) (Owner use to be taken on this document representing where animal on the animal where applicable with animal pose the animal with a black pen. Mark words with an "X" Mark the location of a scar with an arrow.) If an official passport, the passport may be attached. And the EBT document from the previous owner(s).	
Body Color (check the correct box) ☐ Black ☐ Brown ☐ Gray/Brown ☐ Gray ☐ Chestnut ☐ Light Chestnut ☐ Silver ☐ Chestnut or silver with a brown mane and tail ☐ Gray ☐ Brown ☐ Strawberry ☐ Chestnut ☐ Silver ☐ Blue ☐ Cream ☐ Palomino ☐ Appaloosa		Head markings (check the correct box) ☐ Star ☐ Stripe ☐ Blank ☐ White Face ☐ Snip ☐ Frontal mark ☐ White muzzle ☐ Grey lined ☐ Flocks ☐ Black marks or Dark marks ☐ Spots ☐ Leopard ☐ Patch (color, shape, position and extent) ☐ Zebra marks ☐ Withers stripe ☐ List	
Limbs markings ☐ White patch on coronet ☐ Anterior ☐ Lateral ☐ Posterior ☐ White coronet ☐ White patch ☐ White fetlock ☐ White to knee ☐ White to hock ☐ White to hind quarter ☐ Variation in the hoof pigment		Right Left Right Hind Left Hind	
For more information on the color terms or marks, consult the internet or a professional. If there is a question or a color term or mark, consult the internet or a professional. If there is a question or a color term or mark, consult the internet or a professional.			
I, I am the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal from (Date) 2-1-2009 to (Date) 2-13-10.			
Has any drug or substance been administered to or consumed by the animal during the last 180 days or during the time you owned the animal? ☐ YES ☒ NO If yes, with the most detail, date, drug or substance, dose, route of administration, and for what purpose, animal used (horse) per administration of the label does not indicate a dose or if drug is used a dosage different from the label information on the back of the label.			
Has the animal been diagnosed with a substance listed under the table names substances not permitted for use in food, processing or the animal in the last 180 days or during the time you owned the animal? ☐ YES ☒ NO If yes, provide details with date of diagnosis and treatment.			
Has the animal identified on this document in your knowledge been treated with a substance listed under the table names substances not permitted for use in food, processing or the animal in the last 180 days or during the time you owned the animal? ☐ YES ☒ NO If yes, provide details with date of diagnosis and treatment.			
I hereby certify that the information in this EBT is accurate and complete.			
(Signature of Owner)			



Owner Name: DIANE WILLIAMS
 Full Address: 1214 POKES BL STREET NW
 Primary Location of Animal: Same
 Primary Use of Animal: Ride
 Best: FT. COLLINS

Can visible acquired marks (scratches, tattoos, scars etc.) and location:

PICTURE: (The picture must not be required.)
 (Note: by attaching to this document, a clear printed color picture showing each of the views below (day and night) of the animal in this document. The picture should be large enough to show the details required. The views shall be printed on a standard 8.5" x 11" page. Center top and right for picture.)

DRAWING: (The picture must not be required.)
 (Note: draw on the diagram following where areas of the animal which applicable with a red pen (or object with a black pen). Mark shorts with an "X". Mark the location of a scar with an arrow.)

If an official passport, the passport may be attached.
 Add the EID (document from the previous owner(s)).

Body Colour (check the correct box):
☐ Black
☐ Brown
☐ Bay - Brown
☐ Bay
☐ Chestnut
☐ Liver Chestnut
☐ Dark Chestnut
☐ Light Chestnut
☐ Sorrel
☐ Chestnut or sorrel with a flaxen mane and tail
☐ Grey
☐ Roan
☐ Strawberry
☐ Piebald
☐ Skewbald
☐ Dapp
☐ Green
☐ Palomino
☐ Appaloosa

Head markings (check the correct box):
☐ Star
☐ Stripe
☐ Blaze
☐ White Face
☐ Snip
☐ Flash mark
☐ White muzzle
☐ Grey socks
☐ Fledg
☐ Black marks or Dark marks
☐ Spots
☐ Leopard
☐ Patch (color, shape, position and extent)
☐ Zebra marks
☐ White stripe
☐ List

