

Product Traceability



**Responsible
Transportation**

INTERNAL USE ONLY

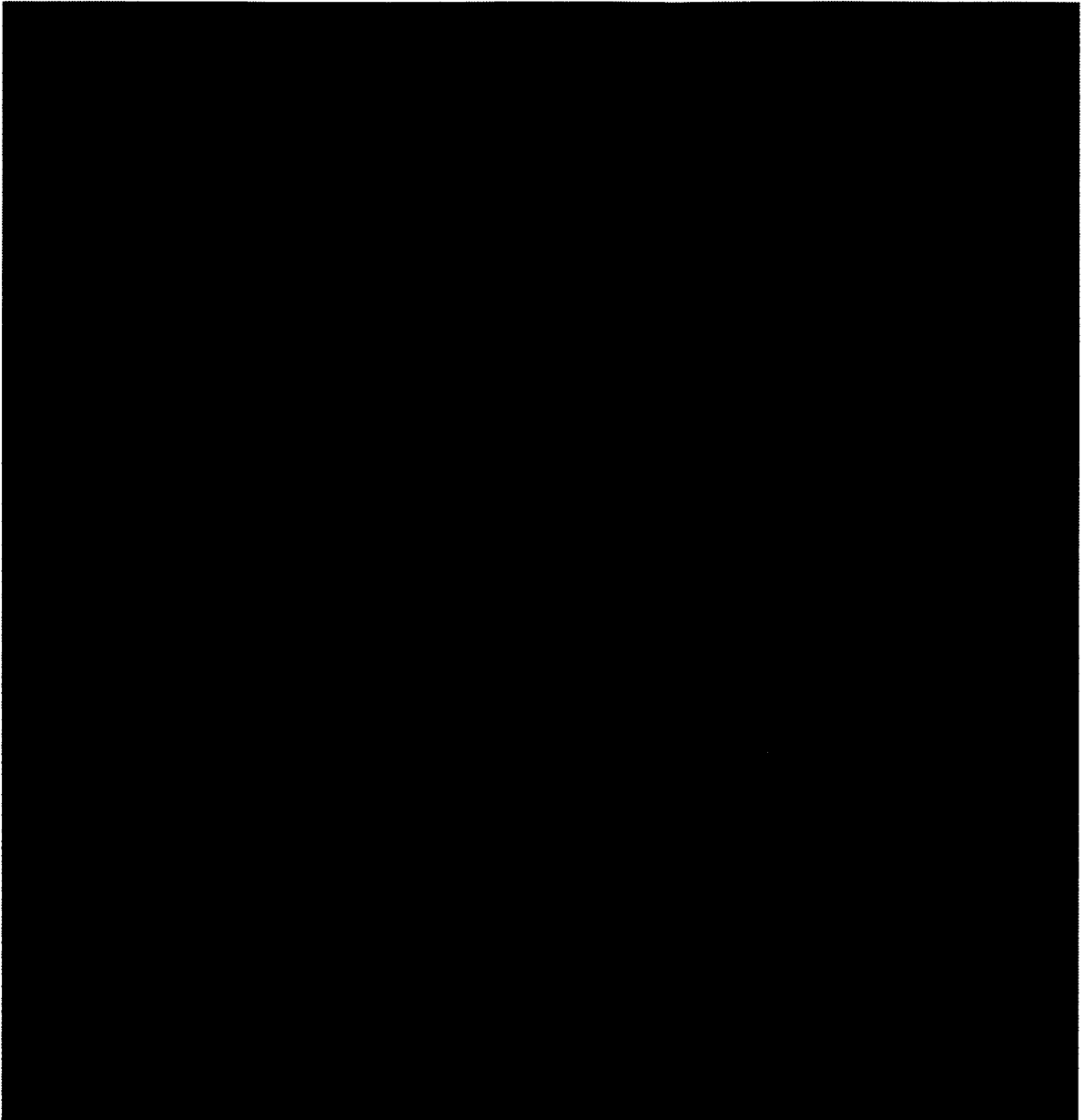
Product Traceability

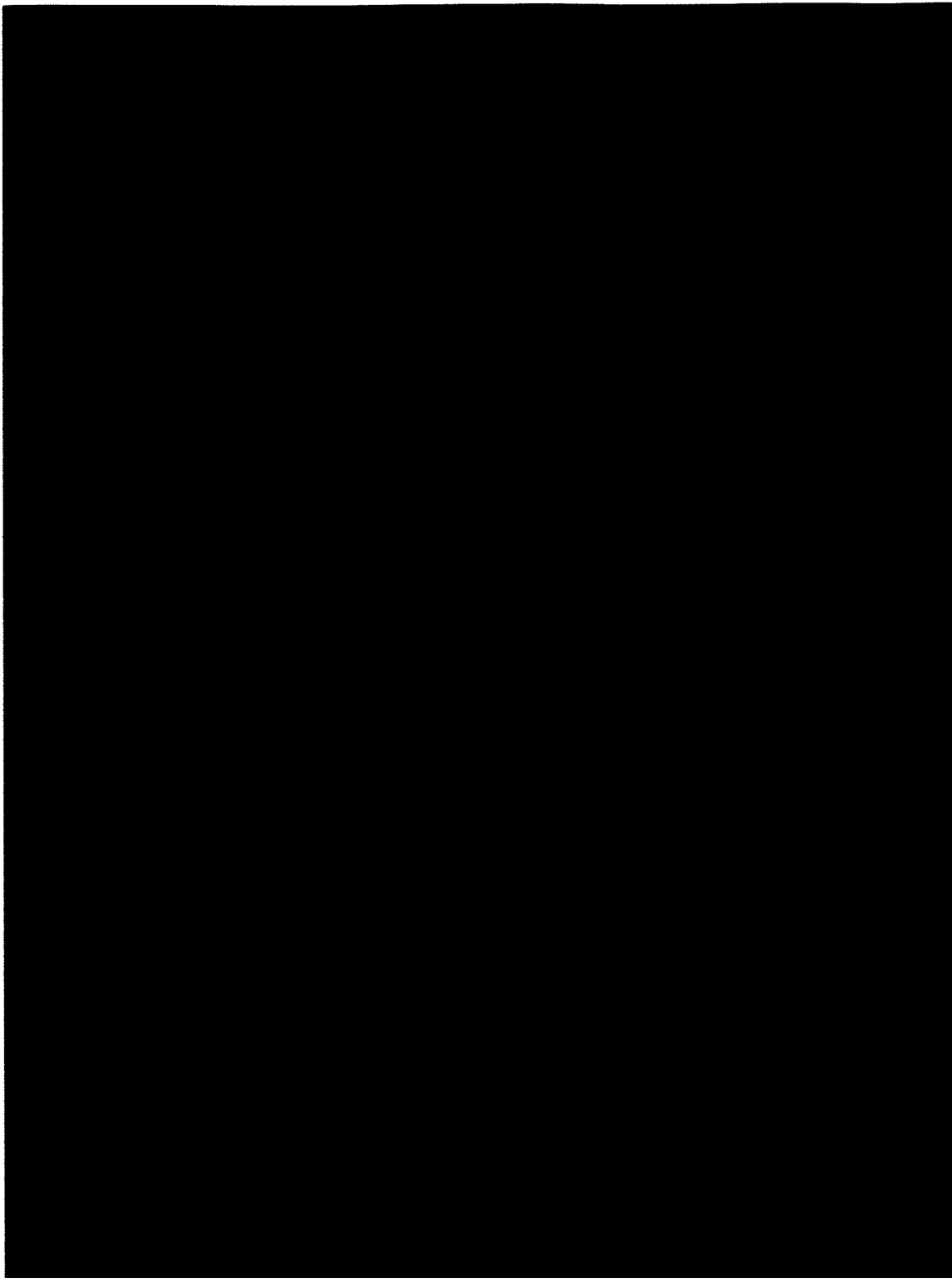
Version 1.0

Last updated: 6/12/2013

Updated by: Chase Greiner

Approved by: _____





EQUINE INFORMATION DOCUMENT (EID)

Right side

Left side

Front view

Rear view

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

Optional Attachments
 Pictures (all four sides)
 Pedigree Reg. Papers

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 →

Attached EID from the previous owner(s).
 For more explanation on the color terms or marks, consult the internet site:
<http://www.inspection.gc.ca/english/ffsa/meawia/man/cn17/annexee.shtml>

