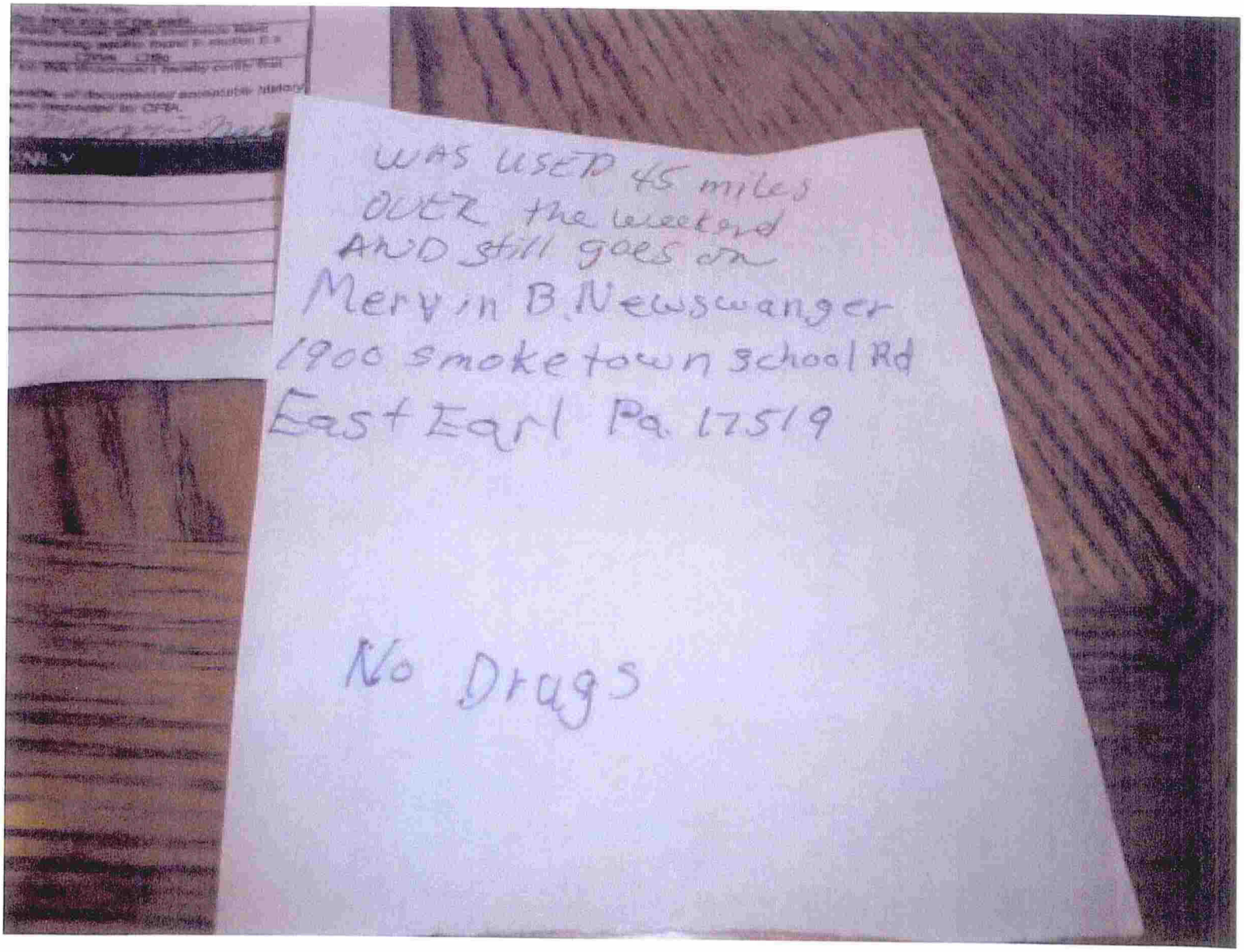
EXHIBIT 64


WAS USED 45 miles
OVER the weekend
AND still goes on
Mervin B Newswanger
1900 smoketown school Rd
East Earl Pa 17519
No Drugs

Equine Information Document (EID)

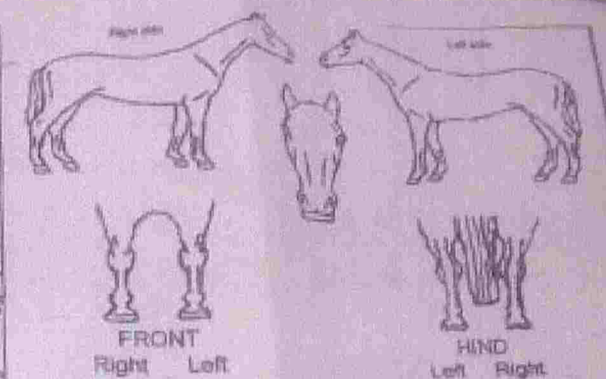
Owner's Name:	[illegible handwriting]
Full Address:	[illegible handwriting] School Rd [illegible] PA 175[illegible]
Primary Location of animal	
Primary Use of Animal	
Sex:	
List visible acquired marks (brand, tattoos, scars, ... And location)	
Height in hands (1 hand = 4 inches)	
Month and year of birth	

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"X11" page. Owners sign and date the picture.

DRAWING (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 [illegible]

If an official passport, the passport may be attached.

Attached EID document from the previous[illegible] owner(s).



For more explication on the colours terms or marks, consult the Internet site:
http://www.inspection.gc.ca/english/[illegible]

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	☐ Grey ☐ Red Roan ☐ Blue Roan ☐ Strawberry ☐ Piebald ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa	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, amount 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 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 ☐No If YES, provide details with dates of diagnosis and recovery on the back side of the page.
Head marking (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face	☐ Snip ☐ Flesh mark ☐ White muzzle	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 found in section [illegible] during the last 180 days or during the time you owned the animal? ☐Yes ☐No
Coat marking (check the correct box)	☐ Grey ticked ☐ Flecked ☐ Black marks or dark marks ☐ Leopard	☐ Patch (colour, shape position and extent) ☐ Zebra marks ☐ Withers stripe ☐ List	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 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: [signature]

Limbs markings	Front Right	Front Left	Hind Right	Hind Left
White patch on coronet				
Anterior				
Lateral				
Medial				
Posterior				
White pastern				
White fetlock				
White to knee				
White to hock				
White to hind quarter				
[illegible]				

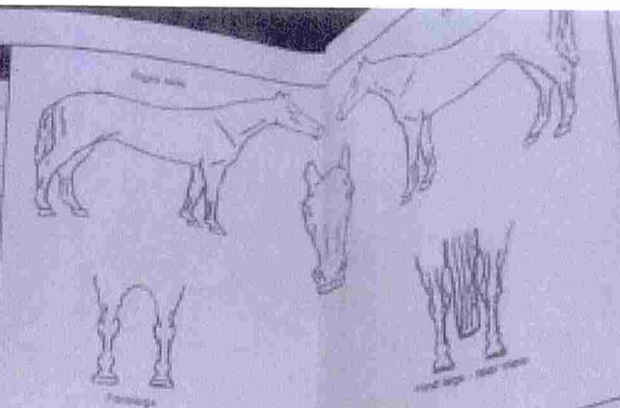
BUYER & OFFICE USE ONLY	
Buyer ID (Batch Number)	
# of horse shipped	
Tag Number	
Export Tag number	
Slaughter sérial #	

...ocument (EID)

Full Address	Jerry Wirtz 2719 ... Ln. ..., KY ...
Primary Location of animal	
Primary Use of Animal	
Sex:	
List visible acquired marks (brand, tattoos, scars, ... And location)	
...ight in hands (1 hand = 4 inches)	

...TURE: Attach by stapling to this document a clear printed color picture showing each of the views in the diagram of the ...al in this document. The picture should be large enough to see the details required. The views shall be printed on a ...dard 8.5"X11" page. Owners sign and date the picture. ...drawing (the picture shall not be required if). Lines are to be drawn on the diagrams representing white areas on the ...imal where applicable with red pen the others with black pen. Mark whorls with an "X". Mark the location of scars with an ...

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



For their explanation on the colours terms or marks, consult the internet site: http://www.inspection.gc.ca/.../annexee.shtml#E)

...y Color (check the correct box)	☐ Black ☐ Brown ☐ Bay - Brown ☐ Bay ☐ Chestnut ☐ Liver chestnut ☐ Dark chestnut ☐ Light chestnut ☐ Sorel ☐ Chestnut or Sorrel with a flaxen mane and tail	☐ Grey ☐ Red Roan ☐ Blue Roan ☐ Strawberry ☐ Piebald ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa
...marking (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face	☐ Snip ☐ Flesh mark ☐ White muzzle
...marking (check the correct box)	☐ Grey ticked ☐ Flecked ☐ Black marks or dark marks ☐ Leopard	☐ Patch (colour, shape position and extent) ☐ Zebra marks ☐ Withers stripe ☐ List

...rkings ...n on coronet	Right foreleg	Left foreleg	Right Hind leg	Left Hind leg
...				

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, amount 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 processing equine found in section E.5 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 31, 2010, at least six continuous 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: Jerry [signature]

BUYER & OFFICE USE ONLY

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

Part 2 – History

Pecos Valley Livestock Auction

______________________ (name of owner)

______________________ (state your full contact address and ...)

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

______________________ (indicate date care or control ...)

______________________ (indicate end date)

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

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

...	Last Date	Withdrawal period	Dose

... mation consult the label or contact your veterinarian.

... animal identified on this document to your knowledge ... with an illness during the shorter of the following ... since January 31, 2010, in the last 180 days, or during ... owned the animal

... (fill up the following)

... of diagnosis	Recovery date

... identified on this document been treated with a ... under the table named substances not permitted ... equine since January 31, 2010, or in the ... during the time you owned the animal

... your veterinarian.

6/6

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 at 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.