Limb markings:
☐ White palm on coronet
☐ Lateral
☐ Medial
☐ Posterior
☐ White coronet
☐ White pattern
☐ White fetlock
☐ White to knee
☐ White to hock
☐ White to heel or lower
☐ Variation in the hoof pigment

Right Foreleg
 Left Foreleg
 Right Hind leg
 Left Hind leg

For more explanation on the sub-headers or marks, consult the internet site: <http://www.horsepassports.com>

I, I am the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal from (Date) 8-9-07 to (Date) 8-14-10

Have any drugs or vaccines been administered to or consumed by the animal during the last 180 days or during the time you owned the animal? ☐ YES ☒ NO (If yes, what the name of the drug, the date of use, withdrawal period and for drugs, amount used (dose) per treatment if the label does not indicate a dose or if drug is used a dosage different than the label indicate, or to be used in the future)

Has the animal identified on this document been diagnosed with an illness during the last 180 days or during the time you owned the animal? ☐ YES ☒ NO (If yes, please detail with name of the illness and how long it lasted)

Has the animal identified on this document to your knowledge been treated with a substance listed under the table named substances not permitted for use in food producing animals during the last 180 days, or during the time you owned the animal? ☐ YES ☒ NO

OWNER'S DECLARATION: As the owner of the animal identified on this document I hereby certify that the information in this EID is accurate and complete.

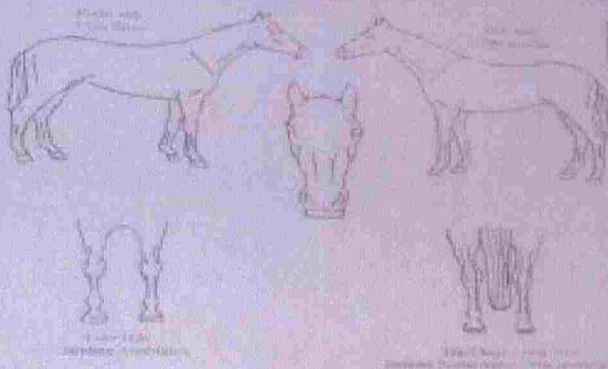
I understand that, effective July 31, 2010, at least six continuous months of documented acceptable history is required for an equine presented for processing in an equine passport inspected by (State Department) 8-16-10

(Signature of Owner) [Signature]

Owners Name: Don Hanks
 Full Address: 14416 E. 1st Ave. Suite 100
 Primary Location of Animal: Tulsa, Oklahoma
 Primary Use of Animal: Working
 Sex: gelding

List visible acquired marks (brands, tattoos, scars etc. and location)
 PICTURE: Attach by starting in the document, a color photo picture showing each of the above in the diagram of the animal in this document. The picture should be large enough to see the details required. The photo shall be printed on a standard 8.5 x 11" page. Owners sign and date the picture.

DRAWING: (The pictures shall not be required if)
 Lines are to be drawn on the diagrams representing white areas on the animal's skin applicable with a red pen for the others with a black pen. Mark whorls with an "X". Mark the location of a spot with an arrow.
 If an official passport, the passport may be attached.
 Add the EID number from the previous owner(s).



(If any)
 Color and/or
 Mark Tag(s)

- Body Color(s) (check the correct box)
- ☐ Black
 - ☐ Brown
 - ☐ Bay - Brown
 - ☐ Bay
 - ☐ Chestnut
 - ☐ Liver Chestnut
 - ☐ Dark Chestnut
 - ☐ Light Chestnut
 - ☐ Sorrel
 - ☐ Chestnut or sorrel with a darker mane and tail
 - ☐ Gray
 - ☐ Rose
 - ☐ Strawberry
 - ☐ Red-dun
 - ☐ Smokey
 - ☐ Dun
 - ☐ Cream
 - ☐ Palomino
 - ☐ Appaloosa

- Head markings (check the correct box)
- ☐ Solid
 - ☐ Stripe
 - ☐ Blaze
 - ☐ White Face
 - ☐ Strip
 - ☐ Tip of ear
 - ☐ White muzzle
 - ☐ Gray ticked
 - ☐ Flashed
 - ☐ Black marks or Dark marks
 - ☐ Spots
 - ☐ Leopard
 - ☐ Patch (color, shape, position and extent)
 - ☐ Zebra marks
 - ☐ Whorls stripe
 - ☐ Lip
- Coat markings (check the correct box)

