

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) 2. CERTIFICATE NO. 3. PAGE NO.

Moore Brian S.

L060882

1 OF 2

4. DATE ISSUED 5. U.S. PORT OF EMBARKATION (City and State) 6. STATE CODE 7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 8. CONSIGNOR'S CITY (or Town)

1/11/10

Jonestown PA

42

94 Hoover Dr

Jonestown

9. SEMEN ("X" if yes)

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS

1 - Rail 3 - Air
 2 - Truck 4 - Ocean

12. CONSIGNOR'S STATE

Pennsylvania

13. STATE CODE

42

14. ZIP CODE

17038

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)

CAYEL Canada Export Inc
517 Rang St. Julie est, St. Andre

DESTINATION COUNTRY

CANADA
Avelin

ENTER CODE

CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING

48 HRS 72 HRS

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE

TYPE TEST TYPE TEST TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCellosis FREE AREA

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION

(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION	AGE	SEX	BREED
A	B	C	D
USFA 2848	10	F	QH
2849	10	N	QH
2850	9	N	QH
2851	10	N	BL
2852	4	N	SN
2853	12	F	QH
2854	10	N	PE
2855	9	N	QH
2856	10	N	QH
2857	11	F	QH
2858	9	F	QH
2859	10	F	QH
2860	10	F	QH
2861	9	N	SN
2862	7	N	QH
2863	11	N	QH
2864	12	F	QH
2865	10	F	TH

DATE

F

G

H

I

J

K

L

M

N

O

- The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
- The animals were to the best of the knowledge and belief of James Stelt were not exposed to any communicable disease within 60 days preceding the date of inspection.
- The animals have resided in the USA or Canada since birth (or)
- The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.
- During the previous 21 days the animals have not been in the states of Texas and New Mexico.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED 1-12-2010	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30 head
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) McLean, Donald A		25. SIGNATURE OF ISSUING VETERINARIAN J Stelt B1007032L Acad#5201	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)
Moore Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140
L060882

3. PAGE NO.
2 of 2

16. CONSIGNEE'S NAME
Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCellosis BLOOD SAMPLE COLLECTED

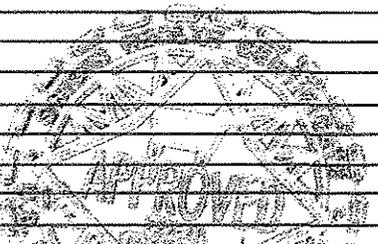
NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN		MODIFIED ACCREDITED AREA (TB)				CERTIFIED BRUCellosis FREE AREA													
Owner's name (Last name, two initials, & business name) Owner's street address Owner's city/town, state code & zip code		18. INDIVIDUAL IDENTIFICATION				DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
ID NO. OR DESCRIPTION	AGE	SEX	BREED	VAC	1/25														
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O					
<i>Moore Brian S.</i>	<i>USA</i>	<i>2866</i>	<i>10</i>	<i>N</i>	<i>TH</i>														
<i>71 Hoover Dr.</i>		<i>2867</i>	<i>7</i>	<i>N</i>	<i>QH</i>														
<i>Jonestown PA 17038</i>		<i>2868</i>	<i>7</i>	<i>F</i>	<i>QH</i>														
		<i>2869</i>	<i>5</i>	<i>F</i>	<i>QH</i>														
		<i>2870</i>	<i>10</i>	<i>N</i>	<i>QH</i>														
		<i>2871</i>	<i>10</i>	<i>F</i>	<i>QH</i>														
		<i>2872</i>	<i>9</i>	<i>N</i>	<i>QH</i>														
		<i>2873</i>	<i>10</i>	<i>N</i>	<i>QH</i>														
		<i>2874</i>	<i>7</i>	<i>N</i>	<i>QH</i>														
		<i>2875</i>	<i>10</i>	<i>F</i>	<i>QH</i>														
		<i>2876</i>	<i>12</i>	<i>F</i>	<i>QH</i>														
		<i>2877</i>	<i>10</i>	<i>F</i>	<i>QH</i>														

⑥ The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

⑦ The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

⑧ Fit to be transported means that on the day of inspection no animal had an infectious illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



M. LEWIS
1-12-01

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.

2067882

FORM APPROVED
OMB NO.
0579-0160

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

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <i>Bolan Moore</i>		CONSIGNEE (RECEIVER/DESTINATION) NAME <i>CAVEL Canada Export Inc.</i>
STREET ADDRESS <i>94 Hoover Drive</i>		STREET ADDRESS <i>517 Rang St. Julie est.</i>
CITY, STATE, ZIP CODE <i>Sonestown PA 17038</i>		CITY, STATE, ZIP CODE <i>St Andre Avellan</i>
AREA CODE & TELEPHONE NO. <i>717-865-7586</i>		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	USFA	2848					X				X				X				
2		2849	X								X							X	
3		2850	X								X							X	
4		2851						X				X						X	
5		2852						X						X				X	
6		2853	X								X				X				
7		2854			X							X						X	
8		2855	X								X							X	
9		2856				X					X							X	
10		2857						X			X				X				
11		2858						X			X				X				
12		2859						X			X				X				
13		2860						X			X				X				
14		2861	X											X				X	
15	V	2862						X			X							X	

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

SIGNATURE _____
(b)(6)

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 _____

2060882

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FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	2863					X			X							X		
17		2864						X		X							X		
18		2865	X							X							X		
19		2866	X							X								X	
20		2867						X		X								X	
21		2868					X			X							X		
22		2869				X				X							X		
23		2870				X				X								X	
24		2871	X							X							X		
25		2872					X			X								X	
26		2873			X					X								X	
27		2874					X			X								X	
28		2875	X							X								X	
29		2876					X			X								X	
30		2877						X		X								X	
31																			
32																			
33																			
34																			
35																			
36																			
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44																			
45																			

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) 2. CERTIFICATE NO. 3. PAGE NO.

Maore Brian S.

L061196

1 OF 2

4. DATE ISSUED 5. U.S. PORT OF EMBARKATION (City and State) 6. STATE CODE 7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 8. CONSIGNOR'S CITY (or Town)

1/13/10

Jonestown PA

42

94 Hoover Dr.

Jonestown

9. SEMEN ("X" if yes) 10. NO. DOSES OF SEMEN 11. TRANSPORTATION CLASS 12. CONSIGNOR'S STATE 13. STATE CODE 14. ZIP CODE

10

1 - Rail 3 - Air
 2 - Truck 4 - Ocean

Pennsylvania

42

17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry) 16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) DESTINATION COUNTRY ENTER CODE

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING

48 HRS 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A. MODIFIED ACCREDITED AREA (TB) CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

Maore Brian S.
94 Hoover Dr.
Jonestown PA 17038

ID NO. OR DESCRIPTION	AGE	SEX	BREED	E	DATE	G
A	B	C	D		F	
<i>USFA 2878</i>	<i>14</i>	<i>N</i>	<i>BL</i>			
<i>2879</i>	<i>12</i>	<i>N</i>	<i>BL</i>			
<i>2880</i>	<i>10</i>	<i>F</i>	<i>BL</i>			
<i>2881</i>	<i>10</i>	<i>N</i>	<i>TH</i>			
<i>2882</i>	<i>10</i>	<i>F</i>	<i>AP</i>			
<i>2883</i>	<i>14</i>	<i>F</i>	<i>TH</i>			
<i>2884</i>	<i>10</i>	<i>N</i>	<i>QH</i>			
<i>2885</i>	<i>7</i>	<i>N</i>	<i>TH</i>			
<i>2886</i>	<i>7</i>	<i>F</i>	<i>TH</i>			
<i>2887</i>	<i>7</i>	<i>N</i>	<i>TH</i>			
<i>2888</i>	<i>10</i>	<i>M</i>	<i>TH</i>			
<i>2889</i>	<i>14</i>	<i>N</i>	<i>SN</i>			
<i>2890</i>	<i>14</i>	<i>F</i>	<i>SN</i>			
<i>2891</i>	<i>20</i>	<i>N</i>	<i>SN</i>			
<i>2892</i>	<i>7</i>	<i>N</i>	<i>SN</i>			
<i>2893</i>	<i>10</i>	<i>F</i>	<i>SN</i>			
<i>2894</i>	<i>10</i>	<i>N</i>	<i>SN</i>			
<i>2895</i>	<i>10</i>	<i>N</i>	<i>AP</i>			

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

② The animals were to the best of the knowledge and belief of Dr. James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.

③ The animals have resided in the United States or Canada since birth (or)

④ The animals have met all of the import requirements of USA and have resided in the USA for the past 60 days.

⑤ The animals at the time of the inspection were found to be healthy and in a physical condition set to be transported.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

[Signature]

CERTIFICATION BY ISSUING VETERINARIAN
This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED *1-14-2010* 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) *Holt, James S.* 21. STATUS 2 Federal 1 State 3 Accredited 22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) *30 head*

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) *F.D. Brown* 25. SIGNATURE OF ISSUING VETERINARIAN *[Signature]* *BUC27032L* *Acc'd #5204*

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>		2. CERTIFICATE NO. FROM VS FORM 17-140 <i>LO61196</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>			

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

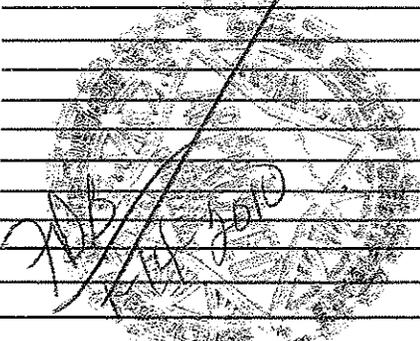
17. FARM ORIGIN		MODIFIED ACCREDITED AREA (TB)						DATE	DATE	DATE	DATE	DATE
Owner's name (Last name, two initials, & business name) Owner's street address Owner's city/town, state code & zip code		18. INDIVIDUAL IDENTIFICATION										
ID NO. OR DESCRIPTION	AGE	SEX	BREED									
A	B	C	D	E	F	G	H	I	J	K	L	
<i>Moore Brian S.</i>	<i>USFA</i>	<i>2896</i>	<i>5</i>	<i>N</i>	<i>Male</i>	<input checked="" type="checkbox"/>						
<i>94 Hoover Dr.</i>		<i>2897</i>	<i>10</i>	<i>N</i>	<i>Mule</i>							
<i>Jonestown RA 17038</i>		<i>2898</i>	<i>14</i>	<i>F</i>	<i>Mule</i>							
		<i>2899</i>	<i>14</i>	<i>N</i>	<i>TH</i>							
		<i>2900</i>	<i>10</i>	<i>N</i>	<i>TH</i>							
		<i>2901</i>	<i>10</i>	<i>N</i>	<i>QH</i>							
		<i>2902</i>	<i>10</i>	<i>F</i>	<i>QH</i>							
		<i>2903</i>	<i>10</i>	<i>N</i>	<i>QH</i>							
		<i>2904</i>	<i>10</i>	<i>N</i>	<i>AP</i>							
		<i>2905</i>	<i>10</i>	<i>N</i>	<i>Male</i>							
		<i>2906</i>	<i>10</i>	<i>N</i>	<i>Mule</i>							
		<i>2907</i>	<i>10</i>	<i>N</i>	<i>Mule</i>							

CERTIFIED BRUCellosis FREE AREA

⑥ The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

⑦ During the previous 2 days the animals in this shipment have not been in the states of Texas or New Mexico.

⑧ Fit to be transported means that on the day of inspection no animal had an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



1061196

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**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 <u>Sonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET	
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc.</u>	
STREET ADDRESS <u>94 Hoover Drive</u>	STREET ADDRESS <u>517 Rang St, Julie est,</u>	
CITY, STATE, ZIP CODE <u>Sonestown PA 17038</u>	CITY, STATE, ZIP CODE <u>St. Andre Avellin Canada</u>	
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>	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	USFA	2878					X					X						X	
2		2879					X					X						X	
3		2880					X					X						X	
4		2881	X						X									X	
5		2882						X		X	I			X					
6		2883	X						X					X					
7		2884					X			X								X	
8		2885	X						X									X	
9		2886					X		X					X					
10		2887					X		X									X	
11		2888					X		X							X			
12		2889	X											X				X	
13		2890	X											X	X				
14		2891	X											X				X	
15		2892	X											X				X	

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

SIGNATURE  (b)(6)

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.)

 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

2061196

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		2893					X						X	X				
17		2894			X								X				X	
18		2895					X		X								X	
19		2896					X						X				X	
20		2897					X						X				X	
21		2898					X						X				X	
22		2899 X						X									X	
23		2900 X						X									X	
24		2901					X		X								X	
25		2902					X		X					X				
26		2903					X		X								X	
27		2904					X		X								X	
28		2905					X						X				X	
29		2906					X						X				X	
30		2907					X						X				X	
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>		2. CERTIFICATE NO. FROM VS FORM 17-140 <i>L060883</i>	3. PAGE NO. <i>2 of 2</i>
15. CONSIGNEE'S NAME <i>Carvel Canada Export Inc</i>			

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

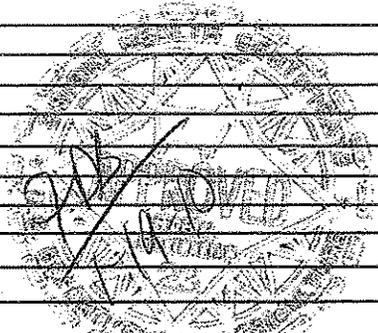
17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)
18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE		SEX		BREED D	DATE E	DATE F	DATE G
	B	C	H	I				
<i>2956</i>	<i>15</i>	<i>N</i>	<i>SN</i>	<i>✓</i>				
<i>2957</i>	<i>17</i>	<i>N</i>	<i>SN</i>					
<i>2958</i>	<i>16</i>	<i>F</i>	<i>SN</i>					
<i>2959</i>	<i>14</i>	<i>F</i>	<i>QH</i>					
<i>2960</i>	<i>12</i>	<i>N</i>	<i>TH</i>					
<i>2961</i>	<i>12</i>	<i>F</i>	<i>QH</i>					
<i>2962</i>	<i>10</i>	<i>N</i>	<i>QH</i>					
<i>2963</i>	<i>7</i>	<i>N</i>	<i>TH</i>					
<i>2964</i>	<i>20</i>	<i>F</i>	<i>TH</i>					
<i>2965</i>	<i>14</i>	<i>N</i>	<i>TH</i>					
<i>2966</i>	<i>12</i>	<i>N</i>	<i>QH</i>					
<i>2967</i>	<i>8</i>	<i>N</i>	<i>QH</i>					

CERTIFIED BRUCellosis FREE AREA

DATE I	VAC J	1/25 K	1/50 L	1/100 M	DATE N	DATE O
<i>5</i>						
<i>During the previous 21 days the animals have not been in the states of Texas and New Mexico.</i>						
<i>6 The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.</i>						
<i>7 The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in their shipment to be refused entry to Canada.</i>						
<i>8 Fit to be transported means that on the day of inspection no animals have been transported with any infirmity, illness, injury, or any other condition that can be aggravated when the animals are being transported causing the animals to suffer.</i>						



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

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

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET	
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL CANADA Export Inc.</u>	
STREET ADDRESS <u>94 Hoover Drive</u>	STREET ADDRESS <u>517 Rang St. Julie est.</u>	
CITY, STATE, ZIP CODE <u>Jonestown PA 17038</u>	CITY, STATE, ZIP CODE <u>St. Andre Auellin Canada</u>	
AREA CODE & TELEPHONE NO. <u>717 865-7586</u>	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.
 Horses are able to walk unassisted.

Foals are older than 6 months of age.
 Horses are not blind in both eyes.