(signature of owner)

___ / ___ / ______
(Date : DD/MM/YYYY)

Internet site of ACIA
http://www.inspection.gc.ca/english/fssa/meavia/man/manl.shtml

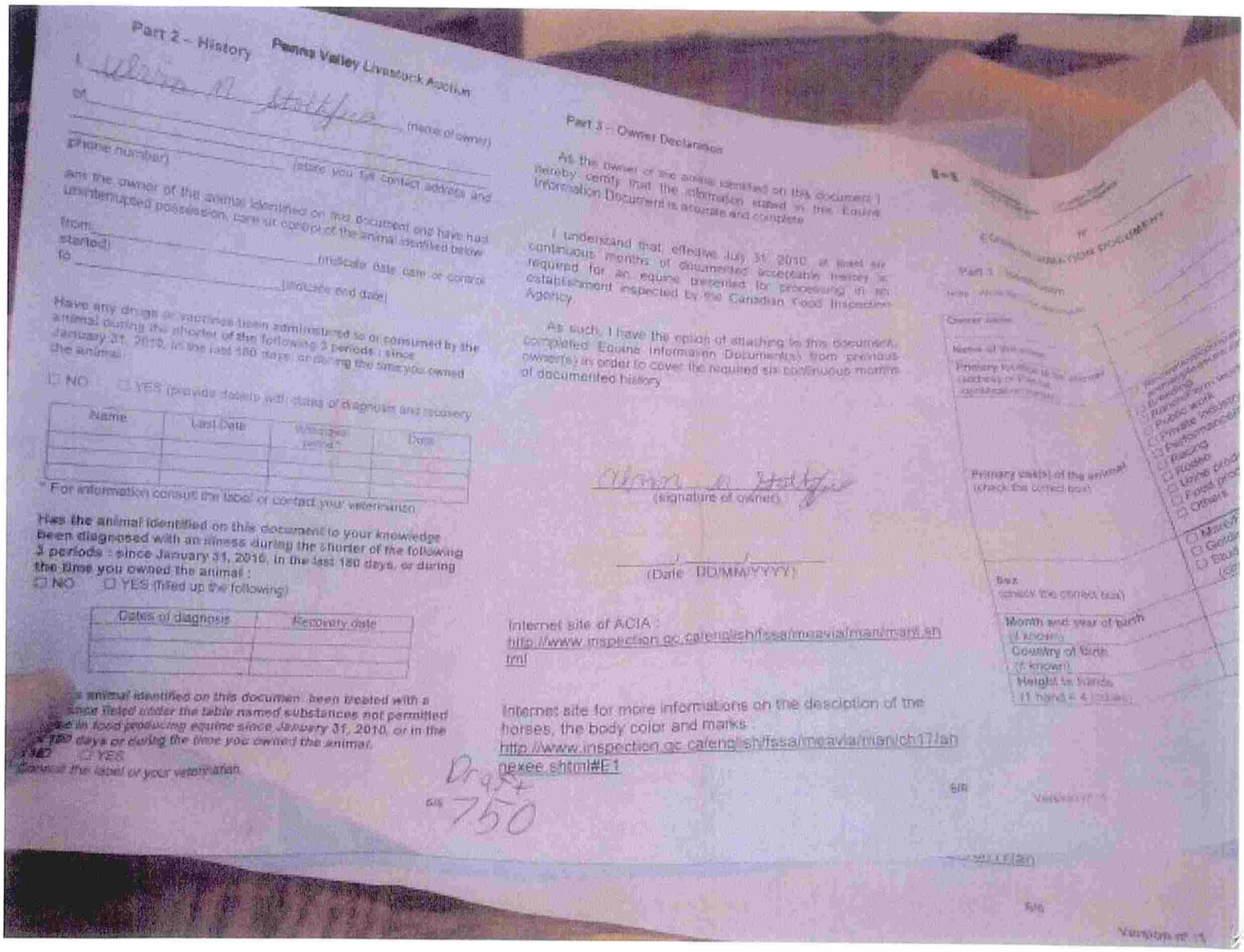
Internet site for more informations on the desciption of the horses, the body color and marks :
http://www.inspection.gc.ca/english/fssa/meavia/man/ch17/annexee.shtml#E1

6/6

Part 1 – Identification

Owner name	
Name of the animal	
Primary location of the animal (address or Premises Identification number)	
Primary use(s) of the animal (check the correct box)	☐ ... ☐ Racing ☐ Rodeo ☐ Others
Sex (check the correct box)	☐ ... ☐ Gelding ☐ Stallion
Month and year of birth (if known)	
Country of Birth (if known)	
Height in hands (1 hand = 4 inches)	

Version ... 1



Part 2 – History

Penns Valley Livestock Auction

I, Alice M Stiffler

of _____ (name of owner)

_____

_____ (state your full contact address and phone number)

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, 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	Withdrawal period *	Date

* 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)

Dates of diagnosis	Recovery date

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

☐ NO ☐ YES

...consult the label or your veterinarian

Draft

SIS 750

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.

Alice M Stiffler
(signature of owner)

_____
(Date DD/MM/YYYY)

Internet site of ACIA :
http://www.inspection.gc.ca/english/fssa/meavia/man/manf.shtml

Internet site for more informations on the description of the horses, the body color and marks :
http://www.inspection.gc.ca/english/fssa/meavia/man/ch17/annexee.shtml#E1

SIS

Version of ...

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

Sex (check the correct box)

Month and year of birth (if known)

Country of birth (if known)

Height in hands (1 hand = 4 inches)

SIS

Version of ...

Equine Information Document (EID)

Owner's Name: Daniel Fisher

Mail Address: 43 Hookers Mill Rd 17th Pa

Primary Location of animal

Primary Use of Animal

Sex:

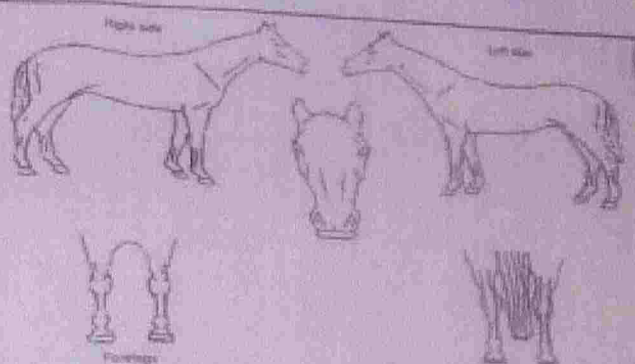
List visible acquired marks (brand, tattoos, scars, ... And location)

Height in hands (1 hand = 4 inches)

PICTURE: Attach by 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"X11" page. Owners sign and date the picture.

DRAWING (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 "

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



For more explication on the colours terms or marks, consult the internet site: http://www.inspection.gc.ca/english/toepal/myeq/e/march17/annexee.shtml#c1

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	☐ Grey ☐ Red Roan ☐ Blue Roan ☐ Strawberry ☐ Piebald ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa
Face marking (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face	☐ Snip ☐ Fresh mark ☐ White muzzle
Coat marking (check the correct box)	☐ Grey ticked ☐ Flecked ☐ Black marks or dark marks ☐ Leopard	☐ Patch (colour, shape position and extent) ☐ Zebra marks ☐ Withers stripe ☐ List

Other markings (e.g. socks or coronets)	Right forelegs	Left foreleg	Right Hind leg	Left Hind leg

1. I am the owner of the animal identified on this document and have had undisputed 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, 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 this page.

3. Has the animal identified on this document been diagnosed with an illness during 180 days or during 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, not under the table named substances not permitted for use in food processing equine 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 certify the information in this EID is accurate and complete.
I understand that, effective July 31, 2010, at least six consecutive months of [illegible] 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	

[illegible] markings	Right foreleg	Left foreleg	Right Hind leg	Left Hind leg
☐ White patch, no pigment [illegible]				
☐ [illegible]				
☐ [illegible]				
☐ [illegible]				
☐ [illegible]				
☐ White pastern				
☐ White fetlock				
☐ White to [illegible]				
☐ White to hock				
☐ White to hind quarter				
☐ [illegible] to the hoof [illegible]				

For more explanation on the colours terms or marks, consult the Internet site: [illegible]

[illegible], by stapling to this document, a single page containing the name (if applicable) of the equine and clear [illegible] colour pictures of the animal showing each of the views in the diagram. The pictures should be large enough [illegible] the detail required. The views shall be printed on a standard 8.5" x 11" page. Take close ups of any visible [illegible] marks such as brands and attach. Owners sign and date the picture page.

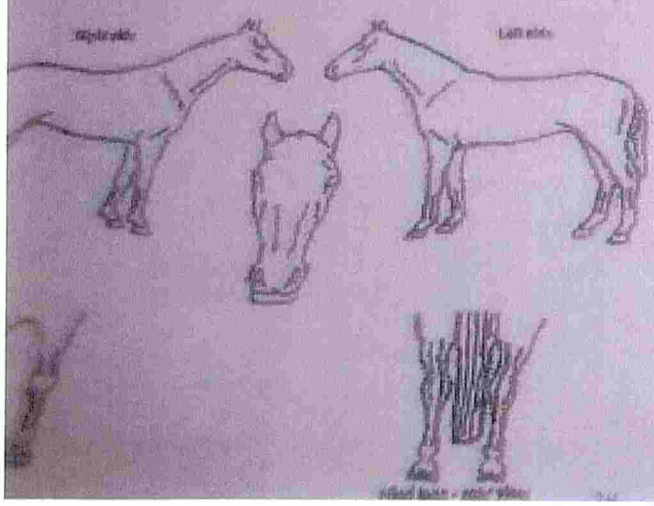
[illegible] pictures will not be required if:

- Lines are to be drawn on the diagrams representing white areas on the animal where applicable with a [illegible] pen the others with a black pen. Mark whorls with an « X ». Mark the location of scars with an arrow « → ». [illegible] written description information and as a substitute for pictures, is completed preferably by a licensed [illegible] or an authorized person by an Animal Pedigree Act or recognized by Equine Canada or breed [illegible] previously.

[illegible] and signature of Veterinarian/authorized person or N/A (if not applicable): ______

[illegible] number: ______

- If an official passport, legible colour copy may be attached
- Add the [illegible] documents from the previous owners



Part 2 – Animal health statement of ownership

I, Travis [illegible] (name)
of [illegible] (name of ... 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 [illegible] (indicate date care or control started) to 8 [illegible] (indicate end date)

Have any drugs or vaccines been administered to or consumed by the animal during the shortest of the following 3 periods : since January 31, 2016, in the last 180 days, or during the time you owned the animal : If yes, write the name the drug(s) or vaccine(s), Drugs Identification Number (DIN) indicated on the label

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

Name	Last Date	Withdrawal period *	Date

* 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, 2016, in the last 180 days, or during the time you owned the animal :

☑ NO ☐ YES (filled up the following)

Dates of diagnosis	Recovery date

Has the animal identified on this document been treated with a substance listed under the table named substances not permitted for use in food producing equine since January 31, 2016, 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.