- Limbs markings
- | Right foreleg | Left foreleg | Right hind leg | Left hind leg |
|--|--|--|--|
| ☐ White patch on coronet | ☐ White patch on coronet | ☐ White patch on coronet | ☐ White patch on coronet |
| ☐ Lateral | ☐ Lateral | ☐ Lateral | ☐ Lateral |
| ☐ Medial | ☐ Medial | ☐ Medial | ☐ Medial |
| ☐ Lateral | ☐ Lateral | ☐ Lateral | ☐ Lateral |
| ☐ White coronet | ☐ White coronet | ☐ White coronet | ☐ White coronet |
| ☐ White paw | ☐ White paw | ☐ White paw | ☐ White paw |
| ☐ White lower | ☐ White lower | ☐ White lower | ☐ White lower |
| ☐ White to hock | ☐ White to hock | ☐ White to hock | ☐ White to hock |
| ☐ White to hind quarter | ☐ White to hind quarter | ☐ White to hind quarter | ☐ White to hind quarter |
| ☐ Variation in the hoof segment | ☐ Variation in the hoof segment | ☐ Variation in the hoof segment | ☐ Variation in the hoof segment |

For more explanation on the color terms or marks, consult the internet at: <http://www.horsepassports.com>
 1. I am the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal from (Date) _____ to (Date) _____.
 2. Have any drugs or vaccines been administered to or consumed by the animal during the last 180 days or during the time you owned the animal? ☐ YES ☒ NO
 3. Have the animal identified on this document been diagnosed with an illness during the last 180 days or during the time you owned the animal? ☐ YES ☒ NO
 4. Have the animal identified on this document to your knowledge been treated with a substance listed under the table named substances not permitted for use in this jurisdiction within the last 180 days or during the time you owned the animal? ☐ YES ☒ NO
OWNER'S DECLARATION: As the owner of the animal identified on this document I hereby certify that the information in this EID is accurate and complete.
 (Signature of Owner) _____

Part 2 - History

Michael R. Hokenek (Name of owner)
100 SILENT HILL DR
ROCHESTER, PA 15601
724-731-1010 (State your full contact address and phone number)

As the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal identified below

from 7/31/10 (Indicate date care or control started)
 to 7/31/10 (Indicate end date)

Have any drugs or vaccines been administered to or consumed by the animal during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal?

☐ NO ☐ YES (provide details with dates of diagnosis and recovery)

Name	Last Date	Recovery period	Dose

For information consult the label or contact your veterinarian

Has the animal identified on this document to your knowledge been diagnosed with an illness during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal?

☐ NO ☐ YES (fill up the following)

Date of diagnosis	Recovery date

Has the animal identified on this document been treated with a substance listed under the table named substances not permitted use in food producing equine since January 31, 2010, or in the last 180 days or during the time you owned the animal?

☐ YES
 Consult the label or your veterinarian

Part 3 - Owner Declaration

As the owner of the animal identified on this document I hereby certify that the information stated in this Equine Information Document is accurate and complete.

I understand that, effective July 31, 2010, at least six continuous months of documented acceptable history is required for an equine presented for processing in an establishment inspected by the Canadian Food Inspection Agency.

As such, I have the option of attaching to this document, completed Equine Information Document(s) from previous owner(s) in order to cover the required six continuous months of documented history.

Michael Hokenek
 (Signature of owner)

7/31/10
 (Date: DD/MM/YYYY)

Internet site of A/CIA:

<http://www.inspection.gc.ca/english/ssa/mesavie/manich17/an.htm>

Internet site for more informations on the description of the horses, the body color and marks:

<http://www.inspection.gc.ca/english/ssa/mesavie/manich17/an/peves.shtml#C-1>

1-877-968-7243
 Agence canadienne d'inspection des aliments
 Canadian Food Inspection Agency

N° 428

EQUINE INFORMATION DOCUMENT

Part 1 - Identification

Note: Write N/A if not applicable.