	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	USFA	2908	X							X								X	
2		2909					X			X							X		
3		2910	X							X							X		
4		2911						X		X								X	
5		2912					X			X							X		
6		2913					X			X							X		
7		2914	X							X							X		
8		2915						X		X								X	
9		2916						X		X								X	
10		2917						X		X								X	
11		2918					X			X							X		
12		2919				X				X							X		
13		2920				X				X							X		
14		2921				X				X							X		
15	V	2922						X		X							X		

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

SIGNATURE: (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO.
0579-0160

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

No.	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	2953	X								X				X				
17		2954	X											X				X	
18		2955	X											X				X	
19		2956	X											X				X	
20		2957	X											X				X	
21		2958	X											X	X				
22		2959					X			X				X					
23		2960	X							X								X	
24		2961	X							X				X					
25		2962					X			X								X	
26		2963	X							X								X	
27		2964	X										X	X					
28		2965					X			X								X	
29		2966						X		X								X	
30	↓	2967	X							X								X	
31																			
32																			
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) 2. CERTIFICATE NO. 3. PAGE NO.

Moore Brian S.

L060883

1 OF 2

4. DATE ISSUED 5. U.S. PORT OF EMBARKATION (City and State) 6. STATE CODE 7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 8. CONSIGNOR'S CITY (or Town)

11/18/10 Jonestown PA 42 94 Hoover Dr Jonestown

9. SEMEN ("X" if yes) 10. NO. DOSES OF SEMEN 11. TRANSPORTATION CLASS 12. CONSIGNOR'S STATE 13. STATE CODE 14. ZIP CODE

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) DESTINATION COUNTRY ENTER CODE

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) DESTINATION COUNTRY ENTER CODE

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

NEGATIVE TUBERCULIN READING BRUCELLOSIS BLOOD SAMPLE COLLECTED NEGATIVE RESULTS OF OTHER TESTS

48 HRS 72 HRS

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN 18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code

MOORE BRIAN S. USA PA 2938 9 N AS

94 Hoover Dr 2939 14 F QH

Jonestown PA 17038 2940 12 F QH

2941 14 F QH

2942 10 F QH

2943 16 N SN

2944 20 F BL

2945 15 N Mule

2946 9 F QH

2947 10 F QH

2948 14 N SN

2949 12 F SN

2950 6 F QH

2951 5 F QH

2952 16 N BL

2953 6 F QH

2954 14 N SN

2955 12 N SN

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto.

② The animals were to the best of the knowledge and belief of James S Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.

③ The animals have resided in the USA and Canada since birth. (or)

④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HEREIN

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) 21. STATUS 22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

1-19-10 Holt, James S. 2 Federal 30 head

23. SIGNATURE OF ENDORSING FEDERAL VET (Type, print, or stamp) 24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) 25. SIGNATURE OF ISSUING VETERINARIAN

FD BROWN JR UMO BROWN JR UMO And #5204

Signature of Endorsing Federal Veterinarian

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

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FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Sonestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>		CONSIGNEE (RECEIVER/DESTINATION) NAME <i>CAVEL CANADA Export Inc.</i>
STREET ADDRESS <i>94 Hoover Drive</i>		STREET ADDRESS <i>517 Rang St, Julie est</i>
CITY, STATE, ZIP CODE <i>Sonestown PA 17030</i>		CITY, STATE, ZIP CODE <i>St Anobre Avellan Canada</i>
AREA CODE & TELEPHONE NO. <i>717-865-7506</i>		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.
 Horses are able to walk unassisted.
- Foals are older than 6 months of age.
 Horses are not blind in both eyes.

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			
0587A	2938					X							X			X		
	2939					X			X					X				
	2940				X				X					X				
	2941						X		X					X				
	2942				X		X		X					X				
	2943	X										X				X		
	2944					X				X				X				
	2945					X						X				X		
	2946	X							X					X				
	2947					X			X					X				
	2948	X										X				X		
	2949	X										X	X					
	2950	X								X				X				
	2951	X								X				X				
	2952	X				X				X						X		

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

SIGNATURE

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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 _____

2060880

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO.
0579-0160

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld					
16	USFA 2923					X				X										
17	2924	X								X										
18	2925	X								X										
19	2926					X				X										
20	2927				X					X				X						
21	2928				X					X				X						
22	2929	X								X				X						
23	2930					X		X												
24	2931					X		X												
25	2932				X					X										
26	2933					X				X										
27	2934					X				X				X						
28	2935	X											X	X						
29	2936						X			X										
30	2937	X						X						X						
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) **Moore Brian S.** 2. CERTIFICATE NO. **L060884** 3. PAGE NO. **1 OF 2**

4. DATE ISSUED **11/25/10** 5. U.S. PORT OF EMBARKATION (City and State) **Jonestown PA** 6. STATE CODE **42**

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) **94 Hoover Dr.** 8. CONSIGNOR'S CITY (or Town) **Jonestown**

9. SEMEN ("X" if yes) 10. NO. DOSES OF SEMEN 11. TRANSPORTATION CLASS
 1 - Rail 3 - Air
 2 - Truck 4 - Ocean

12. CONSIGNOR'S STATE **Pennsylvania** 13. STATE CODE **42** 14. ZIP CODE **17038**

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) **Cavel Canada Export Inc. 517 Rang St. Julia - est - St. Andre - Avellan** DESTINATION COUNTRY **OE** ENTER CODE **Canada**

NEGATIVE TUBERCULIN READING 48 HRS 72 HRS
BRUCellosis BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	CERTIFIED BRUCellosis FREE AREA					DATE M	DATE N	DATE O	
							DATE H	VAC I	1/25 J	1/50 K	1/100 L				
Moore Brian S	USFA 2968	4	F	TH											
94 Hoover Dr.	2969	7	M	TH											
Jonestown PA 17038	2970	6	F	TH											
	2971	4	F	TH											
	2972	9	N	TH											
	2973	14	N	QH											
	2974	10	N	QH											
	2975	14	N	QH											
	2976	8	F	QH											
	2977	10	N	QH											
	2978	12	N	QH											
	2979	16	F	QH											
	2980	10	F	QH											
	2981	12	F	QH											
	2982	14	N	QH											
	2983	7	N	QH											
	2984	5	N	TH											
	2985	4	F	TH											

CERTIFIED BRUCellosis FREE AREA

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
② The animals were to the best of the knowledge and belief of James S Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.
③ The animals have met all the import requirements for the USA for the past 60 days or
④ The animals have resided in the USA or Canada since birth.
⑤ During the previous 21 days the animals have not been in the State of Texas or New Mexico.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



APPROVED

Signature of Endorsing Federal Veterinarian: **DR. M. KORNREICH, AVIC**

CERTIFICATION BY ISSUING VETERINARIAN
This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED **1-26-2010** 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) **Holt James S.** 21. STATUS 2 Federal 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) **30 head**
23. Signature of Endorsing Federal Veterinarian **DR. M. KORNREICH, AVIC** 24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
25. SIGNATURE OF ISSUING VETERINARIAN **James S Holt** 26. SIGNATURE OF ISSUING VETERINARIAN **BV007032L**

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>		2. CERTIFICATE NO. FROM VS FORM 17-140 <i>LO60884</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>			

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCellosis BLOOD SAMPLE COLLECTED

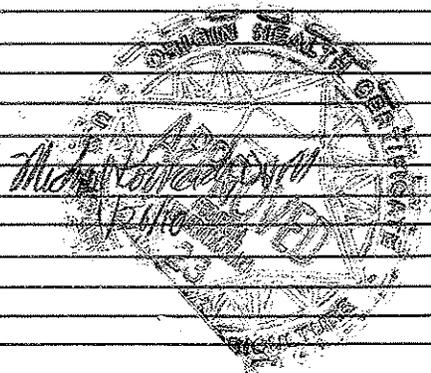
NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN		MODIFIED ACCREDITED AREA (TB)		18. INDIVIDUAL IDENTIFICATION					CERTIFIED BRUCellosis FREE AREA					DISEASE			
Owner's name (Last name, two initials, & business name) Owner's street address Owner's city/town, state code & zip code				ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE	
				A	B	C	D	E	F	G	H	J	K	L	M	N	O
<i>Moore Brian S.</i>		<i>USFA</i>		<i>2986</i>	<i>6</i>	<i>F</i>	<i>TH</i>										
<i>94 Hooker Dr.</i>				<i>2987</i>	<i>8</i>	<i>F</i>	<i>TH</i>										
<i>Jones town PA 17038</i>				<i>2988</i>	<i>7</i>	<i>F</i>	<i>TH</i>										
				<i>2989</i>	<i>9</i>	<i>N</i>	<i>QH</i>										
				<i>2990</i>	<i>10</i>	<i>F</i>	<i>TH</i>										
				<i>2991</i>	<i>14</i>	<i>F</i>	<i>QH</i>										
				<i>2992</i>	<i>16</i>	<i>N</i>	<i>QH</i>										
				<i>2993</i>	<i>4</i>	<i>F</i>	<i>TH</i>										
				<i>2994</i>	<i>5</i>	<i>F</i>	<i>TH</i>										
				<i>2995</i>	<i>16</i>	<i>F</i>	<i>BL</i>										
				<i>2996</i>	<i>14</i>	<i>F</i>	<i>SN</i>										
				<i>2997</i>	<i>10</i>	<i>M</i>	<i>TB</i>										

⑥ The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

⑦ The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for the transport may result in the shipment to be refused entry to Canada.

⑧ Fit to be transported means that on the day of inspection no animal had an abnormality, illness, injury, or any other condition that could be aggravated when the animals are transported, causing them to suffer.



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

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

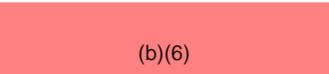
TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St, Julie est.</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17038</u>		CITY, STATE, ZIP CODE <u>St Andre Avellan Canada</u>
AREA CODE & TELEPHONE NO. <u>717-965-7506</u>		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	USFA	2968					X		X					X				
2		2969	X						X								X	
3		2970	X						X					X				
4		2971	X						X					X				
5		2972	X						X								X	
6		2973					X		X								X	
7		2974	X						X								X	
8		2975					X		X								X	
9		2976						X	X					X				
10		2977					X		X								X	
11		2978	X						X								X	
12		2979	X						X					X				
13		2980	X						X					X				
14		2981	X						X					X				
15		2982						X	X								X	

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

SIGNATURE:  (b)(6)

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND 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.)

 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

UNITED STATES ORIGIN HEALTH CERTIFICATE
(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) **Moore Brian S.**
 2. CERTIFICATE NO. **L060886**
 3. PAGE NO. **1 OF 2**

4. DATE ISSUED **1/25/10**
 5. U.S. PORT OF EMBARKATION (City and State) **Jonestown PA**
 6. STATE CODE **42**

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) **94 Hoover Dr.**
 8. CONSIGNOR'S CITY (or Town) **Jonestown**
 12. CONSIGNOR'S STATE **Pennsylvania**
 13. STATE CODE **42**
 14. ZIP CODE **17038**

9. SEMEN ("X" if yes)
 10. NO. DOSES OF SEMEN
 11. TRANSPORTATION CLASS
 1 - Rail 3 - Air
 2 - Truck 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) **Cavel Canada Export Inc.**
517 Rang. St. Julie - est. St. Andre - Audlin
 DESTINATION COUNTRY **OE**
 ENTER CODE **Canada**

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING 48 HRS 72 HRS
 BRUCELLOSIS BLOOD SAMPLE COLLECTED
 NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A. MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION					19. CERTIFIED BRUCELLOSIS FREE AREA									
Owner's name (Last name, two initials, or business name)		(Instructions for columns A, B, C & D on reverse)														
Owner's street address		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE		
Owner's city/town, State code (FIPS code on reverse) & zip code		A	B	C	D	F	H	I	J	K	L	M	N	O		
Moore Brian S.		USFA 2998	16	F	Mule											
94 Hoover Dr.		2999	17	N	Mule											
Jonestown PA 17038		3000	11	N	SN											
		3001	12	F	QH											
		3002	15	N	QH											
		3003	9	F	SN											
		3004	7	F	QH											
		3005	12	N	SN											
		3006	10	F	SN											
		3007	14	F	SN											
		3008	10	F	Mule											
		3009	6	F	QH											
		3010	16	N	SN											
		3011	10	N	QH											
		3012	14	N	QH											
		3013	12	F	QH											
		3014	10	N	QH											
		3015	9	F	QH											

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.

② The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.

③ The animals have resided in the USA or Canada since birth (or).

④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

⑤ During the previous 21 days the animals have not been in the states of Texas or New Mexico.



CERTIFICATION BY ISSUING VETERINARIAN
 This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED **1-26-2010**
 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) **Holt, James S.**
 21. STATUS 2 Federal 3 Accredited
 22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) **30 head**
 23. Signature of Endorsing Federal Veterinarian **DR. M. KOHNBECH, AVIC**
 24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
 25. SIGNATURE OF ISSUING VETERINARIAN **[Signature]** **Acc'd 1/25/2010**

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)
Moore Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140
L060886

3. PAGE NO.
1 of 2

16. CONSIGNEE'S NAME
Carol Canada Export Inc.

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE

TYPE TEST TYPE TEST TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TA)

18. INDIVIDUAL IDENTIFICATION

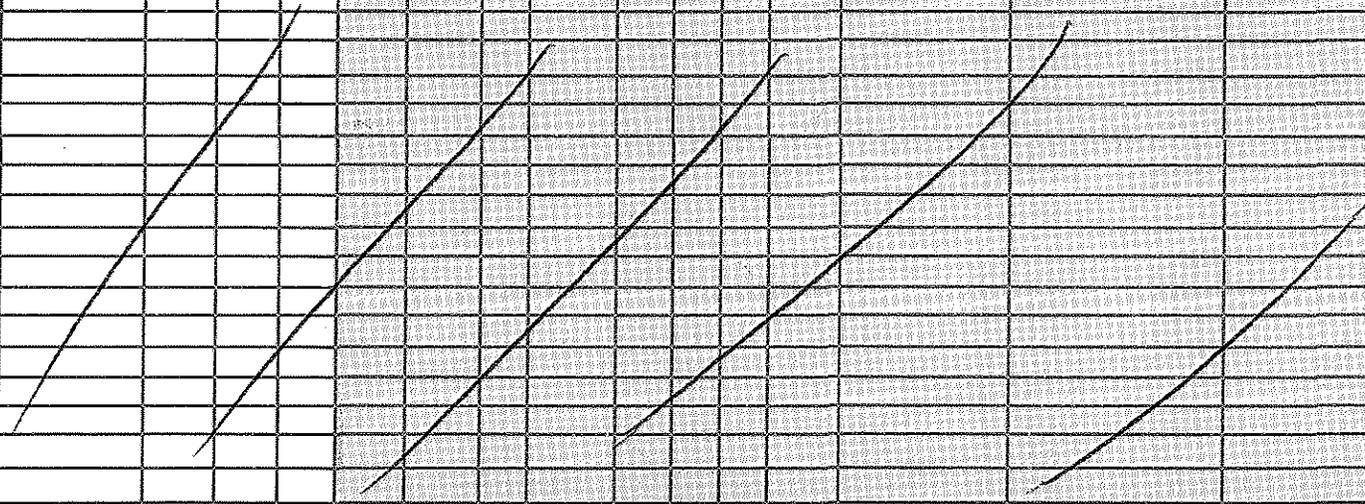
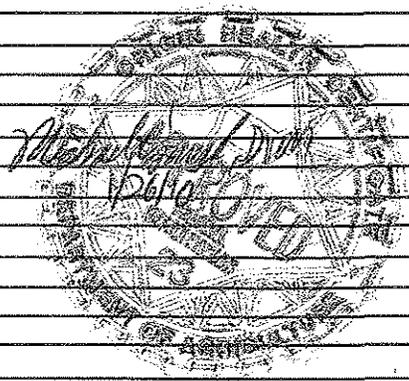
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O	
<i>Moore Brian S</i>	<i>USFA</i>	<i>3016</i>	<i>12</i>	<i>F</i>	<i>QH</i>	<input checked="" type="checkbox"/>									
<i>94 Heaver Dr.</i>		<i>3017</i>	<i>8</i>	<i>N</i>	<i>QH</i>										
<i>Jonestown PA 17038</i>		<i>3018</i>	<i>18</i>	<i>N</i>	<i>BL</i>										
		<i>3019</i>	<i>20</i>	<i>N</i>	<i>BL</i>										
		<i>3020</i>	<i>16</i>	<i>F</i>	<i>BL</i>										
		<i>3021</i>	<i>15</i>	<i>F</i>	<i>BL</i>										
		<i>3022</i>	<i>14</i>	<i>N</i>	<i>SN</i>										
		<i>3023</i>	<i>16</i>	<i>F</i>	<i>BL</i>										
		<i>3024</i>	<i>4</i>	<i>F</i>	<i>QH</i>										
		<i>3025</i>	<i>5</i>	<i>N</i>	<i>QH</i>										
		<i>3026</i>	<i>8</i>	<i>F</i>	<i>QH</i>										
		<i>3027</i>	<i>20</i>	<i>F</i>	<i>TH</i>										

CERTIFIED BRUCELLOSIS FREE AREA

⑥ The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

⑦ The exporter has been advised that any determination in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

⑧ Fit to be transported means that on the day of inspection no animal has an infectious illness, injury or any other condition that could be ascertained before the animals are transported, causing them to suffer.