[signature]

(Signature of owner)

8, [illegible], 18

(Date: DD/MM/YYYY)

Equine Information Document (EID)

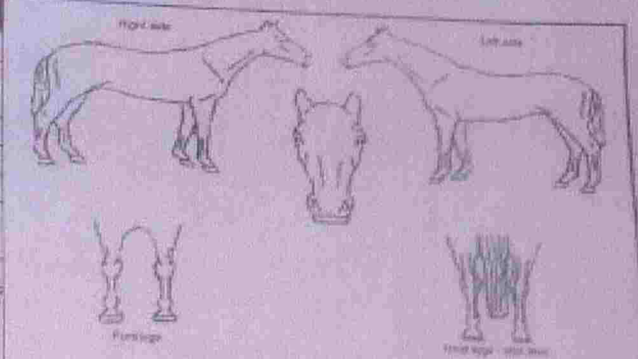
Owner's Name:	[illegible]
Full Address	[illegible]
Primary Location of animal	MO
Primary Use of Animal	Farm
Sex:	
List visible acquired marks (brand, tattoos, scars, And location)	
Height in hands (1 hand = 4 inches)	

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"x11" page. Owners sign and date the picture.

DRAWING (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 -

If an official passport, the passport may be attached.

Attached EID document from the previous(s) owner(s)



For more explication on the colours terms or marks, consult the internet site:
http://www.inspection.gc.ca/english/[illegible]

Body Color (check the correct box)	☐ Black ☐ Brown ☐ Bay - Brown ☐ Bay ☐ Chestnut ☐ Liver chestnut ☐ Dark chestnut ☐ Light chestnut ☐ Sorel ☐ Chestnut or Sorrel with a flaxen mane and tail	☐ Grey ☐ Red Roan ☐ Blue Roan ☐ Strawberry ☐ Piebald ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa
Head marking (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face	☐ Snip ☐ Flesh mark ☐ White muzzle
Coat marking (check the correct box)	☐ Grey ticked ☐ Flecked ☐ Black marks or dark marks ☐ Leopard	☐ 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) [illegible] to (date MM/DD/YYYY) 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 ☐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 is used a dosage different than the label indicates on the back side the page.

3. Has this 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 processing equine [illegible] in section [illegible] 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 31, 2010, at least six continuous months of documented [illegible] 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: [illegible]

Limbs markings	Right foreleg	Left foreleg	Right Hind leg	Left Hind leg
White patch on coronet				
Anterior				
Lateral				
Medial				
Posterior				
White pastern				
White fetlock				
[illegible]				
[illegible]				
[illegible]				
[illegible]				

BUYER & OFFICE USE ONLY

Buyer ID (Batch Number)	
# of horse shipped	
Tag Number	[illegible]
Export Tag number	
Slaughter serial #	

Part 3 – Buyer Declaration

[illegible] establishment	Year	Batch number of the truck	Number of horses in the consignment	Number of origin or auction	Tag report number 360

[illegible] 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	

[illegible] site of CFIA:
[illegible] inspection.gc.ca/english/fssa/meavia/man/menf.shtml

[illegible] site for more informations on the description of the horses, the body color [illegible]:
[illegible] inspection.gc.ca/english/fssa/meavia/man/ch17/annexec.shtml#E1

4/4

EQUINE INFORMATION DOCUMENT [illegible]

Part 1 – Identification

Write N/A if not applicable

Owner name: Travis Atkins [illegible]	186 Sandmire Rd	
Name of the animal	Elizabethton TN 37643	
Primary location of the animal (Legal location /Legal address/ Premises Identification Number)		
Primary use(s) of the animal (check the correct box)	☐ Recreation/companion animal/pleasure riding ☐ Breeding ☑ Ranch/Farm work ☐ Public work ☐ Private industry work ☐ Performance/sport/show	☐ Racing ☐ Rodeo ☐ Urine production ☐ Food production ☐ Other: ________
Sex (check the correct box)	☐ Mare/Filly ☐ Gelding	☐ Stud / colt (entire male)
Month and year of birth (if known)		
Country of Birth (if known)	USA	
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 ☐ Sorrel ☐ Chestnut or sorrel with a flaxen mane and tail	☐ Grey ☐ Roan ☐ Strawberry ☐ Piebald ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa
Head markings (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face	☐ Snip ☐ Flesh marks ☐ White muzzle
Coat marking (check the correct box)	☐ Grey ticked ☐ Flecked ☐ Black marks or Dark marks ☐ Spots ☐ Leopard	☐ [illegible], [illegible] and [illegible] ☐ Zebra marks ☐ Withers stripe ☐ List

Version #2

Leg markings	Right foreleg	Left foreleg	Right Hind leg	Left Hind leg
☐ White patch on coronet				
☐ anterior				
☐ lateral				
☐ medial				
☐ posterior				
☐ White pastern				
☐ White fetlock				
☐ White to knee				
☐ White to hock				
☐ White to hind quarter				
☐ Variation in the hoof pigment				

For more explication on the colours terms or marks, consult the Internet site : [illegible]

[illegible], by stapling to this document, a single page containing the name (if applicable) of the equine and clear [illegible] colour picture of the animal showing each of the views in the diagram. The pictures should be large enough [illegible] the detail required. The views shall be printed on a standard 8.5" x 11" page. Take close ups of any visible [illegible] marks such as brands and [illegible]. Owners sign and date the picture page.

[illegible] pictures will not be required if :

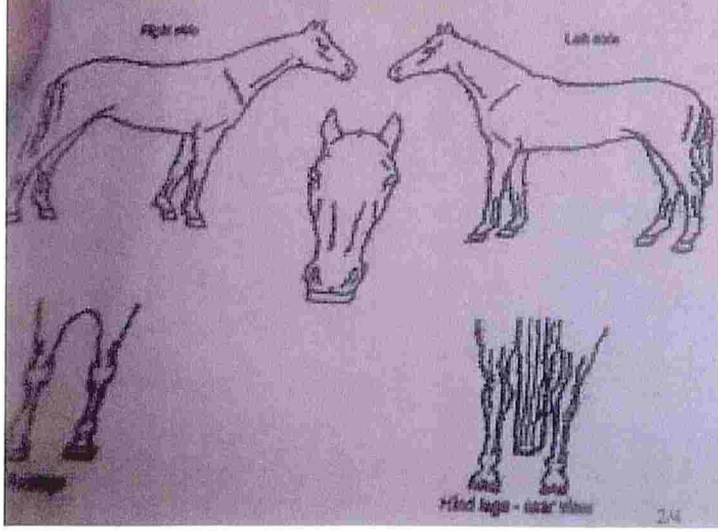
- Lines are to be drawn on the diagrams representing white areas on the animal where applicable with [illegible] [illegible] the others with a black pen. Mark whorls with an « X ». Marks the location of scars with an arrow « → », [illegible] written description information and as a substitute for pictures, is completed preferably by a licensed [illegible] or an authorized person by an Animal Pedigree Act or recognized by Equine Canada or brand [illegible] employed provincially.

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

____

[illegible] authorization number: ______________________________

- If an official passport, legible color copy may be attached.
- Add the [illegible] documents from the previous owners



2/4

Part 2 – Animal health statement of ownership

I, TRAVIS Blevins (name of owner)
of [illegible] (phone number) am the owner of the animal identified on this document and have had uninterrupted [illegible] possession, care or control of the animal identified below from [illegible] (state you full current address [illegible] date care or control started) to [illegible] (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 : If yes, write the name the drug(s) or vaccine(s), Drugs Identification Number (DIN) if indicated on the label

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

Name	Last Date	Withdrawal period *	Item

* 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)

Dates of diagnosis	Recovery date

Has the animal identified on this document been treated with a substance listed under the table named substances not permitted for 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

* Consult the label or your veterinarian

Name of the previous owner ______________________________

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

[signature]
(Signature of owner)

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

Part 2 – History

_____ (name of owner)

&

_____

_____ (state your full contact address and phone number)

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)

Was 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	Withdrawal period *	Dose

* For information consult the label or contact your veterinarian.

Was 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 out the following)

Dates of diagnosis	Recovery date

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

☐ NO ☐ 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.

John B Austin
(signature of owner)

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

Internet site of ACIA
http://www.inspection.gc.ca/english/ssa/meavia/man/manf.shtml

Internet site for more informations on the description of the horsee, the body color and marks :
http://www.inspection.gc.ca/english/ssa/meavia/man/ch17/annexe.shtml#E1

&

John B Austin
181 Farwell Dr.
Aayerswing Pa 16820

Canadian Food Inspection Agency

N° 1653

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 Premise identification number)	
Primary use(s) of the animal (check the correct box)	☐ Recreation/companion animal/pleasure riding ☐ Breeding ☐ Ranch/farm work ☐ Public work ☐ Private industry work ☐ Performance/exhibition ☐ Racing ☐ Rodeo ☐ Unite production ☐ Food production ☐ Others
Sex (check the correct box)	☐ Mare/Filly ☐ Gelding ☐ Stud / colt (circle one)
Month and year of birth (if known)	
Country of birth (if known)	
Height in hands (1 hand = 4 inches)	

Version n° 1

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
	☐ Chesnut
	  ☐ Liver chesnut
	  ☐ Dark chestnut
	  ☐ Light Chesnut
	  ☐ Sorrel
	  ☐ Chestnut or sorrel with a flaxen mane and tail
	☐ Grey
	☐ Roan
	☐ Strawberry
	☐ Piebald
	☐ Skewbald
	☐ Dun
	☐ Cream
	☐ Palomino
	☐ Appaloosa

Head markings (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face ☐ Snip ☐ Flesh mark ☐ White muzzle
Coat marking (check the correct box)	☐ Grey ticked ☐ Flecked ☐ Black marks or Dark marks ☐ Spots ☐ Leopard ☐ Patch (colour, shape, position and extent) ☐ Zebra marks ☐ Withers stripe ☐ List

Limbs markings	Right foreleg	Left foreleg	Right hind leg	Left hind leg
☐ White patch on coronet				
☐ anterior				
☐ lateral				
☐ medial				
☐ posterior				
☐ White coronet				
☐ White pastern				
☐ White fetlock				
☐ White to knee				
☐ White to hock				
☐ White to hind quarter				
☐ Variation in the hoof pigment				

For more explication on the colours terms or marks, consult the Internet site :

http://www.inspection.gc.ca/[illegible]

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.