Owner name	
Name of the animal	
Primary location of the animal (address or Province identification number)	
Primary use(s) of the animal (check the correct box)	☐ Recreational/competitive animal pleasure riding ☐ Breeding ☐ Racing and work ☐ Public work ☐ Private industry work ☐ Performance/entertainment ☐ Racing ☐ Riding ☐ Other producing ☐ Food production ☐ Other
Sex (check the correct box)	☐ Mare/Filly ☐ Gelding ☐ Stallion (male) (circle only)
Month and year of birth (if known)	
Country of birth (if known)	
Height in hands (1 hand = 4 inches)	

Part 2 - History

Row Horse Centre (name of owner)

10000 10th Ave NW (state your full contact address and phone number)

I am the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal identified below

from 10/01/2010 (indicate date care or control started)

to 10/01/2010 (indicate date)

Have any drugs or vaccines been administered to or consumed by the animal during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal?

☐ NO ☐ YES (provide details with date of diagnosis and recovery)

Name	Last Date	Withdrawal period	Date

The undersigned certifies the label or record your veterinarian

Has the animal identified on this document to your knowledge been diagnosed with an illness during the shorter of the following 3 periods: since January 31, 2010, in the last 180 days, or during the time you owned the animal?

☐ NO ☐ YES (fill up the following)

Diagnosis of illness	Recovery date

Has the animal identified on this document been treated with a substance listed under the table named substances not permitted since January 31, 2010, or in the last 180 days or during the time you owned the animal?

☐ YES ☐ NO

Provide the label or your veterinarian

Part 3 - Owner Declaration

As the owner of the animal identified on this document I hereby certify that the information stated in the Equine Information Document is accurate and complete.

I understand that, effective July 31, 2010, at least six continuous months of documented acceptable history is required for an equine presented for processing in an establishment inspected by the Canadian Food Inspection Agency.

As such, I have the option of attaching to this document, completed Equine Information Documents from previous owner(s) in order to cover the required six continuous months of documented history.

[Signature]
(signature of owner)

10/01/2010
(Date DD/MM/YYYY)

Internet site of ACIA:
<http://www.inspection.gc.ca/english/life/magviaman/ma17jan05>

Internet site for more informations on the description of the horses: the body color and marks
http://www.inspection.gc.ca/english/life/magviaman/ma17jan05/ma17jan05_e.html#E1

Equine Information Document

Part 1 - Identification

Name: 10000 10th Ave NW

Owner name	
Name of the animal	
Primary location of the animal (address or farm, identification number)	
Primary use(s) of the animal (check the correct box)	☐ Recreation/competition ☐ Breeding ☐ Ranch/with work ☐ Public work ☐ Private security work ☐ Performance/entertainment ☐ Racing ☐ Riding ☐ Other
Sex (check the correct box)	☐ Mare/foal ☐ Gelding ☐ Stallion ☐ Other
Month and year of birth (if known)	
Country of birth (if known)	
Height in hands (1 hand = 4 inches)	

Part 3 - Answer Declaration

F	Year	Index number of the tree	Number of forests in the botanical garden	Number of organs in question	The expert signature
1					Sib

A more involved approach with support and care to meet their needs.

(Signature of buyer)

(Print: DIRM/VV/VV)

Part 4 - Accessibility to the slaughterhouse

Case of Plaintiff	
Case No. Number	

1995

<http://www.english-test.net/eng/men/men1.htm>

based determinations on the description of the horses, the body color

For more information, visit www.pearsoned.com/education

Part 1 - Identification

Write N/A if not applicable.