**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.

2060886
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAvel Canada Export Inc.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St, Julie est.</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17038</u>		CITY, STATE, ZIP CODE <u>St Andre Avellan Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7506</u>		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		
1	USFA	2998					X						X	X			
2		2999					X						X			X	
3		3000	X										X			X	
4		3001						X	X					X			
5		3002					X		X							X	
6		3003	X									X	X				
7		3004					X		X					X			
8		3005	X									X				X	
9		3006	X									X	X				
10		3007	X									X	X				
11		3008			X							X	X				
12		3009				X			X					X			
13		3010	X									X				X	
14		3011					X		X							X	
15		3012	X						X							X	

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

SIGNATURE (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

2060888

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3013	X							X				X				
17		3014	X							X							X	
18		3015			X					X				X				
19		3016	X							X				X				
20		3017					X			X							X	
21		3018					X				X						X	
22		3019					X				X						X	
23		3020					X				X			X				
24		3021					X				X			X				
25		3022	X									X					X	
26		3023						X			X			X				
27		3024						X		X				X				
28		3025				X				X							X	
29		3026					X			X				X				
30	↓	3027	X						X					X				
31																		
32																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) 2. CERTIFICATE NO. 3. PAGE NO.

Moore Brian S.

L060890

1 OF 2

4. DATE ISSUED 5. U.S. PORT OF EMBARKATION (City and State) 6. STATE CODE

2/1/10

Jonestown PA

42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 8. CONSIGNOR'S CITY (or Town)

94 Hoover Dr.

Jonestown

9. SEMEN ("X" if yes) 10. NO. DOSES OF SEMEN 11. TRANSPORTATION CLASS

1 - Rail 3 - Air

2 - Truck 4 - Ocean

12. CONSIGNOR'S STATE 13. STATE CODE 14. ZIP CODE

Jonestown Pennsylvania

42

17038

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) DESTINATION COUNTRY ENTER CODE

CAVEL Canada Export Inc.
517 Rang St. S. 10 est. St. Andre Avellan

CANADA

CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING BRUCELLOSIS BLOOD SAMPLE COLLECTED NEGATIVE RESULTS OF OTHER TESTS

48 HRS 72 HRS

DISEASE DISEASE DISEASE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore Brian S.
94 Hoover Rd.
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION	AGE	SEX	BREED	E	DATE	G
A	B	C	D		F	
USFA 3028	6	F	TH			
3029	5	N	QH			
3030	14	F	BL			
3031	10	N	SN			
3032	4	F	QH			
3033	8	F	QH			
3034	14	N	SN			
3035	10	N	SN			
3036	10	F	SN			
3037	8	N	QH			
3038	10	N	SN			
3039	10	F	SN			
3040	16	N	QH			
3041	12	F	SN			
3042	12	F	SN			
3043	14	N	SN			
3044	6	N	SN			
3045	14	N	SN			

CERTIFIED BRUCELLOSIS FREE AREA

DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
H	I	J	K	L	M	N	O
① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto. ② The animals were to the best of the knowledge and belief of James S. Helt were not exposed to any communicable disease within 60 days preceding the date of inspection. ③ The animals have resided in the USA or Canada since birth. (OR) ④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days. ⑤ During the previous 21 days the animals have not been in the States of Texas and New Mexico.							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) 21. STATUS 2 Federal 1 State 3 Accredited 22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) 25. SIGNATURE OF ISSUING VETERINARIAN

2/2/10

Helt, James S.

F.D. BROWN JR UMO

BU007032L
Acad #5204

30 head

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore, Brian S</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>L060990</i>	3. PAGE NO. <i>2 of 2</i>
15. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	
						✓
<i>Moore, Brian S. USPA</i> 3046	<i>10</i>	<i>F</i>	<i>SN</i>			✓
<i>94 Hoover Dr.</i> 3047	<i>12</i>	<i>N</i>	<i>SN</i>			✓
<i>Jones Farm PA 17038</i> 3048	<i>14</i>	<i>N</i>	<i>SN</i>			✓
3049	<i>14</i>	<i>F</i>	<i>SN</i>			✓
3050	<i>10</i>	<i>N</i>	<i>SN</i>			✓
3051	<i>10</i>	<i>F</i>	<i>TH</i>			✓
3052	<i>10</i>	<i>F</i>	<i>SN</i>			✓
3053	<i>20</i>	<i>F</i>	<i>SN</i>			✓
3054	<i>4</i>	<i>F</i>	<i>OH</i>			✓
3055	<i>10</i>	<i>N</i>	<i>OH</i>			✓
3056	<i>10</i>	<i>N</i>	<i>SN</i>			✓
3057	<i>16</i>	<i>M</i>	<i>SN</i>			✓

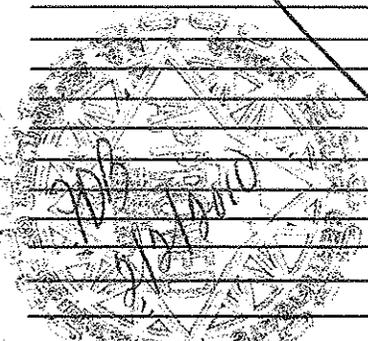
CERTIFIED BRUCellosis FREE AREA

DATE I	VAC J	1/25 K	1/50 L	1/100 M	DATE N	DATE O	DATE P
-----------	----------	-----------	-----------	------------	-----------	-----------	-----------

⑥ The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.

⑦ The exporter has been advised that any deterioration in the health or physical condition of the animals which may render them unfit for transport may result in the shipment to be refused entry to Canada.

⑧ Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be transmitted when the animals are being transported causing the animals to suffer.



1 422 0010
L060890

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	3043	X										X				X		
17		3044	X										X				X		
18		3045			X								X				X		
19		3046	X										X	X					
20		3047	X										X				X		
21		3048	X										X				X		
22		3049	X										X	X					
23		3050	X										X				X		
24		3051	X						X					X					
25		3052	X										X	X					
26		3053	X										X	X					
27		3054				X				X								X	
28		3055	X							X								X	
29		3056	X										X					X	
30		3057	X										X		X				
31																			
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45																			

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore, Brian S	2. CERTIFICATE NO. L060889	3. PAGE NO. 1 OF 2
---	--------------------------------------	------------------------------

4. DATE ISSUED 2/11/10	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE 42	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonestown
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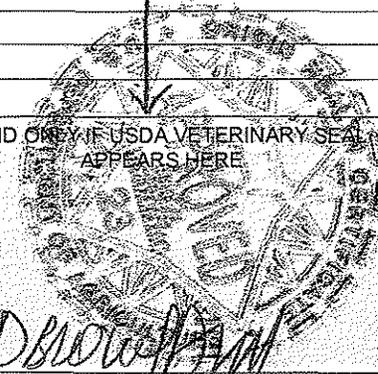
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE Pennsylvania	13. STATE CODE PA 42	14. ZIP CODE 17038
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15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) 5 cavel canada export inc. 577 Rang st. Julia est STAndre-AVELLIN	DESTINATION COUNTRY CANADA P	ENTER CODE CA
--	---	--	-------------------------

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)										CERTIFIED BRUCellosis FREE AREA				
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION	AGE	SEX	BREED		DATE		DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
Owner's street address		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Brian S. Moore		USFA 3058	14	N	SN											
94 Hoover Dr.		3059	6	F	SN											
Jonestown PA 17038		3060	10	N	QH											
		3061	12	F	SN											
		3062	10	F	SN											
		3063	10	N	SN											
		3064	16	N	SAI											
		3065	4	F	QH											
		3066	12	N	SN											
		3067	16	N	SN											
		3068	6	F	SN											
		3069	10	F	SN											
		3070	10	F	SN											
		3071	15	N	SN											
		3072	15	F	Mula											
		3073	16	F	Mula											
		3074	15	F	BL											
		3075	15	N	BL											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



Signature of Endorsing Federal Veterinarian: *F.D. BROWN JR*

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED 2/12/2010	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30 head
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) F.D. BROWN JR VMO		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i> BV00732L And #5204	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)

Moore Brian S.

2. CERTIFICATE NO.
FROM VS FORM 17-140

LU60889

3. PAGE NO.

2 of 2

16. CONSIGNEE'S NAME

Cavel Canada Export Inc.

XXXXXX
XXXXXX

NEGATIVE TUBERCULIN READING

48 HRS. 72 HRS.

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

Moorfe, B.S.
8 Hoover Dr.
Jonestown, PA 17038

MODIFIED ACCREDITED AREA (TA)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E F G	DATE H I J K L	DATE M N O
USFA3076	14	N	BL			
3077	12	N	PE			
3078	20	N	BL			
3079	4	N	QH			
3080	5	N	QH			
3081	3	N	QH			
3082	5	N	QH			
3083	8	N	QH			
3084	12	F	BL			
3085	9	N	QH			
3086	12	F	QH			
3087	7	N	TH			

CERTIFIED BRUCellosis FREE AREA

DATE VAC 1/25 1/50 1/100

DATE H I J K L

DATE M

DATE N

DATE O

7 THE EXPORTER HAS BEEN ADVISED THAT ANY DEGRADATION IN THE HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER THEM UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.

8 Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

2060889

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St Julia est.</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 170300</u>		CITY, STATE, ZIP CODE <u>St. Andre Arvelin Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7506</u>		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	Staf	Geld				
1	125FA	3058	X										X					X		
2		3059	X										X	X						
3		3060					X			X									X	
4		3061	X										X	X						
5		3062	X										X	X						
6		3063					X						X						X	
7		3064	X										X						X	
8		3065			X					X					X					
9		3066	X										X						X	
10		3067	X										X						X	
11		3068	X										X	X						
12		3069	X										X	X						
13		3070					X						X	X						
14		3071					X						X						X	
15		3072			X								X	X						

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

SIGN (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

2060889

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	3073	X										X	X					
17		3074					X						X	X					
18		3075					X				X						X		
19		3076					X				X						X		
20		3077			X						X						X		
21		3078					X				X						X		
22		3079	X								X						X		
23		3080					X				X						X		
24		3081					X				X						X		
25		3082	X								X						X		
26		3083				X					X						X		
27		3084					X				X			X					
28		3085					X				X						X		
29		3086				X					X			X					
30	↓	3087	X						X								X		
31																			
32																			
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SIGNATURE OF OWNER/SHIPPER(certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore, Brian S.</i>	2. CERTIFICATE NO. <i>L061368</i>	3. PAGE NO. <i>1 OF 2</i>
--	--------------------------------------	------------------------------

4. DATE ISSUED <i>2/15/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
----------------------------------	---	----------------------------

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Haver Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>	
12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>

9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean
---	------------------------	--

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Cavel Canada Export Inc. 577 Rang St. Julie est St. Andre-Avelin</i>	DESTINATION COUNTRY <i>Quebec</i>	ENTER CODE <i>CA</i>
--	--------------------------------------	-------------------------

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE	DATE	CERTIFIED BRUCELLOSIS FREE AREA						
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E			DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N
<i>Moore Brian S. 94 Haver Dr. Jonestown PA 17038</i>	<i>USFA 3118</i>	<i>18</i>	<i>N</i>	<i>QH</i>										
	<i>3119</i>	<i>8</i>	<i>N</i>	<i>TH</i>										
	<i>3120</i>	<i>20</i>	<i>F</i>	<i>QH</i>										
	<i>3121</i>	<i>6</i>	<i>N</i>	<i>TH</i>										
	<i>3122</i>	<i>8</i>	<i>F</i>	<i>QH</i>										
	<i>3123</i>	<i>10</i>	<i>N</i>	<i>QH</i>										
	<i>3124</i>	<i>5</i>	<i>F</i>	<i>QH</i>										
	<i>3125</i>	<i>14</i>	<i>N</i>	<i>TH</i>										
	<i>3126</i>	<i>15</i>	<i>F</i>	<i>SN</i>										
	<i>3127</i>	<i>7</i>	<i>N</i>	<i>Point</i>										
	<i>3128</i>	<i>14</i>	<i>N</i>	<i>SN</i>										
	<i>3129</i>	<i>15</i>	<i>F</i>	<i>QH</i>										
	<i>3130</i>	<i>10</i>	<i>F</i>	<i>QH</i>										
	<i>3131</i>	<i>12</i>	<i>N</i>	<i>SN</i>										
	<i>3132</i>	<i>6</i>	<i>F</i>	<i>TH</i>										
<i>3133</i>	<i>8</i>	<i>F</i>	<i>TH</i>											
<i>3134</i>	<i>15</i>	<i>F</i>	<i>BL</i>											
<i>3135</i>	<i>12</i>	<i>N</i>	<i>SN</i>											

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.

② The animals to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.

③ The animal have never resided in the USA or Canada since birth (or)

④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

⑤ During the previous 21 days the animals have not been in the states of Texas or New Mexico.



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>2/16/2010</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 head</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>F.D. BROWN JR M.D.</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>J.S. Holt</i> <i>BV007032L</i> <i>Acc # 5204</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. FROM VS FORM 17-140 1061358 1061376	3. PAGE NO. 2 of 2
16. CONSIGNEE'S NAME Cavel Canada Exoprt Inc.		