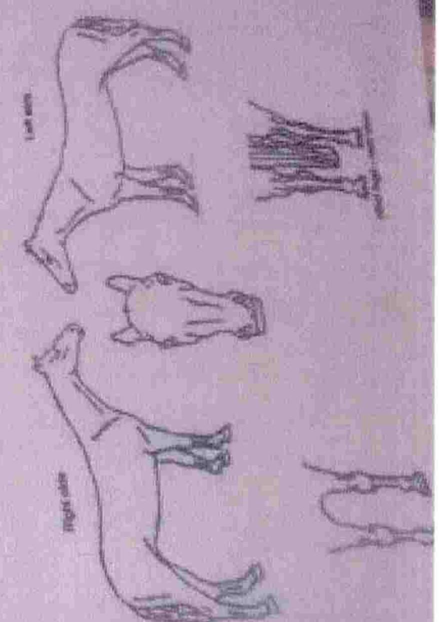
The pictures will not be required if :

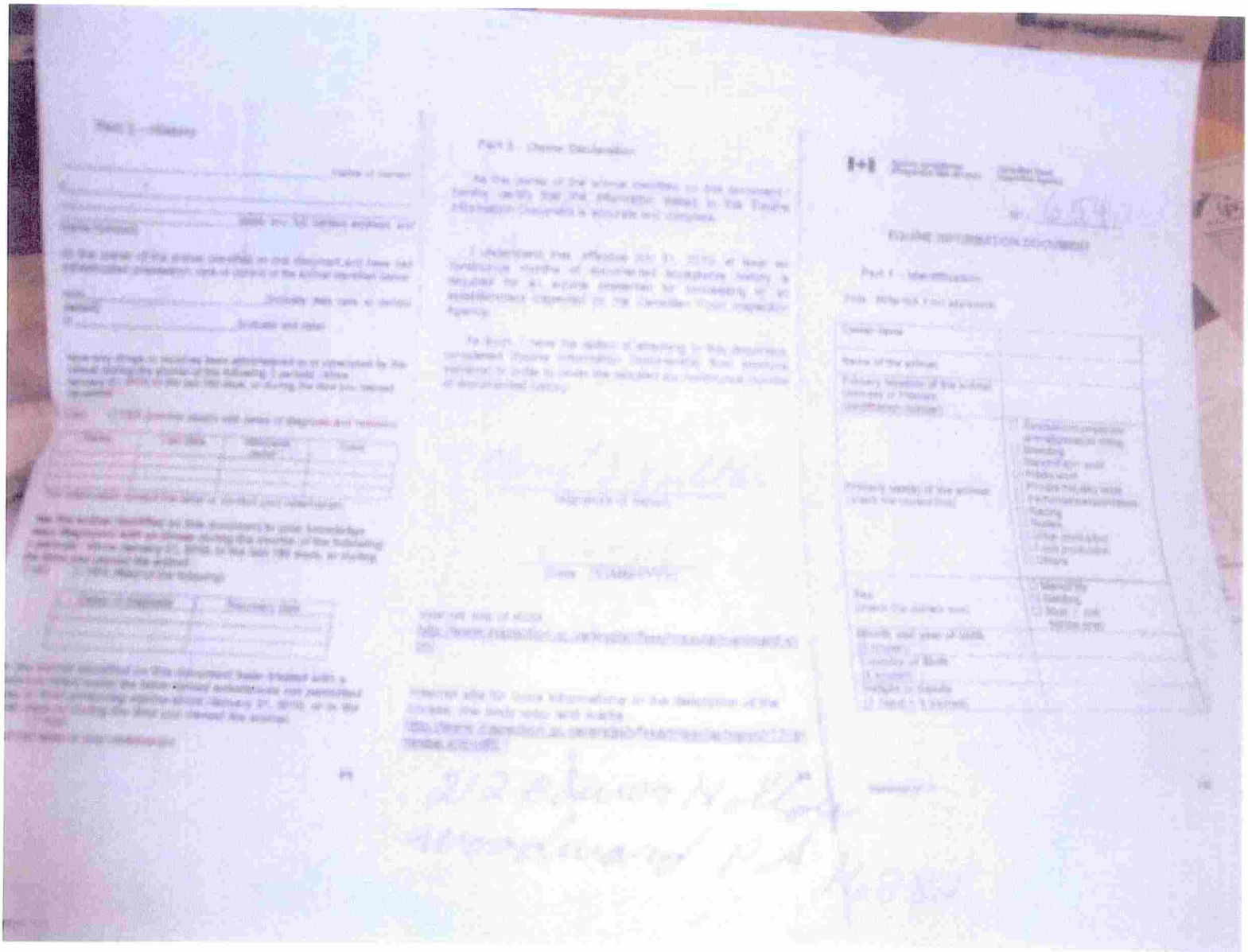
- Lines are to be drawn on the diagrams representing whites areas on the animal where applicable with a red pen the others with a black pen. Mark whorls with an « X ». Marks the location of scars with an arrow « → ». The written description information and as a substitute for pictures, is completed by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

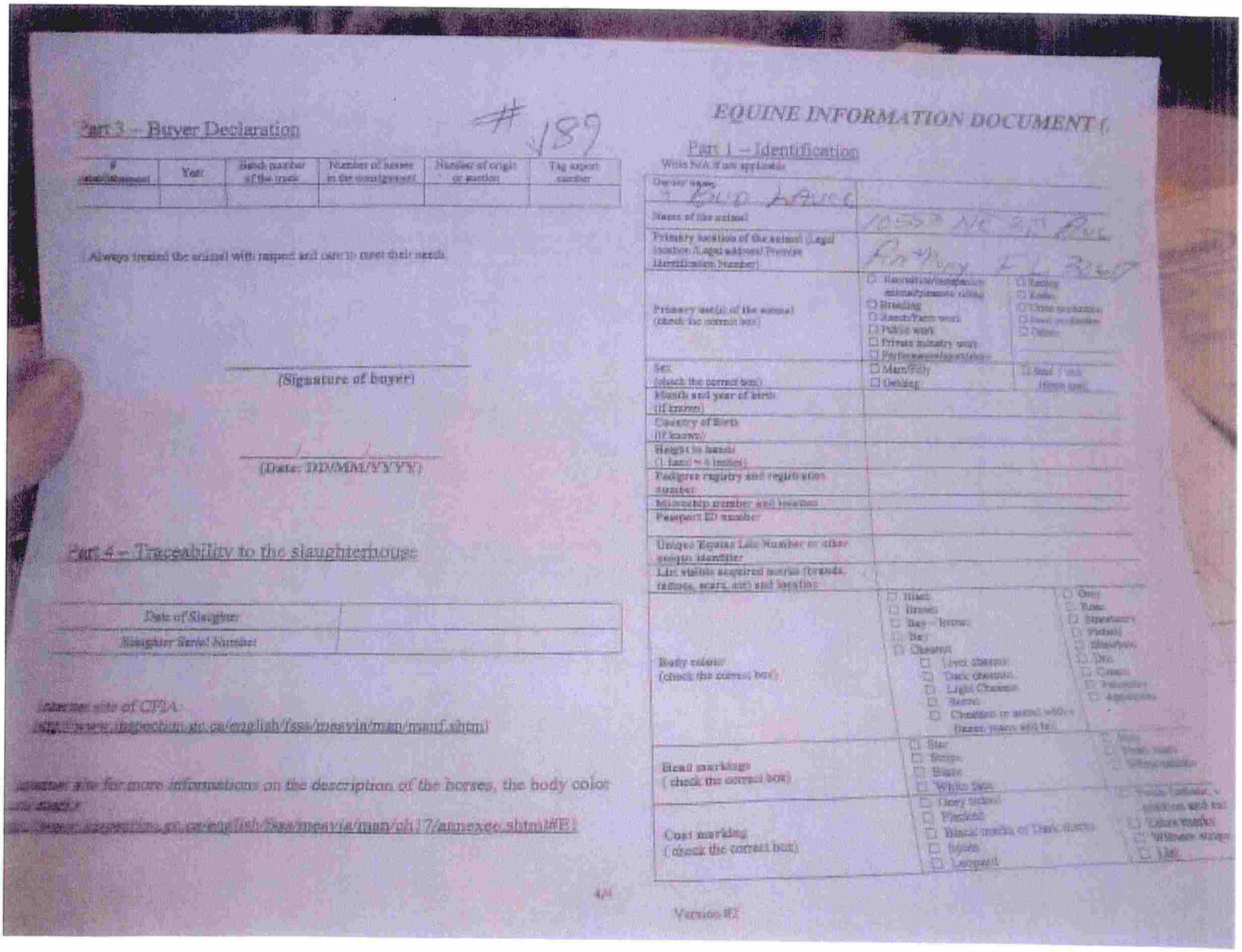
Name and signature of Veterinarian/authorized person : ____________________

License/authorization number : ____________________

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







Part 3 – Buyer Declaration

#189

# establishment	Year	Batch number of the truck	Number of horses in the consignment	Number of origin or auction	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/fssa/meavia/man/manf.shtml

Internet site for more informations on the description of the horses, the body color and marks:
http://www.inspection.gc.ca/english/fssa/meavia/man/ch17/annexee.shtml#E1