Owner Name <u>Archie Solvey</u>		103 Caroline Rd. Essex, N.J.	
Name of the animal		<u>Mel</u>	
Primary location of the animal (Legal location/ Legal address/ Transit Identification Number)		<u>28463</u>	
Primary use(s) of the animal (check the correct box)		☐ Recreation/competition ☐ breeding ☐ Ranch/farm work ☐ Public work ☐ Private industry work ☐ Performance/entertainment ☐ Working ☐ Show ☐ Other production ☐ Pet/other ☐ Other	
Sex (check the correct box)		☐ Mare/Filly ☐ Gelding ☐ Stallion ☐ Other (specify)	
Month and year of birth (if known)			
Country of birth (if known)			
Height in hands (1 hand = 4 inches)			
Pedigree registry and registration number			
Microchip number and location			
Passport ID number			
Unique Equine Life Number or other unique identifier			
List visible acquired marks (brands, tattoos, scars, etc) and location			
Body color (check the correct box)		☐ Black ☐ Bay ☐ Grey - Brown ☐ White ☐ Chestnut ☐ Liver Chestnut ☐ Dark Chestnut ☐ Light Chestnut ☐ Sorrel ☐ Chestnut or sorrel with a black mane and tail ☐ Gray ☐ Roan ☐ Striped ☐ Pinto ☐ White ☐ Other	
Head markings (check the correct box)		☐ Star ☐ Blaze ☐ Dapple ☐ White face ☐ Gray hood ☐ Faced ☐ Black points or black mask ☐ Spots ☐ Legging	
Coat marking (check the correct box)			

Full Address: 61-46 NICHOLAS
 Primary Location of Animal: 36 PAUL K. SKILL
 Primary use of Animal: NEWTON MD
 Sex: PLEASURE
 List visible acquired marks: WILD
 (Scars, tattoos, scars etc. and location)

PICTURE
 Attach, by stapling to this document, a clear printed color picture showing each of the views in the diagram of the animal in this document. The picture should be large enough to see the details required. The views shall be printed on a standard 8.5" x 11" page. Owners sign and date the picture.
DRAWING: (The pictures shall not be required if.)
 Lines are to be drawn on the diagrams representing white areas on the animal above appropriate with a black pen. Mark whorls with an "X". Mark the location of a scar with an arrow. →
 If an official passport, the passport may be attached.
 Add the EID document from the previous owner(s).

Body Colour
 (check the correct box)
☐ Black
☐ Brown
☐ Bay - Brown
☐ Bay
☐ Chestnut
☐ Liver Chestnut
☐ Dark Chestnut
☐ Light Chestnut
☐ Sorrel
☐ Chestnut or sorrel with a flaxen mane and tail
☐ Grey
☐ White
☐ Strawberry
☐ Piebald
☐ Skewbald
☐ Cream
☐ Palomino
☐ Buckskin

Head markings
 (check the correct box)
☐ Star
☐ Stripe
☐ Blaze
☐ White Face
☐ Snip
☐ Felt mark
☐ White muzzle
☐ Grey boxed
☐ Flecked
☐ Black marks or dark marks
☐ Spots
☐ Leopard
☐ Patch (color, shape, position and extent)
☐ Zebra marks
☐ Withers stripe
☐ List

Coat markings
 (check the correct box)
☐ Star
☐ Stripe
☐ Blaze
☐ White Face
☐ Snip
☐ Felt mark
☐ White muzzle
☐ Grey boxed
☐ Flecked
☐ Black marks or dark marks
☐ Spots
☐ Leopard
☐ Patch (color, shape, position and extent)
☐ Zebra marks
☐ Withers stripe
☐ List

Limbs markings
☐ White patch on coronet
☐ anterior
☐ lateral
☐ medial
☐ posterior
☐ White corolla
☐ White pastern
☐ White fetlock
☐ White to knee
☐ White to hock
☐ White to mid quarter
☐ Variation in the hoof pigment

Right Foreleg
☐ ☐ ☐ ☐

Left Foreleg
☐ ☐ ☐ ☐

Right Hind leg
☐ ☐ ☐ ☐

Left Hind leg
☐ ☐ ☐ ☐

For more explanation of the color terms of marks, consult the Internet WWW.
 I am the owner of the animal identified on this document and have had uninterrupted possession, sale or control of the animal from (Date) _____ to (Date) _____.
 Has any drug or vaccine been administered to or consumed by the animal during the last 180 days or during the time you owned the animal? ☐ YES ☒ NO
 If YES, provide details of use, withdrawal period and for drugs, amount used (dose) per treatment if the label does not indicate a dose or if drug is used a dosage different from the label instruction on the back of the label.
 Has the animal been diagnosed with an illness during the last 180 days or during the time you owned the animal? ☐ YES ☒ NO
 If YES, provide details with date of diagnosis and treatment.
 Has the animal been treated with a substance listed under the table named substances not permitted for use in food producing equine in any way, by any name, or during the time you owned the animal? ☐ YES ☒ NO
 I, the owner of the animal identified on this document, I hereby certify that the information in this EID is accurate and complete.