NEGATIVE TUBERCULIN READING <input checked="" type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
	CERTIFIED BRUCellosis FREE AREA	TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

Moore, B.S.
94 Hoover Dr.
Jonestown, PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

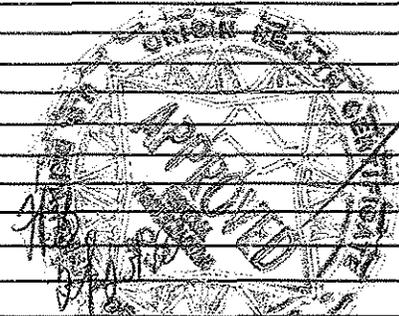
ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE
A	B	C	D	F
USFA 3196	10	F	TH	<input checked="" type="checkbox"/>
3197	7	N	TH	
3198	10	N	TH	
3199	8	F	TH	
3200	7	F	TH	
3201	10	F	TH	
3202	10	F	TH	
3203	6	F	TH	
3204	14	F	TH	
3205	12	F	QH	
3206	10	F	QH	
3207	14	F	QH	

5. During the previous 21 days the animals have not been in the states of Texas and New Mexico.

6. The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.

7. The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



**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 <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL CANADA Export Inc.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St, Julie est.</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17039</u>		CITY, STATE, ZIP CODE <u>St Andre Auvelin Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>		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	USFA	3178			X						X						X		
2		3179							X							X			
3		3180					X				X							X	
4		3181					X				X							X	
5		3182	X								X							X	
6		3183	X								X							X	
7		3184						X			X							X	
8		3185						X			X				X				
9		3186	X								X				X				
10		3187	X							X					X				
11		3188	X							X					X				
12		3189	X							X					X				
13		3190						X			X				X				
14		3191						X			X				X				
15		3192						X			X						X		

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

SIGNAT  (b)(6)

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.)
 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

206/376

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	3193				X									X				
17		3194	X														X		
18		3195				X												X	
19		3196	X							X					X				
20		3197	X							X								X	
21		3198	X							X								X	
22		3199					X			X					X				
23		3200	X							X					X				
24		3201					X			X					X				
25		3202	X							X					X				
26		3203	X							X					X				
27		3204	X							X					X				
28		3205	X								X				X				
29		3206	X								X				X				
30		3207					X				X				X				
31																			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore, Brian S,	2. CERTIFICATE NO. L061359	3. PAGE NO. 1 OF 2
--	--------------------------------------	------------------------------

4. DATE ISSUED 2/22/10	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE PA	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonestown
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE PA	13. STATE CODE PA
			14. ZIP CODE 17038	15. ZIP CODE 17038
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canada Export Inc. 517 Rang st. Julie est st. Andre-Avellin	DESTINATION COUNTRY Canada

Negative Tuberculin Reading <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)										19. CERTIFIED BRUCELLOSIS FREE AREA					
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION	AGE	SEX	BREED	E	DATE	F	G	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
Owner's street address		A	B	C	D		F			H	I	J	K	L	M	N	O
Moore, Brian S.		USFA 3148	7	N	TH												
94 Hoover Dr.		3149	10	N	QH												
Jonestown, PA 17038		3150	12	F	QH												
		3151	12	F	QH												
		3152	5	F	QH												
		3153	5	F	QH												
		3154	10	N	MULE												
		3155	7	F	QH												
		3156	6	F	QH												
		3157	14	F	AS												
		3158	7	F	QH												
		3159	15	F	QH												
		3160	12	F	SN												
		3161	10	F	SN												
		3162	12	F	SN												
		3163	7	N	QH												
		3164	8	F	SN												
		3165	12	N	SN												

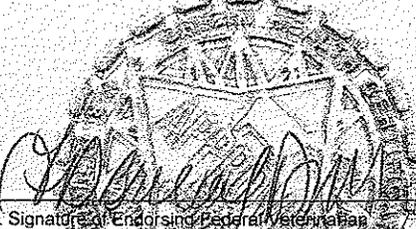
1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure there to.

2. The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.

3. The animals have resided in the USA and Canada since birth (or).

4. The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED 2/23/10	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30 head
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) PD BROWNE VMD		25. SIGNATURE OF ISSUING VETERINARIAN [Signature] B1007032L Aid #5201	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) Moore Brian S.		2. CERTIFICATE NO. FROM VS FORM 17-140 L061359	3. PAGE NO. 2 of 2
15. CONSIGNEE'S NAME Cavel Canda Export Inc.			

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 3166	10	N	QH											
3167	17	N	QH											
3168	11	F	QH											
3169	14	N	SN											
3170	10	F	SN											
3171	15	F	QH											
3172	14	F	SN											
3173	12	F	QH											
3174	14	F	SN											
3175	12	N	AS											
3176	15	N	QH											
3177	3	M	QH											

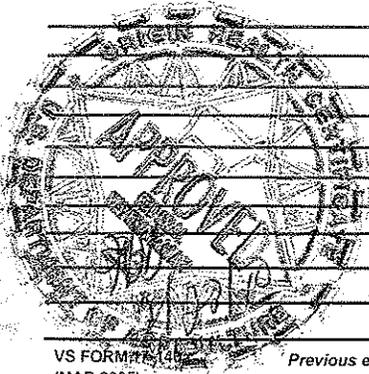
CERTIFIED BRUCellosis FREE AREA

5. During the previous 21 days the animals have not been in the states of Texas and New Mexico

6. The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.

7. The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



**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.

20161359
FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Jonestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>		CONSIGNEE (RECEIVER/DESTINATION) NAME <i>CAVEL Canada Export Fnc.</i>
STREET ADDRESS <i>94 Hoover Drive</i>		STREET ADDRESS <i>517 Rang St. Julie est.</i>
CITY, STATE, ZIP CODE <i>Jonestown PA 17038</i>		CITY, STATE, ZIP CODE <i>St. Andre Auvelin Canada</i>
AREA CODE & TELEPHONE NO. <i>717-865-7560</i>		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.
 Horses are able to walk unassisted.
- Foals are older than 6 months of age.
 Horses are not blind in both eyes.

	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	USA	3148					X		X							X		
2		3149					X			X						X		
3		3150	X							X					X			
4		3151	X							X					X			
5		3152					X			X					X			
6		3153				X				X					X			
7		3154	X										X			X		
8		3155					X			X					X			
9		3156	X							X					X			
10		3157					X						X	X				
11		3158				X				X					X			
12		3159					X			X					X			
13		3160	X										X	X				
14		3161	X										X	X				
15	✓	3162	X										X	X				

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 _____

2061350

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE				SEX				BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3163					X			X						X		
17		3164	X										X	X				
18		3165	X										X			X		
19		3166					X			X						X		
20		3167					X			X						X		
21		3168	X							X				X				
22		3169	X										X			X		
23		3170	X										X	X				
24		3171					X			X				X				
25		3172					X						X	X				
26		3173				X				X				X				
27		3174	X										X	X				
28		3175					X						X				X	
29		3176	X							X						X		
30	✓	3177					X			X					X			
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) MOORE, Brian S.	2. CERTIFICATE NO. L061381	3. PAGE NO. 1 OF 2
--	--------------------------------------	------------------------------

4. DATE ISSUED 2/25/10	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE PA	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonestown
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE PA	13. STATE CODE PA
			14. ZIP CODE 17038	15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)
			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canda Export Inc. 517 Rang st. Julia est st. Andre-Avellin	DESTINATION COUNTRY Canada
			ENTER CODE CA	

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E										
Moore, Brian S. 94 Hoover Dr. Jonestown, PA 17038	USA 3179														

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding and exposure there to.

2. The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.

3. The animals have resided in the USA and Canada since birth (or).

4. The animals have met all of the import requirements for the USA and have resided in the USA for the past 60 days.

VALID ONLY IF U.S. VETERINARY SEAL APPEARS HERE



CERTIFICATION BY ISSUING VETERINARIAN
This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED 2/25/2010	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30 head
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) FD BROWN J VMD		25. SIGNATURE OF ISSUING VETERINARIAN J S Holt BR007032-L And #5204	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)
Moore, Brian S.

2. CERTIFICATE NO.
FROM VS FORM 17-140
L061381

3. PAGE NO.
2 of 2

16. CONSIGNEE'S NAME
Cavel Canada Export Inc.

NEGATIVE TUBERCULIN
READING

48 HRS. 72 HRS.

BRUCellosis BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TS)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE
A	B	C	D	E

DATE	VAC	1/25	1/50	1/100
H	I	J	K	L

CERTIFIED BRUCellosis
FREE AREA

DATE	VAC	1/25	1/50	1/100
H	I	J	K	L

DATE

DATE

DATE

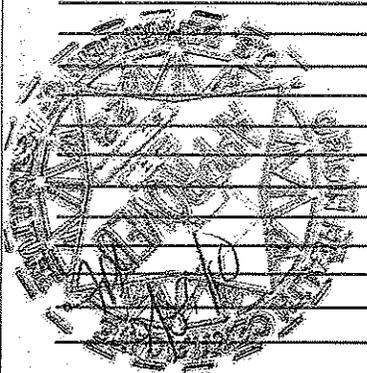
Owner's name (Last name, two initials, & business name)	ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	VAC	1/25	1/50	1/100
Owner's street address	A	B	C	D	E	F	G	H	I
Owner's city/town, state code & zip code									
Moore, B.S.	3222	5	F	SN					
94 Hoover Dr.	3223	10	F	SN					
Jonestown, PA 17038	3224	10	F	SN					
	3225	10	F	SN					
	3226	15	N	SN					
	3227	10	N	SN					
	3228	10	F	SN					
	3229	10	F	SN					
	3230	15	N	SN					
	3231	5	N	SN					
	3232	9	N	TH					
	3233	5	N	TH					
	3234	5	N	TH					
	3235	9	N	TH					
	3236	9	F	TH					
	3237	9	F	Mule					

5. During the previous 21 days the animals have not been in the states of Texas and New Mexico.

6. The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.

7. The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to CANADA.

8. Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer



**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

2061381

1653

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Sonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St. Julie est.</u>
CITY, STATE, ZIP CODE <u>Sonestown PA 17030</u>		CITY, STATE, ZIP CODE <u>St Andre Avellan Canada</u>
AREA CODE & TELEPHONE NO. <u>717-965-7506</u>		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	USFA	3208	X							X					X			
2		3209					X							X	X			
3		3210					X			X							X	
4		3211						X		X				X				
5		3212					X					X					X	
6		3213				X				X							X	
7		3214	X										X	X				
8		3215	X										X				X	
9		3216					X		X								X	
10		3217	X										X	X				
11		3218						X		X							X	
12		3219					X			X				X				
13		3220				X				X				X				
14		3221					X				X			X				
15		3222	X										X	X				

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

SIGNATURE (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

2061381

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSFA	3223	X										X	Y				
17		3224	X										X	X				
18		3225	X										X	X				
19		3226	X										X				X	
20		3227	X										X				X	
21		3228	X										Y	X				
22		3229	X										X	X				
23		3230	X										X				X	
24		3231	X										X				X	
25		3232	X							X							X	
26		3233	X							X							X	
27		3234						X		X							X	
28		3235	X							X							X	
29		3236	X							X				X				
30		3237	X										X	X				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. L061382	3. PAGE NO. 1 OF 2
--	--------------------------------------	-----------------------

4. DATE ISSUED 2/11/10	5. U.S. PORT OF EMBARKATION (City and State) Jonestown PA	6. STATE CODE PA 42	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonestown
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE PA	13. STATE CODE PA (42)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canada Export Inc. 517 Rang st. Julia est st. Anre-Avellin	DESTINATION COUNTRY Canada	ENTER CODE CA
--	--------------------------------------	-------------------------

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

Negative Tuberculin Reading <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE										
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E											DATE F
Moore, Brian S. 94 Hoover Dr. Jonestown, PA 17038	USFA 3238	7	F	QH												
	3239	3	N	QH												
	3240	5	N	TH												
	3241	2	F	QH												
	3242	10	F	QH												
	3243	7	N	QH												
	3244	5	N	TH												
	3245	10	F	SN												
	3246	10	F	TH												
	3247	12	F	TH												
	3248	16	F	QH												
	3249	5	N	TH												
	3250	16	F	TH												
	3251	15	F	QH												
	3252	16	N	BL												
3253	18	N	BL													
3254	4	F	QH													
3255	10	N	QH													

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure there to.

2. The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.

3/ The animals have resided in the USA and Canada since birth (or).

4. The animals have met all of the import requirements for the USA and have resided in the USA for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



CERTIFICATION BY ISSUING VETERINARIAN
This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED 3-2-2010	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30 head
24. NAME OF ENDORSING FEDERAL VET. (Type, print, or stamp) RD BROWN JK MD	25. SIGNATURE OF ISSUING VETERINARIAN [Signature]		

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) Moore, Brian S.		2. CERTIFICATE NO. FROM VS FORM 17-140 L061382	3. PAGE NO. 2 of 2
16. CONSIGNEE'S NAME Cavel Canada Export Inc.			

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

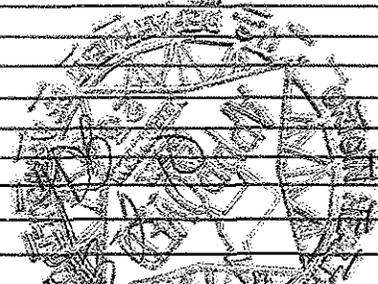
17. FARM ORIGIN		MODIFIED ACCREDITED AREA (TB)				18. INDIVIDUAL IDENTIFICATION		CERTIFIED BRUCELLOSIS FREE AREA					DISEASE					
Owner's name (Last name, two initials, & business name) Owner's street address Owner's city/town, state code & zip code		18. INDIVIDUAL IDENTIFICATION				DATE	DATE	CERTIFIED BRUCELLOSIS FREE AREA					DISEASE					
		ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D			DATE G	VAC H	1/25 I	1/50 J	1/100 K	DATE M	DATE N	DATE O			
Moore, B.S. 94 Hoover Dr. Jonestown PA 17038		3256	11	N	SN													
		3257	10	N	SN													
		3258	7	F	QH													
		3259	16	N	QH													
		3260	15	N	SN													
		3261	4	F	QH													
		3262	7	F	QH													
		3263	14	N	BL													
		3264	7	F	QH													
		3265	13	N	SN													
		3266	10	F	QH													
		3267	7	N	SN													

5. During the previous 21 days the animals have not been in the states of Texas and New Mexico.

6. The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.

7. The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



**OWNER/SHIPPER CERTIFICATE
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

2016120

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Sonestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>		CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Avel Canada Export Inc.</i>
STREET ADDRESS <i>94 Hoover Drive</i>		STREET ADDRESS <i>517 Rang St. Julia est.</i>
CITY, STATE, ZIP CODE <i>Sonestown PA 17038</i>		CITY, STATE, ZIP CODE <i>St. Andre Avellin</i>
AREA CODE & TELEPHONE NO. <i>717-865-7506</i>		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.
 Horses are able to walk unassisted.
- Foals are older than 6 months of age.
 Horses are not blind in both eyes.

	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	USFA	3238						X			X				X			
2		3239	X								X						X	
3		3240	X							X							X	
4		3241					X				X				X			
5		3242					X				X				X			
6		3243					X				X						X	
7		3244	X							X							X	
8		3245	X										X	X				
9		3246	X							X				X				
10		3247	X							X				X				
11		3248	X								X			X				
12		3249	X							X							X	
13		3250	X							X				X				
14		3251	X								X			X				
15	V	3252					X				X						X	

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

SIGN (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

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

2061382

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3253					X				X					X		
17		3254					X			X				X				
18		3255					X			X						X		
19		3256	X									X				X		
20		3257	X									X				X		
21		3258					X			X				X				
22		3259						X		X						X		
23		3260	X									X				X		
24		3261					X			X				X				
25		3262			X					X				X				
26		3263					X				X					X		
27		3264					X			X				X				
28		3265	X									X				X		
29		3266					X			X				X				
30		3267	X									X				X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. L061383	3. PAGE NO. 1 OF 2
--	--------------------------------------	------------------------------

4. DATE ISSUED 3/4/10	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE 42	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonestown
			12. CONSIGNOR'S STATE PA	13. STATE CODE PA
			14. ZIP CODE 17038	

9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canada Export Inc. 517 Kang st. Julie est. st. Andre-Avellin	DESTINATION COUNTRY Canada	ENTER CODE CA
---	------------------------	--	--	--------------------------------------	-------------------------

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)										CERTIFIED BRUCellosis FREE AREA		
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
Owner's street address		A	B	C	D	F	G	H	I	J	K	M	N	O
Owner's city/town, State code (FIPS code on reverse) & zip code														
Moore, Brian S.		USFA 3268	4	F	TH									
94 Hoover Dr.		3269	6	F	TH									
Jonestown, Pa 17038		3270	7	F	QH									
		3271	10	F	QH									
		3272	15	N	QH									
		3273	7	F	TH									
		3274	4	F	QH									
		3275	14	F	QH									
		3276	7	N	QH									
		3277	8	F	QH									
		3278	5	F	QH									
		3279	4	F	PE									
		3280	7	F	QH									
		3281	14	N	QH									
		3282	9	N	QH									
		3283	5	F	TH									
		3284	5	F	TH									
		3285	7	N	TH									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure there to.