EQUINE INFORMATION DOCUMENT

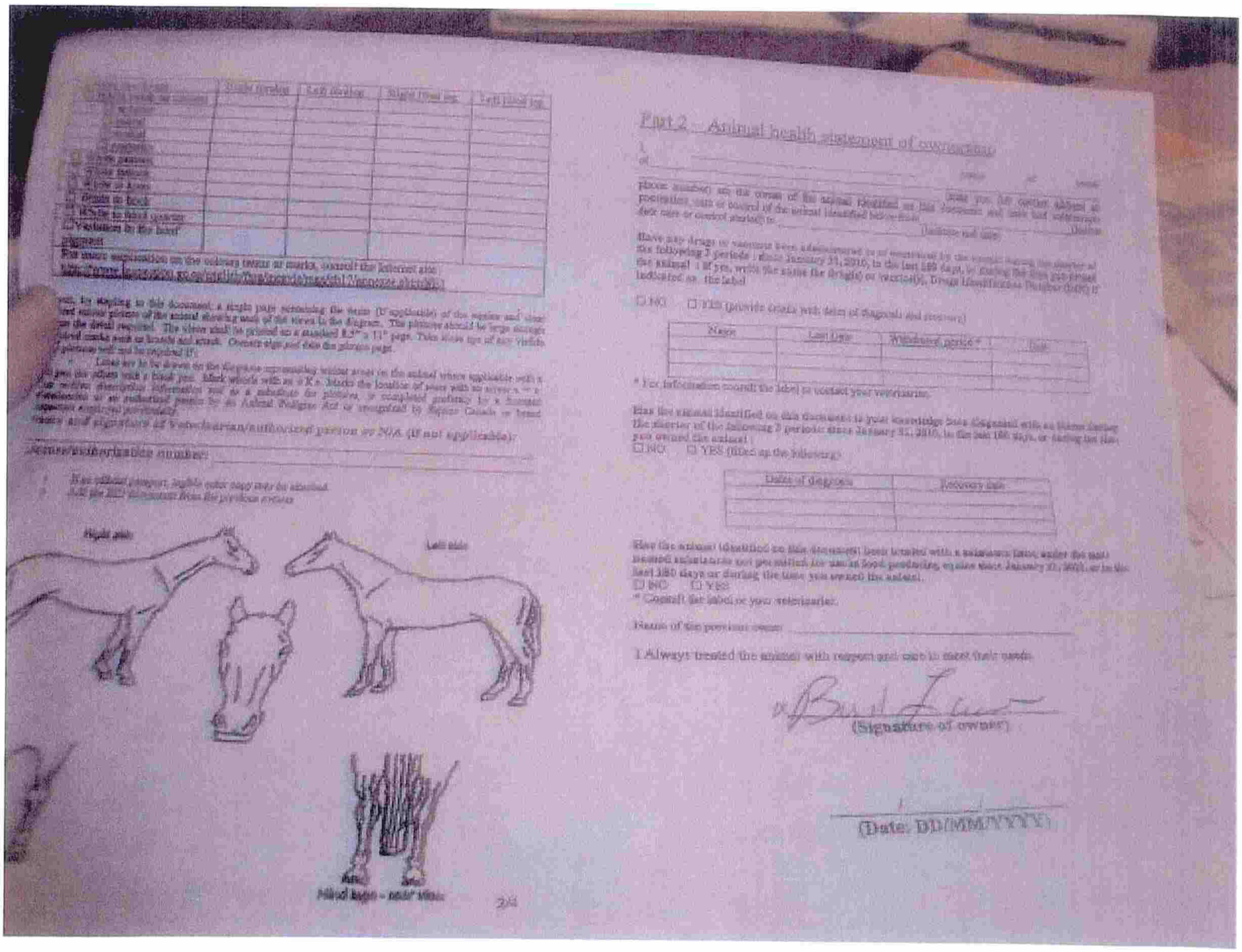
Part 1 – Identification

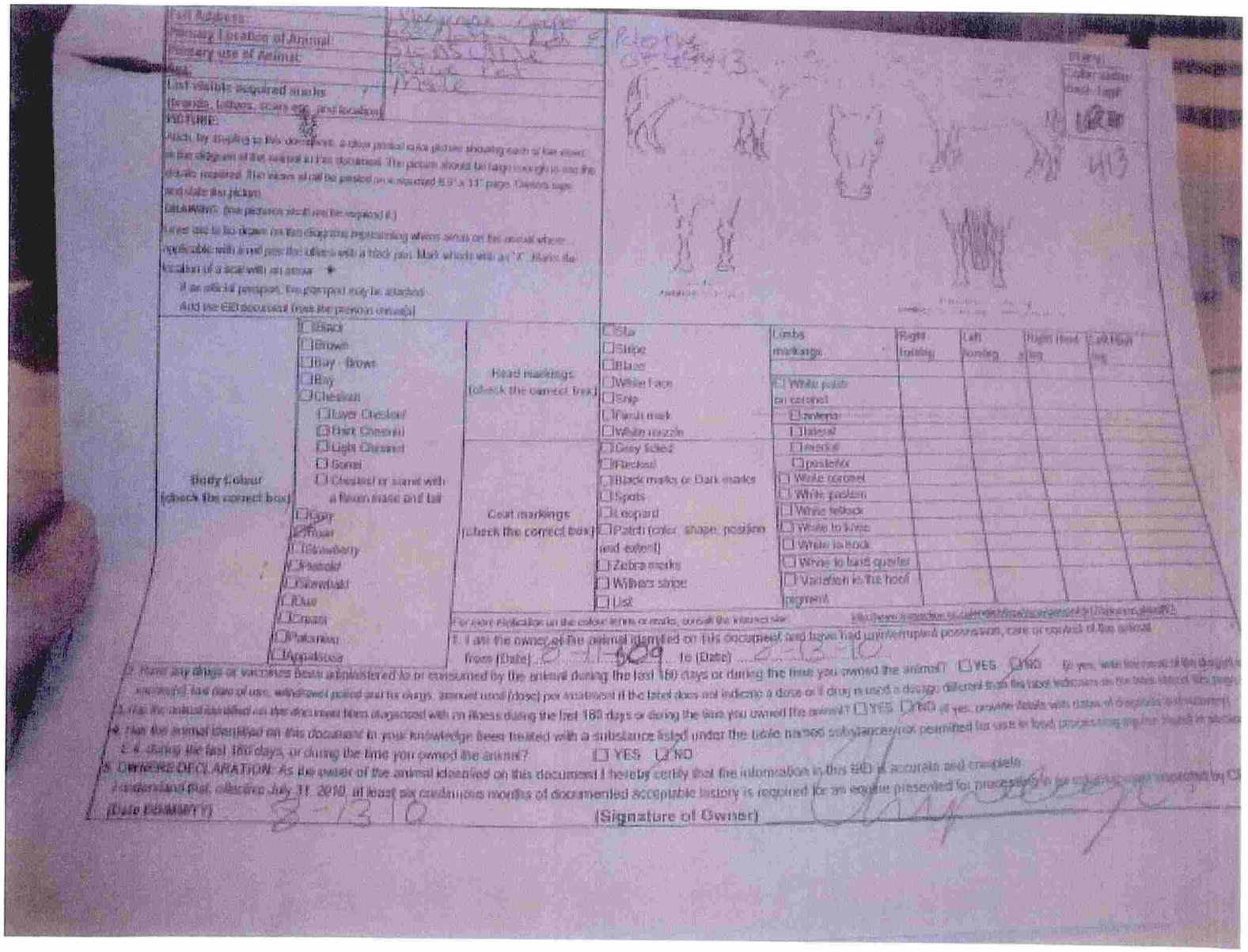
Write N/A if not applicable

Owner name	
Name of the animal	
Primary location of the animal (Legal location /Legal address/ Premise Identification Number)	
Primary use(s) of the animal (check the correct box)	☐ Recreation/companion animal/pleasure riding ☐ Breeding ☐ Ranch/Farm work ☐ Public work ☐ Private industry work ☐ Performance/sport/show ☐ Racing ☐ Rodeo ☐ Urine production ☐ Food production ☐ Other
Sex (check the correct box)	☐ Mare/Filly ☐ Gelding ☐ Stud / colt
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 ☐ Brown ☐ Bay – brown ☐ Bay ☐ Chestnut ☐ Liver chestnut ☐ Dark chestnut ☐ Light Chestnut ☐ Sorrel ☐ Chestnut or sorrel with flaxen mane and tail ☐ Grey ☐ Roan ☐ Strawberry ☐ Piebald ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa
Head markings (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face
Coat marking (check the correct box)	☐ Grey ticked ☐ Flecked ☐ Black marks or Dark marks ☐ Spots ☐ Leopard ☐ Zebra marks ☐ Withers stripe ☐ List

4/4

Version #2


Part 2 - Animal health statement of ownership
* For information consult the label or contact your veterinarian.
Right side
Left side
Hind legs - rear view
Name of the previous owner
I Always treated the animal with respect and care to meet their needs
(Signature of owner)
(Date: DD/MM/YYYY)
2/4



Last Address:
Primary Location of Animal:
Primary use of Animal:
Sex:
Last visible required marks
(brands, tattoos, scars etc) and location:

PICTURE:

Body Colour (check the correct box):
☐ Black
☐ Brown
☐ Bay - Brown
☐ Bay
☐ Chestnut
☐ Liver Chestnut
☐ Dark Chestnut
☐ Light Chestnut
☐ Gold
☐ Chestnut or Gold with a flaxen mane and tail
☐ Grey
☐ Roan
☐ Strawberry
☐ Palomino
☐ Cremello
☐ Blue
☐ Cream
☐ Palomino
☐ Buckskin

Head markings (check the correct box):
☐ Star
☐ Stripe
☐ Blaze
☐ White Face
☐ Snip
☐ Parrot mark
☐ White muzzle

Coat markings (check the correct box):
☐ Grey Ticked
☐ Flecked
☐ Black marks or Dark marks
☐ Spots
☐ Leopard
☐ Patch (color, shape, position and extent)
☐ Zebra marks
☐ Withers stripe
☐ List

Limbs markings:
☐ White pasts on coronet
☐ Inside
☐ Pastern
☐ Bilateral
☐ Inside
☐ Pastern
☐ White coronet
☐ White pastern
☐ White fetlock
☐ White to knee
☐ White to hock
☐ White to hind quarter
☐ Variation in the hoof pigment

Right forelimb	Left forelimb	Right hind limb	Left hind limb

For more indication on the colour terms or marks, consult the standard list

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) 2-12-10

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 ☐ NO If yes, was the name of the drug or vaccine, last date of use, withdrawal period 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 indicates or for uses listed on the label?