[illegible]

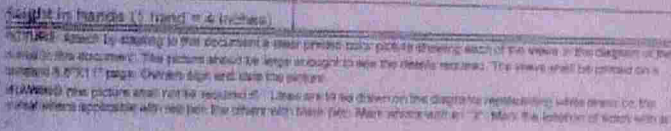
1. Name: Joe Sch Information Document (EID)
 2. Address: 1235 Brighton Court
Pa 17509
 3. Primary Location of animal:
 4. Primary Use of Animal:
 5. 1st visible acquired marks (brand, tattoo, scars, And location):
 6. Right in hands: 1 hand = 4 points
 7. Attach by stapling to the document a color photo showing each of the above in the diagram of the horse in this document. The picture should be large enough to see the details required. The photo shall be printed on a minimum 8 1/2" x 11" page. Chemical sign and take the photo:
 8. Allowing the picture shall not be required if: Under age to be shown on the diagram is required using white arrows on the horse where applicable with red pen the others with black pen. Mark where with an "X". Mark the location of hairs with an "H" in official passport, the passport may be attached.

For more information on the colour terms or marks, consult the official site: <http://www.inspectors.or.ca/strategies/inspections/inspection/inspection.htm>

1. I am the owner of the animal identified on this document and have had uninterrupted possession, care or control of the animal from (date MM/DD/YYYY) to (date MM/DD/YYYY).
 2. Have any drugs or vaccines been administered to or consumed by the animal during the last 180 days or during the time you owned the animal? Yes None
 If YES, write the name of the drug(s) or vaccine(s), last date of use, withdrawal period for drug, amount used (dose) per treatment. If the label does not indicate a dose or if drugs are used a dosage other than the label indicate on the back side this page.
 3. Has the animal identified on this document been diagnosed with an illness during 180 days or during the time you owned the animal? Yes None
 If YES, provide details with dates of diagnosis and recovery on the back side of the page.
 4. Has the animal identified on this document to your knowledge been treated with a substance listed under the table named substances not permitted for use in food processing equine young to slaughter 5-2 during the last 180 days or during the time you owned the animal? Yes None
 5. OWNER DECLARATION: As the owner of the animal identified on this document, I hereby certify that the information on this EID is accurate and complete.
 I understand that, effective July 31, 2010, at least one continuous month of documented ownership is required for an equine presented for processing in an establishment inspected by CFIA.
 I always treated the animal with respect and care to meet the rules.
 Date (MM/DD/YYYY): 11-11-10 Signature: Joe Sch

Color (check the correct box)	Color (check the correct box)	Color (check the correct box)	Color (check the correct box)
☐ Black	☐ Grey	☐ Black	☐ Grey
☐ Brown	☐ Red Roan	☐ Blue	☐ Red
☐ Bay - Brown	☐ Blue Roan	☐ Bay	☐ Blue
☐ Bay	☐ Shagbark	☐ Chestnut	☐ Flashed
☐ Chestnut	☐ Flashed	☐ Liver chestnut	☐ Skunked
☐ Liver chestnut	☐ Skunked	☐ Dark chestnut	☐ Dun
☐ Dark chestnut	☐ Dun	☐ Light chestnut	☐ Cream
☐ Light chestnut	☐ Cream	☐ Sorrel	☐ Palomino
☐ Sorrel	☐ Palomino	☐ Chestnut or Bona	☐ Appaloosa
☐ Chestnut or Bona	☐ Appaloosa	☐ With a blaze, mane and tail	☐ With a blaze, mane and tail
☐ With a blaze, mane and tail	☐ With a blaze, mane and tail	☐ With a blaze, mane and tail	☐ With a blaze, mane and tail
☐ With a blaze, mane and tail	☐ With a blaze, mane and tail	☐ With a blaze, mane and tail	☐ With a blaze, mane and tail
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☐ With a blaze, mane and tail			

FAIR's Name:	Tom Davis
FAIR Address:	1014 Davis Rd Nashville, TN 37203
Primary Location of airline	MD
Primary Use of Airline	Fair
Age:	
Are visible acquired marks (brand stamps, scars, and location)	
Weight in hands (1 hand = 4 inches)	



For more information on the college system in Florida, go to www.florida.edu and www.floridastate.edu.