OWNER'S NAME: _____	SEX: _____	AGE: _____	
FULL ADDRESS: _____			
PHONE NUMBER: _____			
PRIMARY LOCATION OF ANIMAL: _____			
PRIMARY USE OF ANIMAL: _____			
LIST VISIBLE ACQUIRED MARKS: (brands, tattoos, scars, etc....& 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"x11" page. Owners sign and date the picture.			
1. Mark 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Has the animal identified on this document been diagnosed with an illness during 180 days or during the time you owned the animal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____		Signature: _____	
TRANSIENT AGENT DECLARATION(S): This animal identified on this document has been under my care and control from _____ (date) to _____ (date). During this time period the indentified animal has not been given or fed drugs or vaccines and has not shown any signs of illness.			
Name of Agent: _____		Address: _____	
Phone Number: _____		Signature of Agent: _____	
Buyer ID (batch number)		# of horses shipped	
Tag number		Export Tag Number	
Slaughter serial #			

Body Color (check the correct box)	<input type="checkbox"/> Black <input type="checkbox"/> Blue Roan <input type="checkbox"/> Palomino <input type="checkbox"/> Red Roan <input type="checkbox"/> Bay <input type="checkbox"/> Bay - Brown <input type="checkbox"/> Appaloosa <input type="checkbox"/> Chestnut <input type="checkbox"/> Liver chestnut <input type="checkbox"/> Grey <input type="checkbox"/> Dark chestnut <input type="checkbox"/> Strawberry <input type="checkbox"/> Dun <input type="checkbox"/> Sorrel <input type="checkbox"/> Cream <input type="checkbox"/> Plebeid (black & white) <input type="checkbox"/> Chestnut or Sorrel with a flaxen mane and tail <input type="checkbox"/> Stewbald (all other color combos)	<input type="checkbox"/> Snip <input type="checkbox"/> White muzzle <input type="checkbox"/> Star <input type="checkbox"/> Blaze <input type="checkbox"/> White face <input type="checkbox"/> Stripe <input type="checkbox"/> White face <input type="checkbox"/> Grey ticked <input type="checkbox"/> Patch (colour, shape, position, extent) <input type="checkbox"/> Flecked <input type="checkbox"/> Zebra marks <input type="checkbox"/> Black marks or dark marks <input type="checkbox"/> Withers stripe <input type="checkbox"/> Leopard <input type="checkbox"/> List	<input type="checkbox"/> Right Foreleg <input type="checkbox"/> Left Foreleg <input type="checkbox"/> Right Hind Leg <input type="checkbox"/> Left Hind Leg
Head markings (check the correct box)			
Coat markings (check the correct box)			
Limb markings			
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 hoof pigment			

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
STREET ADDRESS		STREET ADDRESS
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
 Horses are able to bear weight on all 4 limbs.
 Foals are older than 6 months of age.
 Horses are not blind in both eyes.
 Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE _____

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.) _____

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

**DIRECCION GENERAL DE INSPECCION EN
FRONTERAS (DGIF)**

EST. _____
DATE _____
TIME _____

Transient Agent Declaration

Walker Brothers Livestock
2190 250th St
Washington, IA 52353
(319) 653-2663

All animals identified on the attached Owner/Shipper Certificate have been under the care and control of Walker Brothers Livestock from the date declared on the animal's EID form until _____. During this time period the identified animal has not been given or fed drugs or vaccines and has not shown any signs of illness.

Signature

Name

Title

Truck Lot Log

Date: _____ Truck No.: _____ Completed by: _____

EID check: _____ VS 10-13 check: _____ Transient check: _____

USDA tag number and reason if animal failed:

	USDA Tag No.	Carcass Tag No.	USDA Tag No.	Carcass Tag No.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Kill Lot Log

Date: _____ Completed by: _____

Notes: _____

	Carcass Tag No.	Weight/Type	Carcass Tag No.	Weight/Type
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

If carcass indicate weight; if edible offal indicate type

Fab Lot Log

Date: _____ Completed by: _____

Notes: _____

	Carcass Tag No.	Weight/Type	Carcass Tag No.	Weight/Type
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

If carcass indicate weight; if edible offal indicate type

Batch Log

	Label	Product Type	Customer	Fab Lot(s)	Weight
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					