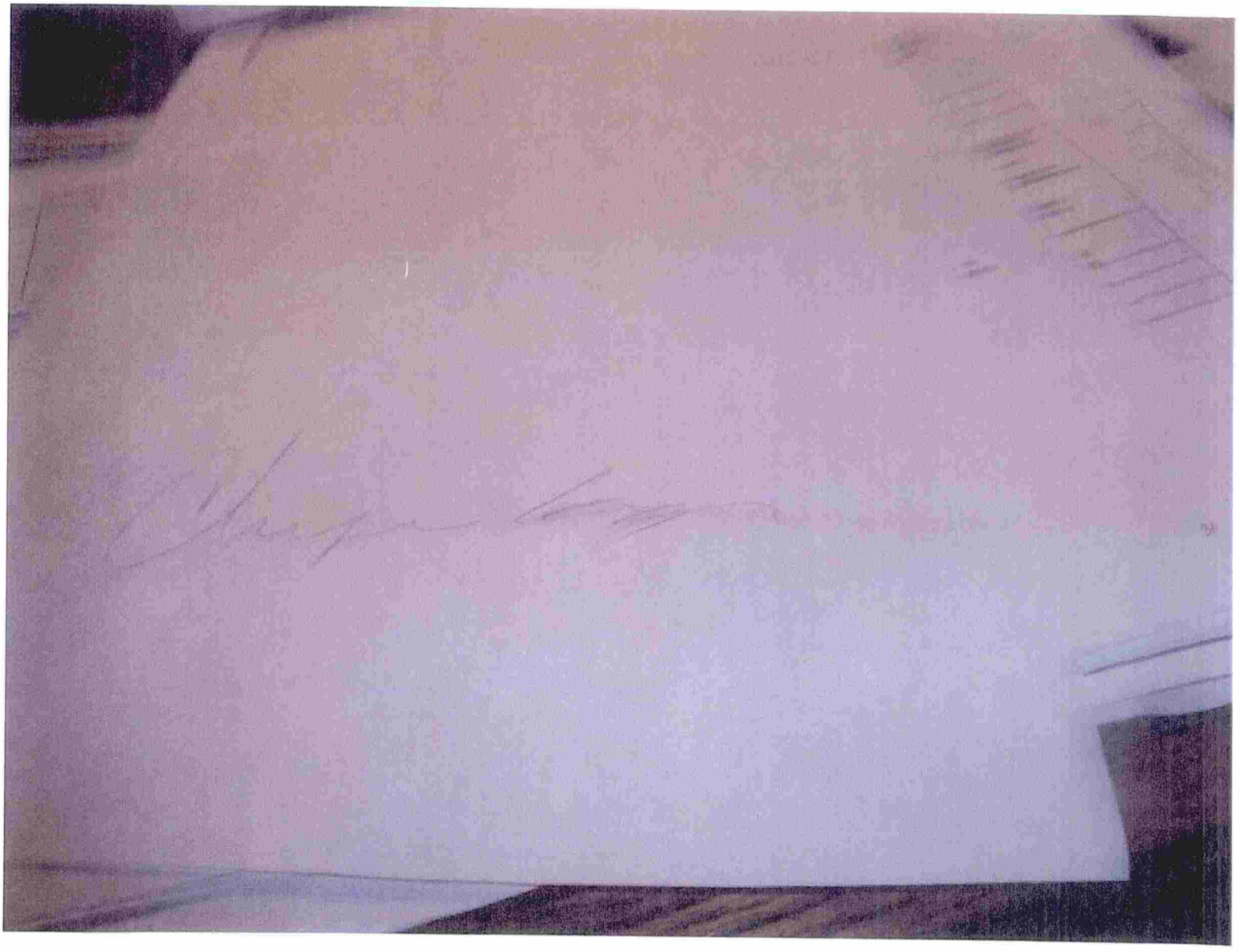
3. Has the animal identified on the document been diagnosed with an illness during the last 180 days or during the time you owned the animal? ☐ YES ☐ NO If yes, provide details with dates of diagnosis in statement

4. Has the animal identified on this document to your knowledge been treated with a substance listed under the Loke banned substances not permitted for use in food producing animals in section 2, 4 during the last 180 days, or during the time you owned the animal? ☐ YES ☐ NO

5. OWNERS DECLARATION: As the owner of the animal identified on this document I hereby certify that the information in this SID is accurate and complete. I understand that, effective July 31, 2010, at least six consecutive months of documented acceptable history is required for an equine presented for processing to be slaughtered for human consumption.

(Date Executed) 2-12-10

(Signature of Owner)

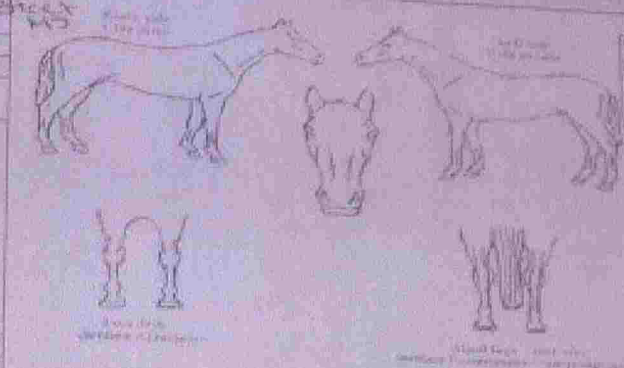


Owners Name:	Diane Williams
Full Address:	1214 Rocks Rd Street MD
Primary Location of Animal:	Same
Primary use of Animal:	Ride
Sex:	Mare
List visible acquired marks (brands, tattoos, scars etc. and location)	

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 where applicable with a red pen the others with a black pen. Mark whorls with an "X". Marks 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)



(if any) Color and/or Back Tags

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 ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa

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

Limbs markings	Right foreleg	Left foreleg	Right hind leg	Left Hind leg
☐ White patch on coronet				
☐ anterior				
☐ lateral				
☐ medial				
☐ posterior				
☐ White coronet				
☐ White pastern				
☐ White fetlock				
☐ White to knee				
☐ White to hock				
☐ White to hind quarter				
☐ Variation in the hoof pigment				

For more explication on the colour terms or marks, consult the internet site: [illegible]

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) 8.9.09 to (Date) 8.14.10

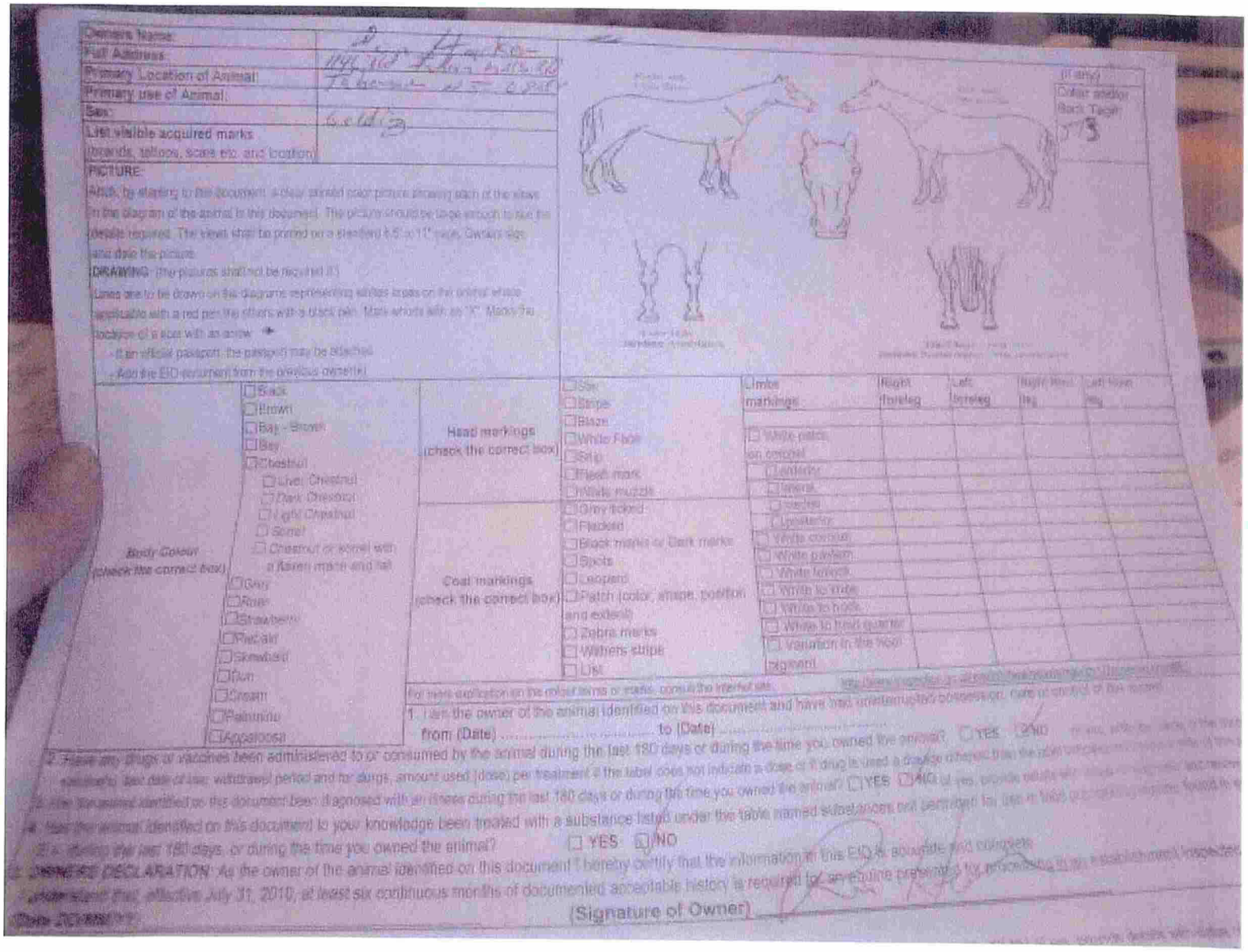
2. Have any drugs or vaccines been administered to or consumed by the animal during the last 180 days or during the time you owned the animal? ☐ YES ☑ NO (if yes, [illegible]) vaccine(s), last date of use, withdrawal period and for drugs, amount used (dose) per treatment if the label does not indicate a dose or if drug is used a dosage different than the label [illegible]

3. 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, provide details with dates of [illegible])

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 [illegible] E.4 during the last 180 days, or during the time you owned the animal? ☐ YES ☑ NO

5. OWNERS 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 establishment inspected by [illegible]

(Date DD/MM/YY) 8-16-10 (Signature of Owner) [signature]