1. I am the owner of the animal identified on this document and have had my pet spayed/neutered
or control of the animal from: Date: MM/DD/YYYY _____
MM/DD/YYYY _____
2. Have any drugs or vaccines been administered to or consumed by the animal since last I
dated the time you spayed the animal? _____ Yes/No
3. If "Yes," with the name of the drug(s) or vaccine's last date of use. Which have been changed, un-
used, given per treatment? What label does not include a logo or if drug is used a change between
the label indicates on the back side the date.
4. Has the animal identified on this document been diagnosed with or taken home AIDS virus and
then you owned the animal? _____ Yes/No
5. If "Yes," provide details with copies of diagnosis and recovery on the back side of this form.
6. Has the animal identified on this document to your knowledge been treated with a substance
under the label named Sustained not permitted for use in food processing animals found in use
during the last 180 days or during the time you owned the animal? _____ Yes/No
7. OWNER DECLARATION: As the owner of the animal identified on this document I hereby
the information in this CVI is accurate and complete.

I understand that effective July 31, 2010, all meat or composite portions of food obtained and
consumed must be inspected for processing in an establishment inspected by DPH.
Labels created for animal with respect and care to make this needs.
- Date: MM/DD/YYYY _____ Signature _____

BUYER & OFFICE USE ONLY	
Buyer ID (Batch Number)	
# of horses shipped	
Tag Number	
Export Tag number	
Slaughter serial #	

Part 3 - Buyer Declaration

Establishment	Year	Batch number of the truck	Number of horses in the consignment	Number of origin of animals	Tag export number

Always treated the animal with respect and care to meet their needs.

(Signature of buyer)

(Date: DD/MM/YYYY)

Part 4 - Traceability to the slaughterhouse

Date of Slaughter	
Slaughter Serial Number	

Internet site of CFIA:

<http://www.inspection.gc.ca/english/fses/meavia/map/map1.shtml>

Visit site for more informations on the description of the horses, the body color and markings:

<http://www.inspection.gc.ca/english/fses/meavia/map/ch17/annexce.shtml#F1>

EQUINE INFORMATION DOCUMENT (EID)

Part 1 - Identification

Write N/A if not applicable

Owner name <u>Paula L. Brown</u>	18th Sand mine Rd Kilgobbin, TN 37043	
Name of the animal		
Primary location of the animal (Legal location: legal address, Province Identification Number)		
Primary use(s) of the animal (check the correct box)	☐ Recreation/competition ☐ Studbreeding ☒ Race/Track work ☐ Public work ☐ Equestrian industry work ☐ Performance/trick riding ☐ Miscellaneous	☐ Training ☐ Riding ☐ Other activities ☐ Eventing ☐ Other
Sex (check the correct box)		
Month and year of birth (if known)		
Country of Birth (if known)	<u>USA</u>	
Height in hands (1 hand = 4 inches)		
Pedigree registry and registration number		
Microchip number and location		
Passport ID number		
Unique Equine Life Number or other unique identifier		
List visible acquired marks (brands, tattoos, scars, etc) and location		
Body colour (check the correct box)	☐ Black ☐ Brown ☐ Bay - Brown ☐ Bay ☐ Chestnut ☐ Liver chestnut ☐ Dark chestnut ☐ Light Chestnut ☐ Flaxen ☐ Cream or sorrel with a flaxen mane and tail	☐ Grey ☐ Rose ☐ Monocolor ☐ White ☐ Silver ☐ Cream ☐ Palomino ☐ Appaloosa
Head markings (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face ☐ Grey dappled ☐ Flashed ☐ Black marks or Dark marks ☐ Spots ☐ Leopard	☐ Long ☐ Flank mark ☐ White mark ☐ Patch (position) ☐ Tail ☐ Limb
Coat marking (check the correct box)		