2. The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.

3. The animals have resided in the USA and Canada since birth (or).

4. The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED 3/10/2010	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30 head
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) FD BROWN JMO		25. SIGNATURE OF ISSUING VETERINARIAN J S Holt	

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

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Sonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Kang St. Julie Est.</u>
CITY, STATE, ZIP CODE <u>Sonestown PA 17030</u>		CITY, STATE, ZIP CODE <u>St Andre Auellin Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>		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.
 Horses are able to walk unassisted.
- Foals are older than 6 months of age.
 Horses are not blind in both eyes.

	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	USFA	3268	X						X						X			
2		3269	X						X						X			
3		3270				X				X					X			
4		3271	X							X					X			
5		3272	X							X							X	
6		3273	X						X						X			
7		3274				X				X					X			
8		3275					X			X					X			
9		3276	X							X							X	
10		3277					X			X					X			
11		3278					X			X					X			
12		3279			X						X				X			
13		3280					X			X					X			
14		3281						X		X							X	
15	✓	3282				X				X							X	

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

SIGNATURE
(b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USFA	3283					X		X						X					
	3284					X		X						X					
	3285	X						X									X		
	3286	X						X						X					
	3287	X						X						X					
	3288	X						X						X					
	3289	X						X						X					
	3290					X				X							X		
	3291	X								X				X					
	3292	X								X							X		
	3293	X										X					X		
	3294					X				X							X		
	3295					X				X				X					
	3296					X				X							X		
	3297	X										X	X						
31																			
32																			
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. L060885	3. PAGE NO. 1 OF 2
---	--------------------------------------	-----------------------

4. DATE ISSUED <i>3/8/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Haver Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>	
12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Cavel Canada Export Inc. 517 Rang St. Jullia east St. Andre, Quebec</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

NEGATIVE TUBERCULIN READING BRUCellosis BLOOD SAMPLE COLLECTED NEGATIVE RESULTS OF OTHER TESTS

48 HRS 72 HRS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)
Moore Brian S.

Owner's street address
94 Haver Dr.

Owner's city/town, State code (FIPS code on reverse) & zip code
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION <i>(Instructions for columns A, B, C & D on reverse)</i>					DATE	DATE	DATE	DATE	DATE	DATE					
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E							F	G	H	I	J
<i>USFA 3298</i>	<i>10</i>	<i>F</i>	<i>SN</i>												
<i>3299</i>	<i>10</i>	<i>F</i>	<i>SN</i>												
<i>3300</i>	<i>10</i>	<i>F</i>	<i>SN</i>												
<i>3301</i>	<i>10</i>	<i>F</i>	<i>SN</i>												
<i>3302</i>	<i>10</i>	<i>F</i>	<i>SN</i>												
<i>3303</i>	<i>10</i>	<i>F</i>	<i>SN</i>												
<i>3304</i>	<i>7</i>	<i>N</i>	<i>QH</i>												
<i>3305</i>	<i>12</i>	<i>F</i>	<i>SN</i>												
<i>3306</i>	<i>12</i>	<i>F</i>	<i>SN</i>												
<i>3307</i>	<i>12</i>	<i>F</i>	<i>SN</i>												
<i>3308</i>	<i>12</i>	<i>F</i>	<i>SN</i>												
<i>3309</i>	<i>14</i>	<i>F</i>	<i>SN</i>												
<i>3310</i>	<i>14</i>	<i>F</i>	<i>SN</i>												
<i>3311</i>	<i>14</i>	<i>F</i>	<i>SN</i>												
<i>3312</i>	<i>14</i>	<i>F</i>	<i>SN</i>												
<i>3313</i>	<i>10</i>	<i>F</i>	<i>SN</i>												
<i>3314</i>	<i>10</i>	<i>F</i>	<i>SN</i>												
<i>3315</i>	<i>4</i>	<i>M</i>	<i>SN</i>												

CERTIFIED BRUCellosis FREE AREA

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.

② The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.

③ The animals have met all the import requirements for the USA and have resided in the USA for the past 60 days (or)

④ The animals have resided in the USA or Canada since birth.

⑤ During the previous 21 days the animals have not been in the states of Texas or New Mexico.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian
[Signature]

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>3-9-10</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 head</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>FDBROWN JR WLO</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i> B1007032L Add 45004	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>L060885</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

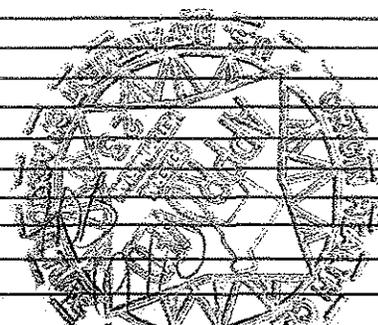
MODIFIED ACCREDITED AREA (TA)
18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G
<i>USA 3316</i>	<i>10</i>	<i>F</i>	<i>SN</i>			
<i>3317</i>	<i>20</i>	<i>N</i>	<i>Muld</i>			
<i>3318</i>	<i>4</i>	<i>F</i>	<i>QH</i>			
<i>3319</i>	<i>4</i>	<i>N</i>	<i>QH</i>			
<i>3320</i>	<i>15</i>	<i>N</i>	<i>SN</i>			
<i>3321</i>	<i>15</i>	<i>N</i>	<i>SN</i>			
<i>3322</i>	<i>5</i>	<i>N</i>	<i>QH</i>			
<i>3323</i>	<i>10</i>	<i>F</i>	<i>QH</i>			
<i>3324</i>	<i>10</i>	<i>F</i>	<i>QH</i>			
<i>3325</i>	<i>10</i>	<i>F</i>	<i>QH</i>			
<i>3326</i>	<i>10</i>	<i>N</i>	<i>SN</i>			
<i>3327</i>	<i>10</i>	<i>F</i>	<i>QH</i>			

CERTIFIED BRUCELLOSIS FREE AREA

DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<p>⑥ The animals at the time of inspection, were found healthy and in a physical condition fit to be transported.</p> <p>⑦ The exporter has been advised that any deterioration in the health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.</p> <p>⑧ Fit to be transported means that on the day of inspection an animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.</p>							

Moore Brian S.
94 Hoover Dr.
Jonestown PA 17038



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

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Sonestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>		CONSIGNEE (RECEIVER/DESTINATION) NAME <i>CAVEL CANADA Export Inc,</i>
STREET ADDRESS <i>94 Hoover Drive</i>		STREET ADDRESS <i>517 Rang St, Julie est,</i>
CITY, STATE, ZIP CODE <i>Sonestown PA 17038</i>		CITY, STATE, ZIP CODE <i>St Andre Avellin</i>
AREA CODE & TELEPHONE NO. <i>717-965-7506</i>		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	Bk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USFA	3298	X										X	X					
2		3299	X										X	X					
3		3300	X										X	X					
4		3301	X										X	X					
5		3302	X										X	X					
6		3303	X										X	X					
7		3304				X				X							X		
8		3305	X										X	X					
9		3306	X										X	X					
10		3307	X										X	X					
11		3308	X										X	X					
12		3309	X										X	X					
13		3310	X										X	X					
14		3311	X										X	X					
15	✓	3312	X										X	X					

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE. SIGNATURE: (b)(6)	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____
	DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. _____ DATE _____ TIME _____
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.) (b)(6)	

2060885

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	3313	X										X	X					
17		3314	X										X	X					
18		3315	X							X						X			
19		3316	X										X	X					
20		3317			X								X				X		
21		3318	X							X				X					
22		3319	X							X							X		
23		3320	X										X				X		
24		3321	X										X				X		
25		3322	X							X							X		
26		3323					X			X				X					
27		3324					X			X				X					
28		3325	X							X				X					
29		3326	X									X					X		
30		3327					X			X				X					
31																			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) 2. CERTIFICATE NO. 3. PAGE NO.

Moore Brian S.

L061384

1 OF 2

4. DATE ISSUED 5. U.S. PORT OF EMBARKATION (City and State) 6. STATE CODE 7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 8. CONSIGNOR'S CITY (or Town)

3/8/10

Jonestown PA

42

94 Hoover Dr.

Jonestown

9. SEMEN ("X" if yes)

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS

12. CONSIGNOR'S STATE

13. STATE CODE

14. ZIP CODE

1 - Rail 3 - Air
 2 - Truck 4 - Ocean

Pennsylvania

42

17038

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)

DESTINATION COUNTRY

ENTER CODE

Cavel Canada Export Inc.

Canada

CA

517 Rang St. Felix est St. Andre-Avellin

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

48 HRS 72 HRS

DISEASE DISEASE DISEASE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

Owner's name (Last name, two initials, or business name)

Owner's street address

Owner's city/town, State code (FIPS code on reverse) & zip code

ID NO. OR DESCRIPTION AGE SEX BREED

DATE

DATE

VAC

1/25

1/50

1/100

DATE

DATE

DATE

Moore Brian S.
94 Hoover Dr.
Jonestown PA 17038

ID NO. OR DESCRIPTION	AGE	SEX	BREED
USFA 3328	5	F	QH
3329	5	F	AP
3330	16	N	AP
3331	16	F	QH
3332	15	N	QH
3333	9	N	BL
3334	10	F	QH
3335	7	F	PN
3336	7	F	PN
3337	4	N	TH
3338	14	F	TH
3339	5	F	TH
3340	10	F	TH
3341	10	F	BL
3342	10	F	TH
3343	10	F	QH
3344	10	N	QH
3345	5	N	TH

CERTIFIED BRUCellosis FREE AREA

① The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease ~~with~~ and exposure thereto.
② The animal was, to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.
③ The animal has resided in the United States or Canada since birth, (or)
④ The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days.
⑤ The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)

21. STATUS 2 Federal 1 State 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

25. SIGNATURE OF ISSUING VETERINARIAN

3-9-10

Holt, James S.

01007032L

30 head

FD BROWN JR LMO

[Signature]

Acc'd #5204



READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) Moore Brian S.		2. CERTIFICATE NO. FROM VS FORM 17-140 L061384	3. PAGE NO. 2 of 2
16. CONSIGNEE'S NAME Cavel Canada Export Inc.			

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

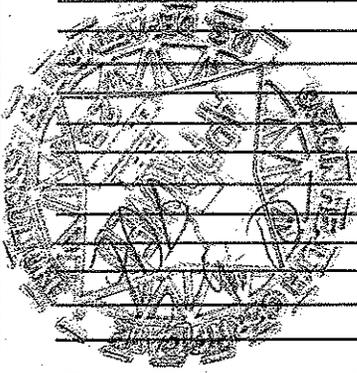
17. FARM ORIGIN		MODIFIED ACCREDITED AREA (TA)				18. INDIVIDUAL IDENTIFICATION		DATE							
Owner's name (Last name, two initials, & business name)	Owner's street address	ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE								
Moore Brian S.	USFA	3346	10	F	QH										
94 Hoover Dr.		3347	12	N	QH										
Jonestown	PA 17038	3348	13	N	SN										
		3349	15	N	SN										
		3350	14	N	SN										
		3351	9	N	SN										
		3352	12	N	BL										
		3353	14	N	SN										
		3354	15	N	SN										
		3355	19	F	QH										
		3356	12	F	BL										
		3357	10	N	AS										

CERTIFIED BRUCELLOSIS FREE AREA

⑥ The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

⑦ During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the state of New Mexico or Texas.

⑧ Fit to be transported means that, on the day of inspection, no animal has any infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.



**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.

1061304
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Sonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Atel Canada Export Inc</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St Julie est</u>
CITY, STATE, ZIP CODE <u>Sonestown PA 17030</u>		CITY, STATE, ZIP CODE <u>St. Andre Avelin Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>		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	USFA 3328	X							X					X				
2	3329						X						X	X				
3	3330						X						X			X		
4	3331					X			X				X					
5	3332					X			X							X		
6	3333					X				X						X		
7	3334	X							X				X					
8	3335				X				X				X					
9	3336				X				X				X					
10	3337	X						X								X		
11	3338					X		X					X					
12	3339	X						X					X					
13	3340					X		X					X					
14	3341					X				X			X					
15	3342	X						X					X					

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

SIGNATURE (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

2061394

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	025FA	3343					X							X					
17		3344	X															X	
18		3345					X		X									X	
19		3346					X							X					
20		3347					X											X	
21		3348					X											X	
22		3349	X										X					X	
23		3350					X						X					X	
24		3351	X										X					X	
25		3352					X			X								X	
26		3353	X										X					X	
27		3354	X										X					X	
28		3355	X											X					
29		3356					X			X				X					
30		3357					X						X					X	
31																			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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 certifies that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) MBoore, Brian S.	2. CERTIFICATE NO. L061356	3. PAGE NO. 1 OF 2
---	--------------------------------------	------------------------------

4. DATE ISSUED 3/15/10	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE 42	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonestown
----------------------------------	--	----------------------------	---	---

9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE PA	13. STATE CODE PA	14. ZIP CODE 17038
---	------------------------	--	------------------------------------	-----------------------------	------------------------------

15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canada Export Inc. 517 Rang st. Julia est St. Andre-avellin Canada	DESTINATION COUNTRY Canada	ENTER CODE CA
--	--	--------------------------------------	-------------------------

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
		DISEASE DISEASE DISEASE
		TYPE TEST TYPE TEST TYPE TEST

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION					CERTIFIED BRUCELLOSIS FREE AREA					NEGATIVE RESULTS OF OTHER TESTS		
Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code		ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE G	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
MBoore, Brian S. 94 Hoover Dr. Jonestown, PA 17038		USFA3358	7	M	TH									
		3359	4	M	TH									
		3360	10	F	TH									
		3361	7	N	TH									
		3362	9	N	QH									
		3363	12	N	QH									
		3364	15	F	QH									
		3365	7	N	QH									
		3366	15	N	SN									
		3367	12	F	QH									
		3368	8	N	QH									
		3369	14	F	QH									
		3370	12	F	QH									
		3371	14	N	SN									
		3372	12	N	QH									
3373	14	F	QH											
3374	12	F	SN											
3375	15	N	QH											

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure there to.

2. The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.

3. The animals have resided in the USA and Canada since birth (or).

4. The animals have met all of the import requirements for the USAA and have resided in the USA for the past 60 days.*



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED 3-16-10	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30 head
23. SIGNATURE OF ENDORSING FEDERAL VET (Type, print, or stamp) ED BROWN P MD		24. SIGNATURE OF ISSUING VETERINARIAN J S Holt	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) Moore, Brian S.		2. CERTIFICATE NO. FROM VS FORM 17-140 L061356	3. PAGE NO. 2 of 2
16. CONSIGNEE'S NAME Cavel Canada Export Inc.			