Owners Name:	
Full Address:	
Primary Location of Animal:	
Primary use of Animal:	
Sex:	
List visible acquired marks (brands, 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 all hair types on the animal whose applicable with a red pen by the owners 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.
- And the EID consumed 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
- Red dun
- Skewbald
- Dun
- Cream
- Palomino
- Appaloosa

Head markings (check the correct box)
- Star
- Stripe
- Blaze
- White Face
- Snip
- Flesh mark
- White muzzle

Coat markings (check the correct box)
- Grey flecked
- Flecked
- Black marks or Dark marks
- Spots
- Leopard
- Patch (color, shape, position and extent)
- Zebra marks
- Withers stripe
- Other

Limbs markings	Right foreleg	Left foreleg	Right Hind leg	Left Hind leg
White patch on coronet				
Lanterns				
Sleeve				
Socks				
Gaiters				
White coronet				
White pastern				
White fetlock				
White to mid				
White to hock				
White to mid quarter				
Variation in the hoof pigment				

For more explication on the official terms or marks, consult the internet site

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) ..... YES NO

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. 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

4. Has the animal identified on this document to your knowledge been treated with a substance listed under the table named subsections not permitted for use in food animals found in

5. Is, 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.

Under Alberta Reg. effective July 31, 2010, at least six continuous months of documented acceptable history is required for slaughter purposes by processing to any federally inspected

Date (DD/MM/YY)

(Signature of Owner)

Part 2 – History

Michael R. Hockenbrock (name of owner)
[illegible]
[illegible]
[illegible] (state you 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 ____________________ (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, 2010, in the last 180 days, or during the time you owned the animal

☐ NO ☐ YES (provide details with dates or diagnosis and recovery

Name	Last Date	Withdrawal period *	Dose

* For information consult the label or contact your veterinarian.

Was 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)

Dates of diagnosis	Recovery date

Has the animal identified on this document been treated with a substance listed under the table named substances not permitted for 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
Consult the label or your veterinarian

5/6

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 Hockenbrock
(signature of owner)

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

Internet site of ACIA :
http://www.inspection.gc.ca/english/fssa/meavia/man/manf.shtml

Internet site for more informations on the description of the horses, the body color and marks :
http://www.inspection.gc.ca/english/fssa/meavia/man/ch17/annexee.shtml#E1

6/6

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 Premise identification number)	
Primary use(s) of the animal (check the correct box)	☐ Recreation/companion animal/pleasure riding ☐ Breeding ☐ Ranch/Farm work ☐ Public work ☐ Private industry work ☐ Performance/sport/show ☐ Racing ☐ Rodeo ☐ Urine production ☐ Food production ☐ Others
Sex (check the correct box)	☐ Mare/Filly ☐ Gelding ☐ Stud / colt (circle one)
Month and year of birth (if known)	
Country of birth (if known)	
Weight in hands (1 hand = 4 inches)	

Version n° :1

Part 2 – History

Ken [illegible] (name of owner)

P.O. Box 63 [illegible]
[illegible] (state your full contact address and phone number)

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, 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	Withdrawal 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 (filled up the following)

Cause of diagnosis	Recovery date

Has the animal identified on this document been treated with a [illegible] under the table named substances not permitted [illegible] processing equine since January 31, 2010, or in the [illegible] or during the time you owned the animal.

☐ NO ☐ YES

[illegible] label or your veterinarian.

5/8

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.

(signature of owner)

___/___/_____
(Date : DD/MM/YYYY)

Internet site of ACIA :
http://www.inspection.gc.ca/english/fssa/meavia/man/mant.sh tml

Internet site for more informations on the description of the horses, the body color and marks
http://www.inspection.gc.ca/english/fssa/meavia/man/ch17/an nexee.shtml#E1

6/8

Canadian Food Inspection Agency

N°: 453

EQUINE INFORMATION DOCUMENT

Part 1 – Identification

Note : [illegible]

Owner name	
Name of the animal	
Primary location of the animal (address or Premises Identification number)	
Primary use(s) of the animal (check the correct box)	☐ [illegible] ☐ Breeding ☐ Ranch/Farm work ☐ Public work ☐ Private industry work ☐ Performance/competitions ☐ Racing ☐ Rodeo ☐ Urine production ☐ Food production ☐ Others
Sex (check the correct box)	☐ Mare/Filly ☐ Gelding ☐ Stud / colt (cattle only)
Month and year of birth (if known)	
Country of Birth (if known)	
Height in hands (1 hand = 4 inches)	

Version n° 1

Part 3 – Buyer Declaration

# establishment	Year	Serial number of the truck	Number of horses in the consignment	Number of origin in station	Tag export number
					86

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	

...site of CFIA:
...inspection.gc.ca/english/fssa/meavia/man/manf.shtml

...more informations on the description of the horses, the body color
...english/fssa/meavia/man/ch17/annexee.shtml#E1

EQUINE INFORMATION DOCUMENT (

Part 1 – Identification

Write N/A if not applicable

Owner name: Carlile Spivey	103 Caroline Rd Tabor City NC 28463	
Name of the animal		
Primary location of the animal (Legal location /Legal address/ Premise Identification Number)		
Primary use(s) of the animal (check the correct box)	☐ Recreation/companion animal/pleasure riding ☐ Breeding ☐ Ranch/Farm work ☐ Public work ☐ Private industry work ☐ Performance/sport/show	☐ Racing ☐ Rodeo ☐ Urine production ☐ Food production ☐ Other:
Sex (check the correct box)	☐ Mare/Filly ☐ Gelding	☐ Stud / colt (entire one)
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 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 ☐ Dun ☐ Other
Head markings (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face	☐ White snip ☐ White muzzle
Coat marking (check the correct box)	☐ Grey ticked ☐ Flecked ☐ Black marks or black points ☐ Spots ☐ Leopard	☐ Patch

Full Address:	BLAK MEWKIRK
Primary Location of Animal:	3 GRAUL IRSHILL
Primary use of Animal:	RENTON ND
Sex:	PLEASURE
List visible acquired marks (brands, tattoos, scars etc. and location)	GELD

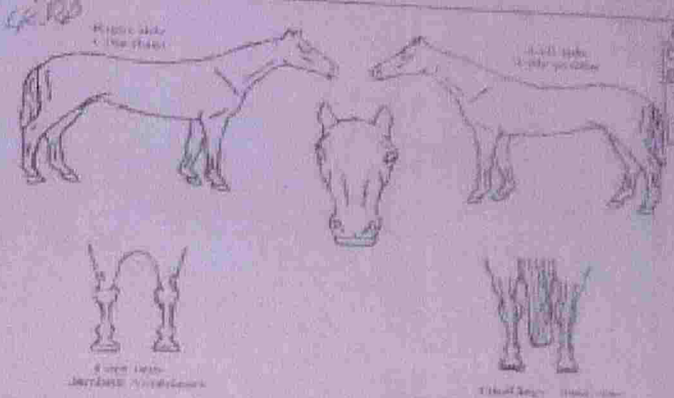
PICTURE:

Attach, by stapling to this document, a clear printed color picture showing each of the views in the diagram of the animal to 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 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 a scar with an arrow →

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



(if any)
Collar and/or Back Tag#
527

Body Colour (check the correct box)		Head markings (check the correct box)		Limbs markings	Right foreleg	Left foreleg	Right Hind leg	Left Hind leg
	☐ Black		☐ Star					
	☐ Brown		☐ Stripe	☐ White patch on coronet				
	☐ Bay - Brown		☐ Blaze	☐ anterior				
	☐ Bay		☐ White Face	☐ lateral				
	☐ Chestnut		☐ Snip	☐ medial				
	☐ Liver Chestnut		☐ Flesh mark	☐ posterior				
	☐ Dark Chestnut		☐ White muzzle	☐ White coronet				
	☐ Light Chestnut	Coat markings (check the correct box)	☐ Grey ticked	☐ White pastern				
	☐ Sorrel		☐ Flecked	☐ White fetlock				
	☐ Chestnut or sorrel with a flaxen mane and tail		☐ Black marks or Dark marks	☐ White to knee				
	☐ Grey		☐ Spots	☐ White to hock				
	☐ Roan		☐ Leopard	☐ White to hind quarter				
	☐ Strawberry		☐ Patch (color, shape, position and extent)	☐ Variation in the hoof pigment				
	☐ Piebald		☐ Zebra marks					
	☐ Skewbald		☐ Withers stripe					
	☐ Dun		☐ List					
	☐ Cream							
	☐ Palomino							
	☐ Appaloosa							

For more explication on the colour terms or marks, consult the internet site: http://www.[illegible]

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) ....

[illegible] 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 [illegible] name of [illegible], 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 [illegible]

[illegible] 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, provide details with dates of diagnosis [illegible]

[illegible] 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 equines [illegible] during the last 180 days or during the time you owned the animal? ☐ YES ☒ NO

[illegible] As the owner of the animal identified on this document I hereby certify that the information in this EID is accurate and complete.

Pet Address	[illegible]
Primary Location of Animal	[illegible]
Primary Use of Animal	PLEASURE
Sex	GELD
List visible acquired marks (brands, tattoos, scars etc. and location)	

PICTURE:

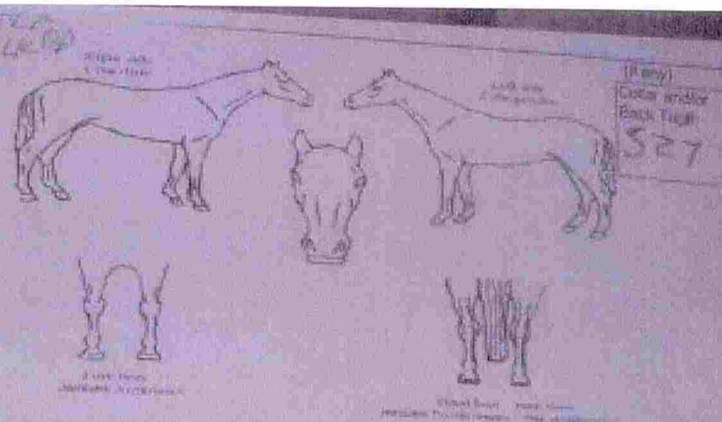
Attach, by stapling to this document, a clear printed color picture showing each of the views in the diagrams of the animal in this document. The picture should be large enough to see the details required. The views shall be printed on a standard 8.5" x 11" page. Owners sign and date the picture.

DRAWING: (the pictures shall not be required if:)

Lines are to be drawn on the diagrams representing white areas on the animal where applicable with a red pen the others with a black pen. Mark whorls with an "X". Marks 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)		Head markings (check the correct box)		Limbs markings	Right foreleg	Left foreleg	Right Hind leg	Left Hind leg
	☐ Black		☐ Star	☐ White patch on coronet				
	☐ Brown		☐ Stripe	☐ anterior				
	☐ Bay - Brown		☐ Blaze	☐ lateral				
	☐ Bay		☐ White Face	☐ medial				
	☐ Chestnut		☐ Snip	☐ posterior				
	☐ Liver Chestnut		☐ Flesh mark	☐ White coronet				
	☐ Dark Chestnut		☐ White muzzle	☐ White pastern				
	☐ Light Chestnut	Coat markings (check the correct box)	☐ Grey ticked	☐ White fetlock				
	☐ Sorrel		☐ Flecked	☐ White to knee				
	☐ Chestnut or sorrel with a flaxen mane and tail		☐ Black marks or Dark marks	☐ White to hock				
	☐ Grey		☐ Spots	☐ White to hind quarter				
	☐ Roan		☐ Leopard	☐ Variation in the hoof pigment				
	☐ Strawberry		☐ Patch (color, shape, position and extent)					
	☐ Piebald		☐ Zebra marks					
	☐ Skewbald		☐ Withers stripe					
	☐ Dun		☐ List					
	☐ Cream							
	☐ Palomino							
	☐ Appaloosa							

For more explanation on the colour, technical marks, consult the [illegible] site: [illegible]

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 If yes, [illegible] 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 [illegible]

3. 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, provide details with dates [illegible]

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 [illegible] during the last 180 days, or during the time you owned the animal? ☐ YES ☒ NO

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

[illegible] 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 CFIA [illegible]

(Signature of Owner) ____________________

Information Document (EID)

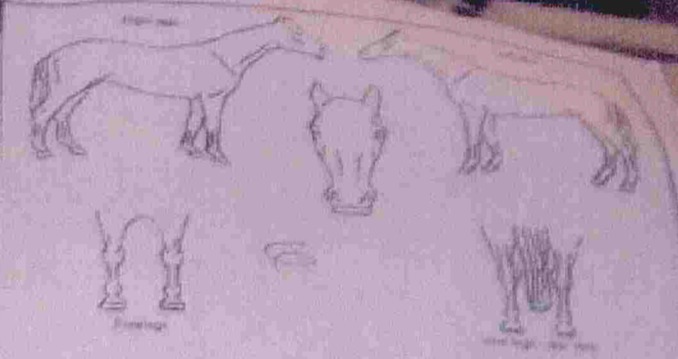
Owner's Name / Full Address	1238 [illegible] PA 17509
Primary Location of animal	
Primary Use of Animal	
Sex	
Visible acquired marks (brand, scars, and location)	
Height in hands (1 hand = 4 inches)	

PICTURE: Attach by stapling to this document a clear printed color picture showing each of the views in the diagram of the horse to this document. The picture should be large enough to see the details required. The owner shall sign and date the picture.

DRAWING (the picture shall not be required if...) Lines are to be drawn on the diagrams ... whorls with an "X". Mark the location of scars with an ...

If an official passport, the passport may be attached.

Attached EID document from the previous period



For more explication on the colours terms or marks, consult the internet site
http://www.inspection.gc.ca/english/...

Color (check the correct box)	☐ Black ☐ Brown ☐ Bay - Brown ☐ Bay ☐ Chestnut ☐ Liver chestnut ☐ Dark chestnut ☐ Light chestnut ☐ Sorel ☐ Chestnut or Sorrel with a flaxen mane and tail	☐ Grey ☐ Red Roan ☐ Blue Roan ☐ Strawberry ☐ Piebald ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa
marking (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face	☐ Snip ☐ Flesh mark ☐ White muzzle
marking (check the correct box)	☐ Grey flecked ☐ Flecked ☐ Black marks in dark marks ☐ Leopard	☐ Patch (colour, shape position and extent) ☐ Zebra marks ☐ Withers stripe ☐ List

... or Coronet	Right foreleg	Left foreleg	Right Hind leg	Left Hind leg

1. I am the owner of the animal identified on the document and have had uninterrupted possession ... or control of the animal from: (date MM/DD/YYYY) ... (MM/DD/YYYY) ... 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
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 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 equine 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 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 ... 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): [illegible] Signature: [illegible]

BUYER & OFFICE USE ONLY	
Buyer ID (Batch Number)	
# of horse shipped	7
Tag Number	384
Export Tag number	
Slaughter sérial #	

Equine Information Document (EID)

Owner's Name:	[illegible]
Mail Address:	1238 [illegible] Pa 17509
Primary Location of animal	
Primary Use of Animal	
Sex	
List visible acquired marks (brand, tattoo, scars ... and location)	
Height in hands (1 hand = 4 inches)	

PICTURE: 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. [illegible]

If an official passport, the passport may be attached.

Attached EID document from the previous owner(s)

For mor explication on the colours terms or marks, consult the internet site: http://www.inspection.gc.ca/english/[illegible]

Hair 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	☐ Grey ☐ Red Roan ☐ Blue Roan ☐ Strawberry ☐ Piebald ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa
Head marking (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face	☐ Snip ☐ Flesh mark ☐ White muzzle
Body marking (check the correct box)	☐ Grey ticked ☐ Flecked ☐ Black marks or dark marks ☐ Leopard	☐ 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.

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, amount 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 equine found in section 6.5 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 the 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 medical 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): [illegible] Signature: [illegible]

White Socks or stockings	Right foreleg	Left foreleg	Right Hind leg	Left Hind leg

BUYER & OFFICE USE ONLY

Buyer ID (Batch Number)	
# of horse shipped	3
Tag Number	384
Export Tag number	
Slaughter sérial #	

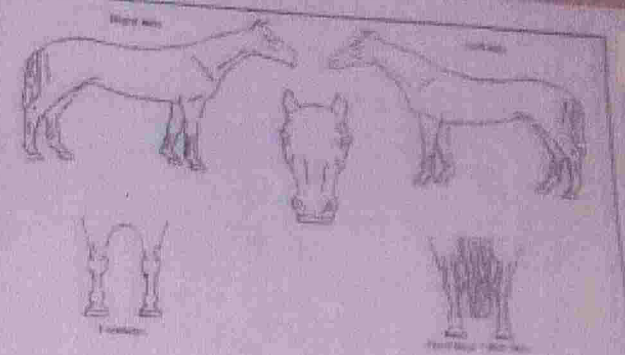
Equine Information Document (EID)

[illegible]'s Name:	Tom [illegible]
[illegible] Address	[illegible]
[illegible] Location of animal	MD
[illegible] Use of Animal	Farm
[illegible]:	
[illegible] visible acquired marks (brand, [illegible], scars ... And location)	
[illegible] in hands (1 hand = 4 inches)	

[illegible]

If an official passport, the passport may be attached.

Attached EID document from the previous owners.



Body Color (check the correct box)	☐ Black ☐ Brown ☐ Bay - Brown ☐ Bay ☐ Chestnut ☐ Liver chestnut ☐ Dark chestnut ☐ Light chestnut ☐ [illegible] ☐ Chestnut or Sorrel	☐ Grey ☐ Red Roan ☐ Blue Roan ☐ Strawberry ☐ Piebald ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa
Head marking (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face	☐ Snip ☐ Flesh mark ☐ White muzzle
[illegible] marking (check the correct box)	☐ Grey spots ☐ Patches ☐ Black marks or [illegible] marks ☐ Leopard	☐ Patch (colour, shape, position and extent) ☐ Zebra marks ☐ Withers stripe ☐ [illegible]

[illegible]	Right foreleg	Left foreleg	Right Hind leg	Left Hind leg
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				

For [illegible] explanation on the colours terms or marks, consult the internet site: http://www.[illegible]

1. I am the owner of the animal identified on this document and have had [illegible] possession [illegible] or control of the animal from (date MM/DD/YYYY) [illegible] to (date MM/DD/YYYY) [illegible]

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 [illegible] used (dose) [illegible] 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 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 ☐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 processing equine found in section [illegible] 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 31, 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): [illegible] Signature: [illegible]

BUYER & OFFICE USE ONLY

Buyer ID (Batch Number)	
# of horse shipped	
Tag Number	[redacted] [illegible]
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 auction	Tag report number 359

I 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/fssa/meavia/man/manf.shtml

Internet site for more informations on the description of the horses, the body color ... factor
www.inspection.gc.ca/english/fssa/meavia/man/ch17/annexee.shtml#E1

4/4

EQUINE INFORMATION DOCUMENT (

Part 1 – Identification

Write N/A if not applicable

Owner name Travis Bloom	186 Sandmine Rd
Name of the animal	Elizabethton TN 37643
Primary location of the animal (Legal location (Legal address/ Premise Identification Number)	
Primary use(s) of the animal (check the correct box)	☐ Recreation/companion animal/pleasure riding ☐ Breeding ☑ Ranch/Farm work ☐ Public work ☐ Private industry work ☐ Performance/sport/show ☐ Racing ☐ Rodeo ☐ Urine production ☐ Foal production ☐ Others
Sex (check the correct box)	☐ Mare/Filly ☐ Gelding ☐ Stud / Colt
Month and year of birth (If known)	
Country of Birth (If known)	USA
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 ☐ Sorrel ☐ Chestnut or sorrel with a flaxen mane and tail ☐ Grey ☐ Roan ☐ Strawberry ☐ Piebald ☐ Skewbald ☐ Dun ☐ Cream ☐ Palomino ☐ Appaloosa
Head markings (check the correct box)	☐ Star ☐ Stripe ☐ Blaze ☐ White face ☐ Snip ☐ Flesh mark ☐ White muzzle
Coat marking (check the correct box)	☐ Grey ticked ☐ Flecked ☐ Black marks or Dark marks ☐ Spots ☐ Leopard ☐ Patch (position) ☐ Zebra ☐ White ☐ Line

Version #2