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED/ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION					DATE
ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	
A	B	C	D	E	F
USFA 3376	16	N	AP		
3377	14	F	QH		
3378	18	N	QH		
3379	12	N	SN		
3380	14	F	QH		
3381	20	F	BL		
3382	7	F	TH		
3383	8	N	TH		
3384	10	F	TH		
3385	12	F	QH		
3386	14	F	SN		
3387	15	F	QH		

CERTIFIED BRUCellosis FREE AREA

DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
H	I	J	K	L	M	N	O

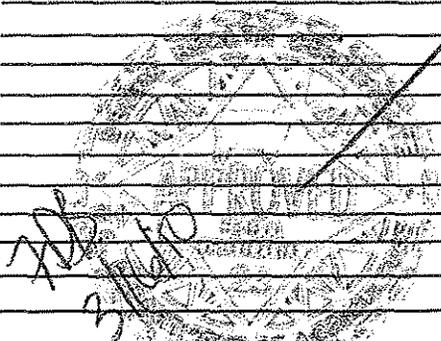
Moore, B.S.
94 Hoover dr.
Jonestown, PA 17038

5. During the previous 21 days the animals have not been in the states of Texas and New Mexico.

6. The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.

7. The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Sonestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>		CONSIGNEE (RECEIVER/DESTINATION) NAME <i>GVEL Canada Export Inc.</i>
STREET ADDRESS <i>94 Hoover Drive</i>		STREET ADDRESS <i>517 Rang St. Julian est</i>
CITY, STATE, ZIP CODE <i>Sonestown PA 17030</i>		CITY, STATE, ZIP CODE <i>St Andre Avellan CA</i>
AREA CODE & TELEPHONE NO. <i>717-865-7506</i>		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.
 Horses are able to walk unassisted.
- Foals are older than 6 months of age.
 Horses are not blind in both eyes.

	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	USFA	3358	X							X						X			
2		3359	X							X						X			
3		3360	X							X					X				
4		3361					X			X								X	
5		3362					X			X								X	
6		3363	X							X								X	
7		3364	X							X					X				
8		3365					X			X								X	
9		3366	X									X						X	
10		3367	X							X					X				
11		3368				X				X								X	
12		3369					X			X					X				
13		3370					X			X					X				
14		3371	X									X						X	
15		3372					X			X								X	

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

SIGNATURE (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

2061356

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geid				
16	1BFA	3373	X								X				X					
17		3374	X											X	X					
18		3375					X			X								X		
19		3376						X						X				X		
20		3377					X			X					X					
21		3378	X							X								X		
22		3379	X											X				X		
23		3380					X			X					X					
24		3381					X				X				X					
25		3382					X		X						X					
26		3383					X		X									X		
27		3384	X						X						X					
28		3385						X		X					X					
29		3386	X											X	X					
30		3387						X		X					X					
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SIGNATURE OF OWNER/SHIPPER (certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) *Moore, Brian S.*
 2. CERTIFICATE NO *G 29767*
 3. PAGE NO. *1 OF 2*

4. DATE ISSUED *3/22/10*
 5. U.S. PORT OF EMBARKATION (City and State) *Jonestown PA*
 6. STATE CODE *42*
 7. CONSIGNOR'S STREET ADDRESS (Mailing Address) *94 Hoover Dr.*
 8. CONSIGNOR'S CITY (or Town) *Jonestown*

9. SEMEN (Check if yes)
 10. NO. DOSES OF SEMEN
 11. TRANSPORTATION CLASS
 1- Rail 3- Air 2
 2- Truck 4- Ocean
 12. CONSIGNOR'S STATE *Pennsylvania*
 13. STATE CODE *42*
 14. ZIP CODE *17038*

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)
 16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)
Cavel Canada Export Inc.
517 Rang St. Julia et St Andre - Avellia
 DESTINATION COUNTRY *Canada*
 ENTER CODE *CA*

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	MODIFIED ACCREDITED AREA (TB)					DATE F	DATE G	CERTIFIED BRUCELLOSIS FREE AREA					NEGATIVE RESULTS OF OTHER TESTS				
	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)							DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O		
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DISEASE											DISEASE	DISEASE
<i>Moore, Brian S.</i> <i>94 Hoover Dr.</i> <i>Jonestown PA 17038</i>	<i>USFA 3448</i>	<i>9</i>	<i>N</i>	<i>QH</i>													
	<i>3449</i>	<i>11</i>	<i>F</i>	<i>SN</i>													
	<i>3450</i>	<i>6</i>	<i>N</i>	<i>SN</i>													
	<i>3451</i>	<i>7</i>	<i>F</i>	<i>QH</i>													
	<i>3452</i>	<i>5</i>	<i>F</i>	<i>QH</i>													
	<i>3453</i>	<i>8</i>	<i>F</i>	<i>TH</i>													
	<i>3454</i>	<i>12</i>	<i>F</i>	<i>QH</i>													
	<i>3455</i>	<i>10</i>	<i>N</i>	<i>TH</i>													
	<i>3456</i>	<i>15</i>	<i>N</i>	<i>SN</i>													
	<i>3457</i>	<i>13</i>	<i>F</i>	<i>QH</i>													
	<i>3458</i>	<i>7</i>	<i>N</i>	<i>TH</i>													
	<i>3459</i>	<i>8</i>	<i>M</i>	<i>QH</i>	<i>JSH</i>												
	<i>3460</i>	<i>5</i>	<i>M</i>	<i>QH</i>													
	<i>3461</i>	<i>12</i>	<i>F</i>	<i>SN</i>													
	<i>3462</i>	<i>20</i>	<i>F</i>	<i>BL</i>													
<i>3463</i>	<i>14</i>	<i>N</i>	<i>SN</i>														
<i>3464</i>	<i>12</i>	<i>N</i>	<i>SN</i>														
<i>3465</i>	<i>5</i>	<i>F</i>	<i>TH</i>														

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease or exposure thereto.

② The animals were to the best of the knowledge and belief of James S Holt not exposed to any communicable disease within 60 days preceding the date of inspection.

③ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

⑤ During the previous 30 days, the animals have not been in the states of New Mexico or Texas.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN
 This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED *3-23-10*
 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) *Holt, James S.*
 21. STATUS 2 Federal 3 Accredited
 1 State
 22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) *3 horses*
 24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) *FD BROWN & UNO*
 25. SIGNATURE OF ISSUING VETERINARIAN *JSHolt* *6007032L* *Acc 1/5/201*

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>629767</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (1B)
18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C		BREED D	DATE E	DATE F
<i>USA 3466</i>	<i>6</i>	<i>N</i>	<i>TH</i>			
<i>3467</i>	<i>7</i>	<i>F</i>	<i>TH</i>			
<i>3468</i>	<i>14</i>	<i>N</i>	<i>QH</i>			
<i>3469</i>	<i>10</i>	<i>N</i>	<i>TH</i>			
<i>3470</i>	<i>14</i>	<i>F</i>	<i>SN</i>			
<i>3471</i>	<i>10</i>	<i>N</i>	<i>QH</i>			
<i>3472</i>	<i>12</i>	<i>F</i>	<i>SN</i>			
<i>3473</i>	<i>14</i>	<i>F</i>				
<i>3474</i>	<i>12</i>	<i>N</i>				
<i>3475</i>	<i>15</i>	<i>F</i>				
<i>3476</i>	<i>16</i>	<i>F</i>				
<i>3477</i>	<i>14</i>	<i>F</i>				

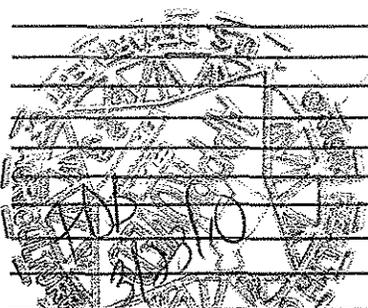
CERTIFIED BRUCELLOSIS FREE AREA

DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
-----------	----------	-----------	-----------	------------	-----------	-----------	-----------

(6) The animals at the time of inspection were found healthy and in a physical condition fit to be transported.

(7) The exporter has been advised that any deterioration in the health or physical condition of the animals that may occur en route for transport may result in the shipment to be refused entry to Canada.

(8) Fit to be transported means that on the day of inspection no animals have an infectious illness, injury or any other condition that could be aggravated while the animals are being transported causing the animals to suffer.



629767

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	3463	X											X			X		
17		3464	X											X			X		
18		3465	X							X					X				
19		3466						X		X							X		
20		3467						X		X					X				
21		3468						X			X						X		
22		3469	X							X							X		
23		3470	X										X	X					
24		3471					X			X							X		
25		3472	X										X	X					
26		3473	X										X	X					
27		3474	X										X				X		
28		3475	X										X	X					
29		3476	X										X	X					
30	✓	3477	X										X	X					
31																			
32																			
33																			
34																			
35																			
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. <i>L061396</i>	3. PAGE NO. <i>1 OF 2</i>
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4. DATE ISSUED <i>3/22/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
----------------------------------	---	----------------------------

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>	
12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>

9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean
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16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Cavel Canada Export Inc. 517 Rang St. Julia est St. Andre-Avellin</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>
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15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

NEGATIVE TUBERCULIN READING
 48 HRS 72 HRS

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)
Moore Brian S

Owner's street address
94 Hoover Dr.

Owner's city/town, State code (FIPS code on reverse) & zip code
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)		18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)				DATE F	DATE G	DATE H	DATE I	DATE J	DATE K	DATE L	DATE M	DATE N	DATE O
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E											
<i>USA</i>	<i>3418</i>	<i>10</i>	<i>F</i>	<i>QH</i>											
	<i>3419</i>	<i>14</i>	<i>N</i>	<i>QH</i>											
	<i>3420</i>	<i>8</i>	<i>F</i>	<i>AP</i>											
	<i>3421</i>	<i>12</i>	<i>N</i>	<i>QH</i>											
	<i>3422</i>	<i>15</i>	<i>N</i>	<i>QH</i>											
	<i>3423</i>	<i>6</i>	<i>N</i>	<i>QH</i>											
	<i>3424</i>	<i>10</i>	<i>F</i>	<i>TH</i>											
	<i>3425</i>	<i>9</i>	<i>F</i>	<i>PN</i>											
	<i>3426</i>	<i>11</i>	<i>F</i>	<i>PN</i>											
	<i>3427</i>	<i>13</i>	<i>N</i>	<i>QH</i>											
	<i>3428</i>	<i>12</i>	<i>N</i>	<i>SN</i>											
	<i>3429</i>	<i>7</i>	<i>F</i>	<i>QH</i>											
	<i>3430</i>	<i>9</i>	<i>F</i>	<i>PN</i>											
	<i>3431</i>	<i>14</i>	<i>N</i>	<i>QH</i>											
	<i>3432</i>	<i>5</i>	<i>N</i>	<i>SN</i>											
	<i>3433</i>	<i>7</i>	<i>N</i>	<i>SN</i>											
	<i>3434</i>	<i>9</i>	<i>N</i>	<i>TH</i>											
	<i>3435</i>	<i>6</i>	<i>N</i>	<i>QH</i>											

CERTIFIED BRUCellosis FREE AREA

① The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto

② The animal was, to the best of the knowledge and belief of James Holt, not exposed to any communicable disease within 60 days preceding the date of inspection

③ The animal has resided in the United States or Canada since birth (or)

④ The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days.

⑤ The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.

⑥ The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>3/23/10</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>PD Brown J. VMO</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i> <i>BV0070324</i> <i>Aid #5204</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>L061396</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Level Canada Export Inc.</i>		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

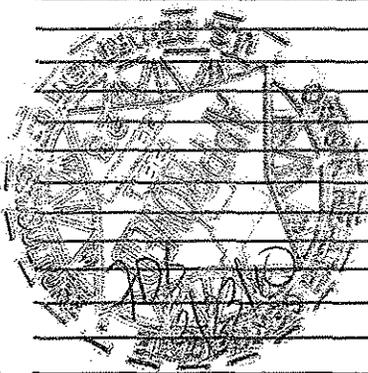
MODIFIED ACCREDITED AREA (18)

18. INDIVIDUAL IDENTIFICATION					DATE	DATE	DATE	DATE	DATE	DATE				
ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE							DATE	DATE	DATE	DATE
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
<i>USA3436</i>	<i>13</i>	<i>F</i>	<i>TH</i>	<input checked="" type="checkbox"/>										
<i>3437</i>	<i>16</i>	<i>N</i>	<i>QH</i>											
<i>3438</i>	<i>12</i>	<i>N</i>	<i>QH</i>											
<i>3439</i>	<i>15</i>	<i>F</i>	<i>TH</i>											
<i>3440</i>	<i>8</i>	<i>F</i>	<i>QH</i>											
<i>3441</i>	<i>5</i>	<i>N</i>	<i>SN</i>											
<i>3442</i>	<i>9</i>	<i>N</i>	<i>TH</i>											
<i>3443</i>	<i>16</i>	<i>F</i>	<i>QH</i>											
<i>3444</i>	<i>7</i>	<i>F</i>	<i>QH</i>											
<i>3445</i>	<i>6</i>	<i>F</i>	<i>BL</i>											
<i>3446</i>	<i>8</i>	<i>M</i>	<i>BL</i>											
<i>3447</i>	<i>6</i>	<i>M</i>	<i>QH</i>											

CERTIFIED BRUCellosis FREE AREA

Fit to be transported means that on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

During the previous 21 days the animals have not been in the States of New Mexico or Texas.



2061396

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Sonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Aviel Canada Exporting</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St, Jolice est,</u>
CITY, STATE, ZIP CODE <u>Sonestown PA 17039</u>		CITY, STATE, ZIP CODE <u>St Andre Avelin Canada</u>
AREA CODE & TELEPHONE NO. <u>717-965-7586</u>		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	125FA	3418					X					X				X			
2		3419	X									X						X	
3		3420						X				X				X			
4		3421						X				X						X	
5		3422	X									X						X	
6		3423	X									X						X	
7		3424					X		X							X			
8		3425				X						X				X			
9		3426				X						X				X			
10		3427					X					X						X	
11		3428	X										X					X	
12		3429					X					X				X			
13		3430				X						X				X			
14		3431	X									X						X	
15		3432	X										X					X	

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

SI (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

4061396

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	3433	X											X			X		
17		3434	X							X							X		
18		3435	X								X						X		
19		3436	X							X					X				
20		3437						X			X						X		
21		3438						X			X						X		
22		3439	X							X					X				
23		3440						X			X				X				
24		3441	X											X				X	
25		3442						X		X								X	
26		3443						X			X				X				
27		3444	X								X				X				
28		3445						X				X			X				
29		3446						X			X					X			
30	↓	3447	X								X					X			
31																			
32																			
33																			
34																			
35																			
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SIGNATURE OF OWNER/SHIPPER: _____ that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) **Moore, Brian S.** 2. CERTIFICATE NO. **L061394** 3. PAGE NO. **1 OF 2**

4. DATE ISSUED **3/22/10** 5. U.S. PORT OF EMBARKATION (City and State) **Jonestown PA** 6. STATE CODE **42**

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) **94 Haver Dr.** 8. CONSIGNOR'S CITY (or Town) **Jonestown**

9. SEMEN ("X" if yes) 10. NO. DOSES OF SEMEN 11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean

12. CONSIGNOR'S STATE **Pennsylvania** 13. STATE CODE **42** 14. ZIP CODE **17038**

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) **Cavel Canada Export Inc.** DESTINATION COUNTRY **Canada** ENTER CODE **CA**
57 Rang St. Julie est St. Andre-Avellin

NEGATIVE TUBERCULIN READING 48 HRS 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

Moore, Brian S.
94 Haver Dr
Jonestown PA 17038

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	V E	DATE F	V G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 3388	6	F	TH											
3389	12	N	QH											
3390	9	F	QH											
3391	10	F	QH											
3392	10	F	SN											
3393	14	F	SN											
3394	7	F	TH											
3395	16	F	QH											
3396	9	N	SN											
3397	6	N	SN											
3398	8	F	TH											
3399	12	N	SN											
3400	11	F	PN											
3401	5	N	SN											
3402	13	M	TH											
3403	15	N	QH											
3404	7	N	TH											
3405	13	N	SN											

CERTIFIED BRUCELLOSIS FREE AREA

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.

② The animals were to the best of the knowledge and belief of James S. Holt not exposed to any communicable disease within 60 days preceding the date of inspection.

③ The animals have resided in the USA or Canada since birth (or)

④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

⑤ During the previous 21 days the animals have not been in the states of New Mexico or Texas.



CERTIFICATION BY ISSUING VETERINARIAN
This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED **3/23/10** 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) **Holt, James S.** 21. STATUS 2 Federal 3 Accredited 1 State
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) **30 horses**
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) **FD BROWN JR VMO** 25. SIGNATURE OF ISSUING VETERINARIAN **J. Holt** **01007032L** **Acc 115204**

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore, Brian S.</i>	2. CERTIFICATE NO. L061372	3. PAGE NO. 1 OF 2
--	--------------------------------------	-----------------------

4. DATE ISSUED <i>4/26/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Canal Canada Export Inc. 517 Range St. Jubilee est. St. Andre Avellan</i>	DESTINATION COUNTRY <i>Canada</i>
			NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCellosis BLOOD SAMPLE COLLECTED
			NEGATIVE RESULTS OF OTHER TESTS	
			DISEASE	
			DISEASE	
			DISEASE	
			TYPE TEST	
			TYPE TEST	
			TYPE TEST	

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE F	DATE G	CERTIFIED BRUCellosis FREE AREA					DATE M	DATE N	DATE O
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E			DATE H	VAC I	1/25 J	1/50 K	1/100 L			
<i>Moore, Brian S. 94 Hoover Dr. Jonestown PA 17038</i>	<i>USFA 3740</i>	<i>9y</i>	<i>M</i>	<i>QH</i>											
	<i>3741</i>	<i>11</i>	<i>F</i>	<i>QH</i>											
	<i>3742</i>	<i>6</i>	<i>F</i>	<i>TH</i>											
	<i>3743</i>	<i>9</i>	<i>F</i>	<i>TH</i>											
	<i>3744</i>	<i>7</i>	<i>F</i>	<i>TH</i>											
	<i>3745</i>	<i>4</i>	<i>F</i>	<i>TH</i>											
	<i>3746</i>	<i>12</i>	<i>F</i>	<i>TH</i>											
	<i>3747</i>	<i>14</i>	<i>F</i>	<i>QH</i>											
	<i>3748</i>	<i>8</i>	<i>N</i>												
	<i>3749</i>	<i>9</i>	<i>F</i>												
	<i>3750</i>	<i>10</i>	<i>F</i>												
	<i>3751</i>	<i>14</i>	<i>F</i>												
	<i>3752</i>	<i>16</i>	<i>F</i>												
	<i>3753</i>	<i>6</i>	<i>N</i>												
<i>3754</i>	<i>9</i>	<i>F</i>													
<i>3755</i>	<i>4</i>	<i>N</i>													
<i>3756</i>	<i>12</i>	<i>F</i>													
<i>3757</i>	<i>8</i>	<i>F</i>	<i>SN</i>												

1. During the previous twenty one days the animals in this shipment have not been in the state of Texas or New Mexico.

2. The animals being presented must have been either resident in the USA for at least sixty days immediately prior to the date of exportation or resident since birth.

3. The animals were inspected by James S. Holt within thirty days preceding the date of importation.

4. The animals were found by James S. Holt to be free from any communicable disease.

5. The animals were to the best of the knowledge and belief of James S. Holt not exposed to any communicable disease within sixty days preceding the date of inspection.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>4/27/10</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
23. SIGNATURE OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>Wushy Wood DVM</i>	25. SIGNATURE OF ISSUING VETERINARIAN <i>J. Holt</i>		

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)
Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140
L061372

3. PAGE NO.
2 of 2

16. CONSIGNEE'S NAME
Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING

48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

ID NO. OR DESCRIPTION A	AGE B	SEX C		BREED D	DATE E	DATE F	DATE G	CERTIFIED BRUCELLOSIS FREE AREA					DATE M	DATE N	DATE O
								DATE H	VAC I	1/25 J	1/50 K	1/100 L			
<i>3758</i>	<i>7</i>	<i>F</i>	<i>QH</i>												
<i>3759</i>	<i>12</i>	<i>F</i>	<i>QH</i>												
<i>3760</i>	<i>9</i>	<i>N</i>	<i>QH</i>												
<i>3761</i>	<i>12</i>	<i>N</i>	<i>AS</i>												
<i>3762</i>	<i>11</i>	<i>N</i>	<i>QH</i>												
<i>3763</i>	<i>15</i>	<i>N</i>	<i>BL</i>												
<i>3764</i>	<i>17</i>	<i>F</i>	<i>SN</i>												
<i>3765</i>	<i>11</i>	<i>F</i>	<i>SN</i>												
<i>3766</i>	<i>14</i>	<i>F</i>	<i>QH</i>												
<i>3767</i>	<i>12</i>	<i>F</i>	<i>BL</i>												
<i>3768</i>	<i>15</i>	<i>F</i>	<i>QH</i>												
<i>3769</i>	<i>10</i>	<i>M</i>	<i>QH</i>												

CERTIFIED BRUCELLOSIS FREE AREA

Moore Brian S.
94 Hovee Dr.
Jones Town PA 17338

USFA

6. The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

7. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals have an infirmity illness injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



V-106132a

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Sonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Cavel Canada Export Inc</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St. Julia est.</u>
CITY, STATE, ZIP CODE <u>Sonestown PA 17030</u>		CITY, STATE, ZIP CODE <u>St Andre Auellin</u>
AREA CODE & TELEPHONE NO. <u>717-865-7596</u>		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.
 Horses are able to walk unassisted.

Foals are older than 6 months of age.
 Horses are not blind in both eyes.

	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	15FA	3740					X				X					X			
2		3741					X				X					X			
3		3742	X							X						X			
4		3743	X							X						X			
5		3744	X							X						X			
6		3745	X							X						X			
7		3746	X							X						X			
8		3747						X		X						X			
9		3748				X				X								X	
10		3749					X			X					X				
11		3750			X					X					X				
12		3751				X				X					X				
13		3752					X			X					X				
14		3753				X				X								X	
15	✓	3754				X				X					X				

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

SIGNATURE _____ (b)(6)

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.) _____ (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

1-2001-2061372

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stai	Geld		
16	USFA	3755					X			X						X		
17		3756	X							X				X				
18		3757	X									X	X					
19		3758	X							X			X					
20		3759					X			X			X					
21		3760					X			X						X		
22		3761					X					X				X		
23		3762	X							X						X		
24		3763					X			X						X		
25		3764	X									X	X					
26		3765	X									X				X		
27		3766	X							X			X					
28		3767					X			X			X					
29		3768	X							X			X					
30		3769					X			X					X			
31																		
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44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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).

SIGNAT [REDACTED] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) *Moore, Brian S.*
 2. CERTIFICATE NO. *L061398*
 3. PAGE NO. *1 OF 2*

4. DATE ISSUED *4/26/10*
 5. U.S. PORT OF EMBARKATION (City and State) *Jonestown PA*
 6. STATE CODE *42*

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) *94 Hoover Dr.*
 8. CONSIGNOR'S CITY (or Town) *Jonestown*
 12. CONSIGNOR'S STATE *Pennsylvania*
 13. STATE CODE *42*
 14. ZIP CODE *17038*

9. SEMEN ("X" if yes)
 10. NO. DOSES OF SEMEN
 11. TRANSPORTATION CLASS
 1 - Rail 3 - Air
 2 - Truck 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) *Cavel Canada Export Inc.*
517 Rang St. Julie est St. Andre Audin
 DESTINATION COUNTRY *Canada*
 ENTER CODE *Canada*

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING 48 HRS 72 HRS
 BRUCellosis BLOOD SAMPLE COLLECTED
 NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
 Owner's name (Last name, two initials, or business name)
 Owner's street address
 Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION
 (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	CERTIFIED BRUCellosis FREE AREA					DATE M	DATE N	DATE O	
							DATE H	VAC I	1/25 J	1/50 K	1/100 L				
<i>USFA 3800</i>	<i>10</i>	<i>F</i>	<i>QH</i>												
<i>3801</i>	<i>7</i>	<i>F</i>	<i>QH</i>												
<i>3802</i>	<i>9</i>	<i>F</i>	<i>QH</i>												
<i>3803</i>	<i>7</i>	<i>F</i>	<i>TH</i>												
<i>3804</i>	<i>5</i>	<i>F</i>	<i>TH</i>												
<i>3805</i>	<i>6</i>	<i>F</i>	<i>TH</i>												
<i>3806</i>	<i>8</i>	<i>F</i>	<i>TH</i>												
<i>3807</i>	<i>10</i>	<i>F</i>	<i>TH</i>												
<i>3808</i>	<i>11</i>	<i>F</i>	<i>QH</i>												
<i>3809</i>	<i>14</i>	<i>N</i>	<i>QH</i>												
<i>3810</i>	<i>12</i>	<i>F</i>	<i>QH</i>												
<i>3811</i>	<i>11</i>	<i>N</i>	<i>QH</i>												
<i>3812</i>	<i>10</i>	<i>F</i>	<i>QH</i>												
<i>3813</i>	<i>14</i>	<i>F</i>	<i>QH</i>												
<i>3814</i>	<i>15</i>	<i>F</i>	<i>AS</i>												
<i>3815</i>	<i>15</i>	<i>N</i>	<i>SN</i>												
<i>3816</i>	<i>16</i>	<i>N</i>	<i>AS</i>												
<i>3817</i>	<i>14</i>	<i>N</i>	<i>SN</i>												

CERTIFIED BRUCellosis FREE AREA
 TYPE TEST

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
 ② The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.
 ③ The animals have resided in the USA or Canada since birth (or)
 ④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.
 ⑤ During the previous 21 days the animals have not been in the states of Texas or New Mexico.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN
 This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

23. Signature of Endorsing Federal Veterinarian

Christina Wood DVM

19. DATE ENDORSED *4/27/10*
 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) *Holt, James S.*
 21. STATUS 2 Federal 3 Accredited
 22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) *30 horses*

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) *Christina Wood DVM*
 25. SIGNATURE OF ISSUING VETERINARIAN *J. Holt*
AK07032L
AN#5204

2061398

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**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 <i>Jonestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET	
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Cavel Canada Export Inc.</i>	
STREET ADDRESS <i>94 Hoover Drive</i>	STREET ADDRESS <i>517 Rang St Julia est.</i>	
CITY, STATE, ZIP CODE <i>Jonestown PA 17038</i>	CITY, STATE, ZIP CODE <i>St. Andre Auellin</i>	
AREA CODE & TELEPHONE NO. <i>717-865-7586</i>	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	USA 3800					X			X					X				
2	3801	X							X					X				
3	3802					X			X					X				
4	3803					X		X						X				
5	3804	X						X						X				
6	3805					X		X						X				
7	3806	X						X						X				
8	3807	X						X						X				
9	3808	X							X					X				
10	3809					X			X							X		
11	3810					X			X					X				
12	3811	X							X							X		
13	3812	X							X					X				
14	3813						X		X					X				
15	3814					X						X		X				

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

SIGNATURE: (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

Page 2 of 2
2061398

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	3815	X										X				X		
17		3816					X						X				X		
18		3817	X										X				X		
19		3818	X										X				X		
20		3819	X										X				X		
21		3820					X			X				X					
22		3821	X						X						X				
23		3822					X			X							X		
24		3823					X			X				X					
25		3824					X			X				X					
26		3825	X										X	X					
27		3826	X							X							X		
28		3827					X			X				X					
29		3828				X				X						X			
30		3829					X			X				X					
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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: _____ that the information contained in this form is true and correct to the best of my knowledge.)



(b)(6)

READ INSTRUCTIONS FROM VS FORM 17-140.

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) Moore Brian S.	2. CERTIFICATE NO. FROM VS FORM 17-140 629760	3. PAGE NO. 2 of 2
16. CONSIGNEE'S NAME Carol Canada Export Inc.		

NEGATIVE TUBERCULIN READING <input checked="" type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (18)
18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C		BREED D	DATE E	DATE F	DATE G
Moore Brian S. USA 3527	11	N	SN				
94 Hoover Dr. 3528	15	N	QH				
Jones town PA 17038 3529	13	F	QH				
	8	F	QH				
	12	N	QH				
	10	F	QH				
	7	N	TH				
	20	N	QH				
	20	N	QH				
	10	N	QH				
	10	N	QH				
	10	N	QH				

CERTIFIED BRUCellosis FREE AREA

DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<p>① The animals at the time of inspection were found healthy and in a physical condition fit to be transported.</p> <p>② The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport, may result in the shipment to be refused entry to Canada.</p> <p>③ Fit to be transported means that on the day of inspection, no animals had any symptoms, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.</p>							

906
3/20/10

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.

679260
FORM APPROVED
OMB NO.
0579-0160

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

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St. Julia. est</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17030</u>		CITY, STATE, ZIP CODE <u>St Andre Avelin Canada</u>
AREA CODE & TELEPHONE NO. <u>717-2665-7586</u>		AREA CODE & TELEPHONE NO.

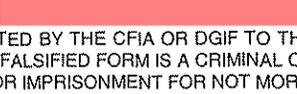
CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

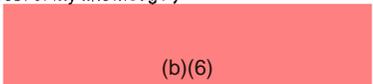
- Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs.
 Foals are older than 6 months of age. Horses are not blind in both eyes. Horses are able to walk unassisted.

	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	USFA	3509	X								X					X				
2		3510	X												X	X				
3		3511	X								X					X				
4		3512						X			X					X				
5		3513						X			X							X		
6		3514	X											X	X					
7		3515	X							X					X	X				
8		3514	X											X				X		
9		3517	X											X				X		
10		3518						X			X				X					
11		3519						X			X							X		
12		3520	X							X								X		
13		3521	X							X					X					
14		3522						X			X				X					
15		3523						X			X							X		

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

SIGNATURE  (b)(6)

I HEREBY  LOSE 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.)
 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

629760

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	3524					X			X						X			
17		3525	X							X						X			
18		3526	X							X			X			X			
19		3527	X							X			X			X			
20		3528					X			X						X			
21		3529	X							X					X				
22		3530	X							X					X				
23		3531					X			X						X			
24		3532					X			X					X				
25		3533	X						X	X						X			
26		3534					X			X						X			
27		3535					X			X						X			
28		3539	X							X						X			
29		3537					X			X						X			
30		3538	X							X						X			
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S</i>	2. CERTIFICATE NO G 29759	3. PAGE NO. 1 OF 2
--	-------------------------------------	-----------------------

4. DATE ISSUED <i>3/29/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
9. SEMEN (Check if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean <input checked="" type="checkbox"/>	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Level Canada Export Inc 517 Rang St. Julia St. Ave. Audla</i>	14. ZIP CODE <i>17038</i>
			DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					19. DATE ENDORSED					20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)					21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited			22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)			
<i>Moore Brian S 94 Hoover Dr. Jonestown PA 17038</i>	<i>USED 3478</i>	<i>7</i>	<i>M</i>	<i>TH</i>															
	<i>3479</i>	<i>12</i>	<i>F</i>	<i>SN</i>															
	<i>3480</i>	<i>10</i>	<i>F</i>	<i>QH</i>															
	<i>3481</i>	<i>10</i>	<i>F</i>	<i>QH</i>															
	<i>3482</i>	<i>4</i>	<i>N</i>	<i>SN</i>															
	<i>3483</i>	<i>4</i>	<i>F</i>	<i>SN</i>															
	<i>3484</i>	<i>10</i>	<i>N</i>	<i>QH</i>															
	<i>3485</i>	<i>10</i>	<i>N</i>	<i>QH</i>															
	<i>3486</i>	<i>10</i>	<i>N</i>	<i>SN</i>															
	<i>3487</i>	<i>8</i>	<i>F</i>	<i>QH</i>															
	<i>3488</i>	<i>10</i>	<i>F</i>	<i>QH</i>															
	<i>3489</i>	<i>10</i>	<i>F</i>	<i>QH</i>															
	<i>3490</i>	<i>10</i>	<i>N</i>	<i>SN</i>															
	<i>3491</i>	<i>10</i>	<i>N</i>	<i>SN</i>															
	<i>3492</i>	<i>7</i>	<i>N</i>	<i>SN</i>															
<i>3493</i>	<i>9</i>	<i>N</i>	<i>QH</i>																
<i>3494</i>	<i>3</i>	<i>M</i>	<i>QH</i>																
<i>3495</i>	<i>19</i>	<i>N</i>	<i>QH</i>																

CERTIFIED BRUCELLOSIS FREE AREA

① The animals were inspected within 30 days prior to export and found to be healthy and free of evidence of communicable disease and exposure there to.

② The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable diseases within 60 days preceding the date of inspection.

③ The animals have resided in the USA or Canada since birth (or).

④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

⑤ During the previous 2 days the animals have not been in the state of Texas or New Mexico.



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>3/30/10</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
23. Signature of endorsing federal veterinarian <i>FD BROWN</i>	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>FD BROWN</i>	25. SIGNATURE OF ISSUING VETERINARIAN <i>J. S. Holt</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Brian S Moore</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>G29759</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
	CERTIFIED BRUCellosis FREE AREA	TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

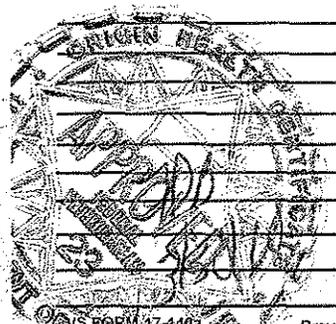
MODIFIED ACCREDITED AREA (TB)
18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O	
<i>Moore Brian S.</i>	<i>USFA</i>	<i>3496</i>	<i>11</i>	<i>F</i>	<i>QH</i>										
<i>74 Hooper Rd.</i>		<i>3497</i>	<i>12</i>	<i>F</i>	<i>QH</i>										
<i>James town MA 17038</i>		<i>3498</i>	<i>8</i>	<i>F</i>	<i>QH</i>										
		<i>3499</i>	<i>7</i>	<i>F</i>	<i>QH</i>										
		<i>3500</i>	<i>9</i>	<i>N</i>	<i>QH</i>										
		<i>3501</i>	<i>12</i>	<i>F</i>	<i>QH</i>										
		<i>3502</i>	<i>14</i>	<i>N</i>	<i>SN</i>										
		<i>3503</i>	<i>9</i>	<i>N</i>	<i>SN</i>										
		<i>3504</i>	<i>4</i>	<i>F</i>	<i>QH</i>										
		<i>3505</i>	<i>6</i>	<i>N</i>	<i>SN</i>										
		<i>3506</i>	<i>18</i>	<i>N</i>	<i>Wolmblau</i>										
		<i>3507</i>	<i>20</i>	<i>F</i>	<i>SN</i>										

⑥ The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

⑦ The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

⑧ Fit to be transported means that on the day of inspection no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Joanestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>		CONSIGNEE (RECEIVER/DESTINATION) NAME <i>CAVEL Canada Export Inc.</i>
STREET ADDRESS <i>94 Hoover Drive</i>		STREET ADDRESS <i>517 Rang St. Julie est.</i>
CITY, STATE, ZIP CODE <i>Joanestown PA 17030</i>		CITY, STATE, ZIP CODE <i>St Andre Avellan Canada</i>
AREA CODE & TELEPHONE NO. <i>717-865-7586</i>		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.
 Horses are able to walk unassisted.
- Foals are older than 6 months of age.
 Horses are not blind in both eyes.

	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	UBFA	3478	X						X							X			
2		3479	X										X		X				
3		3480			X					X					X				
4		3481					X			X					X				
5		3482	X										X				X		
6		3483	X										X	X					
7		3484					X			X								X	
8		3485	X							X									X
9		3486	X										X						X
10		3487						X		X					X				
11		3488					X			X					X				
12		3489					X			X					X				
13		3490	X										X						X
14		3491	X										X						X
15		3492	X										X						X

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

S (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

629759

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA 3493					X			X						X			
17	3494	X							X						X			
18	3495	X							X							X		
19	3496					X			X				X					
20	3497					X			X				X					
21	3498	X							X				X					
22	3499	X							X				X					
23	3500					X			X						X			
24	3501				X				X				X					
25	3502	X									X				X			
26	3503	X									X				X			
27	3504				X				X				X					
28	3505	X									X				X			
29	3506					X				X					X		Worm Shot GDS	BAD ONE EYE
30	3507	X										X	X					
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore, Brian S.</i>			2. CERTIFICATE NO <i>G 29769</i>		3. PAGE NO. <i>1 OF 2</i>						
4. DATE ISSUED <i>4/12/10</i>		5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>		6. STATE CODE <i>42</i>		7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr.</i>		8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>			
9. SEMEN (Check if yes) <input type="checkbox"/>		10. NO. DOSES OF SEMEN		11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean <input checked="" type="checkbox"/>		12. CONSIGNOR'S STATE <i>Pennsylvania</i>		13. STATE CODE <i>42</i>		14. ZIP CODE <i>17038</i>	
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)						16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Cavel Canada Export Inc. 517 Rang St. Julia est St. Andre Avellan</i>		DESTINATION COUNTRY <i>Canada</i>		ENTER CODE <i>CA</i>	
NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS						BRUCELLOSIS BLOOD SAMPLE COLLECTED		NEGATIVE RESULTS OF OTHER TESTS			
								DISEASE			
								TYPE TEST			

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION					CERTIFIED BRUCELLOSIS FREE AREA									
Owner's name (Last name, two initials, or business name)		(Instructions for columns A, B, C & D on reverse)														
Owner's street address		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE		
Owner's city/town, state code (FIPS code on reverse) & zip code		A	B	C	D	F	G	H	I	J	K	L	M	N	O	
<i>Moore, Brian S</i>		<i>USFA 3599</i>	<i>4</i>	<i>M</i>	<i>TB</i>											
<i>94 Hoover Dr.</i>		<i>3600</i>	<i>10</i>	<i>F</i>	<i>QH</i>											
<i>Jonestown PA 17038</i>		<i>3601</i>	<i>8</i>	<i>F</i>	<i>QH</i>											
		<i>3602</i>	<i>6</i>	<i>F</i>	<i>QH</i>											
		<i>3603</i>	<i>4</i>	<i>F</i>	<i>TH</i>											
		<i>3604</i>	<i>5</i>	<i>F</i>	<i>TA</i>											
		<i>3605</i>	<i>5</i>	<i>F</i>	<i>TH</i>											
		<i>3606</i>	<i>6</i>	<i>F</i>	<i>TH</i>											
		<i>3607</i>	<i>11</i>	<i>N</i>	<i>QH</i>											
		<i>3608</i>	<i>5</i>	<i>N</i>	<i>TH</i>											
		<i>3609</i>	<i>4</i>	<i>N</i>	<i>TH</i>											
		<i>3610</i>	<i>4</i>	<i>F</i>	<i>TH</i>											
		<i>3611</i>	<i>6</i>	<i>F</i>	<i>TH</i>											
		<i>3612</i>	<i>5</i>	<i>F</i>	<i>TH</i>											
		<i>3613</i>	<i>9</i>	<i>N</i>	<i>QH</i>											
		<i>3614</i>	<i>8</i>	<i>F</i>	<i>TH</i>											
		<i>3615</i>	<i>7</i>	<i>N</i>	<i>TH</i>											
		<i>3616</i>	<i>12</i>	<i>F</i>	<i>QH</i>											

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereof.

② The animals were to the best of the knowledge and belief of James S. Holt not exposed to any communicable disease within 60 days preceding the date of inspection.

③ The animals have resided in the USA or Canada since birth (or).

④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

⑤ During the previous 21 days the animals have not been in the state of Texas or New Mexico.



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>4-13-2010</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>FD BRAUNER VMD</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i> <i>B1007032L</i> <i>April 5, 2010</i>	

23. Signature of endorsing federal veterinarian

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brians.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>629770</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Canal Canada Export Inc.</i>		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

Moore Brians.
24 Hoover Dr.
Tonawanda PA 17038

MODIFIED ACCREDITED AREA (TA)

18. INDIVIDUAL IDENTIFICATION

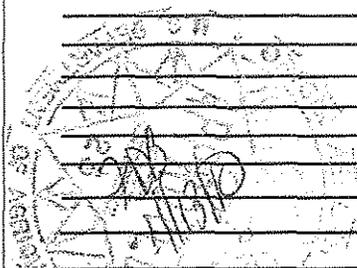
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>3647</i>	<i>13</i>	<i>N</i>	<i>AS</i>											
<i>3648</i>	<i>12</i>	<i>N</i>	<i>AS</i>											
<i>3649</i>	<i>10</i>	<i>F</i>	<i>QH</i>											
<i>3650</i>	<i>8</i>	<i>N</i>	<i>QH</i>											
<i>3651</i>	<i>9</i>	<i>N</i>	<i>AS</i>											
<i>3652</i>	<i>11</i>	<i>F</i>	<i>SN</i>											
<i>3653</i>	<i>15</i>	<i>N</i>	<i>SN</i>											
<i>3654</i>	<i>12</i>	<i>N</i>	<i>SN</i>											
<i>3655</i>	<i>10</i>	<i>N</i>	<i>SN</i>											
<i>3656</i>	<i>9</i>	<i>F</i>	<i>AS</i>											
<i>3657</i>	<i>11</i>	<i>F</i>	<i>QH</i>											
<i>3658</i>	<i>14</i>	<i>N</i>	<i>QH</i>											

CERTIFIED BRUCELLOSIS FREE AREA

⑥ The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

⑦ The exporter has been advised any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

⑧ Fit to be transported means that on the day of inspection no animals have any infectious illness injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



6 29 769

**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

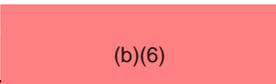
TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Cavel Canada Export Inc</u>
STREET ADDRESS <u>94 Howe Rd</u>		STREET ADDRESS <u>517 Rang St, Julie est,</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17038</u>		CITY, STATE, ZIP CODE <u>St Andre Avellan</u>
AREA CODE & TELEPHONE NO. <u>717-865-7596</u>		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	USFA	3599	X						X						X				
2		3600	X							X					X				
3		3601						X		X					X				
4		3602						X		X					X				
5		3603	X						X						X				
6		3604	X						X						X				
7		3605					X		X						X				
8		3606	X						X						X				
9		3607					X			X							X		
10		3608	X						X								X		
11		3609	X						X								X		
12		3610	X						X						X				
13		3611	X						X						X				
14		3612	X						X						X				
15		3613					X			X							X		

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

SIGNATURE  (b)(6)

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.)
 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

629769

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FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	3614					X			X					X				
17		3615	X							X							X		
18		3616				X					X				X				
19		3617					X				X				X				
20		3618	X							X					X				
21		3619	X							X					X				
22		3620	X										X	X					
23		3621	X								X						X		
24		3622	X										X				X		
25		3623				X							X				X		
26		3624	X										X				X		
27		3625				X				X							X		
28		3626	X							X							X		
29		3627				X				X							X		
30		3628				X				X					X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)

Moore Brian S.

2. CERTIFICATE NO

G 29770

3. PAGE NO.

1 OF 2

4. DATE ISSUED

4/12/10

5. U.S. PORT OF EMBARKATION (City and State)

Jonestown PA

6. STATE CODE

42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town)

Jonestown

12. CONSIGNOR'S STATE

Pennsylvania

13. STATE CODE

42

14. ZIP CODE

17038

9. SEMEN (Check if yes)

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS

1 - Rail 3 - Air
2 - Truck 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)

CAVEI CANADA EXPORT INC.
517 Range St. Juliet St. Andre, Haiti

DESTINATION COUNTRY

Canada

ENTER CODE

LA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

- 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 06 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING

48 HRS 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE

If more lines are needed below - use VS Form 17-140A

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)

Owner's street address

Owner's city/town, state code (FIPS code on reverse) & zip code

Moore Brian S
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 3629	6	F	QH											
3630	7	F												
3631	9	F												
3632	11	F												
3633	1	F												
3634	6	N												
3635	9	N												
3636	14	F	↓											
3637	11	N	TH											
3638	10	F												
3639	9	F												
3640	8	F												
3641	6	N	↓											
3642	14	F	QH											
3643	12	N	TH											
3644	10	N	SN											
3645	9	F	QH											
3646	15	N	BL											

CERTIFIED BRUCELLOSIS FREE AREA

- The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
- The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 day preceding the date of inspection.
- The animals have resided in the USA or Canada since birth (or).
- The animals have met all of the requirements of the USA and have resided in the USA for the past 60 days.
- During the previous 21 days the animals have not been in the states of Texas or New Mexico.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED

4/13/2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print)

Holt, James S.

21. STATUS 2 Federal

1 State 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print or stamp)

RO BROWN JR VMD

25. SIGNATURE OF ISSUING VETERINARIAN

J. Holt 31007032L
Acc 4/5/2010

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore, Brian S.</i>		2. CERTIFICATE NO. FROM VS FORM 17-140 <i>629769</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>			

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)
18. INDIVIDUAL IDENTIFICATION

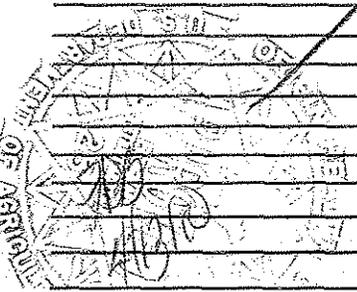
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	DATE I	DATE J	DATE K	DATE L	DATE M	DATE N	DATE O
<i>Moore, Brian S</i>	<i>USFA</i>	<i>3617</i>	<i>15</i>	<i>F</i>	<i>QH</i>									
<i>94 Hoover Dr.</i>		<i>3618</i>	<i>4</i>	<i>F</i>	<i>TH</i>									
<i>Jonestown PA 17038</i>		<i>3619</i>	<i>6</i>	<i>F</i>	<i>TH</i>									
		<i>3620</i>	<i>13</i>	<i>F</i>	<i>SN</i>									
		<i>3621</i>	<i>10</i>	<i>N</i>	<i>QH</i>									
		<i>3622</i>	<i>12</i>	<i>N</i>	<i>SN</i>									
		<i>3623</i>	<i>14</i>	<i>N</i>	<i>SN</i>									
		<i>3624</i>	<i>13</i>	<i>N</i>	<i>SN</i>									
		<i>3625</i>	<i>10</i>	<i>N</i>	<i>QH</i>									
		<i>3626</i>	<i>8</i>	<i>N</i>	<i>QH</i>									
		<i>3627</i>	<i>11</i>	<i>N</i>	<i>QH</i>									
		<i>3628</i>	<i>9</i>	<i>M</i>	<i>QH</i>									

CERTIFIED BRUCELLOSIS FREE AREA

⑥ The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

⑦ The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

⑧ Fit to be transported means that on the day of inspection no animals have any infectious illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



629770

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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 <i>Jonestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET	
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Cavel Canada Export Inc</i>	
STREET ADDRESS <i>94 Hoover Drive</i>	STREET ADDRESS <i>517 Rang St Julia est</i>	
CITY, STATE, ZIP CODE <i>Jonestown PA 17030</i>	CITY, STATE, ZIP CODE <i>St Andre Avellin</i>	
AREA CODE & TELEPHONE NO. <i>717-665-7506</i>	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	USFA 3629	X							X					X				
2	3630				X				X					X				
3	3631						X		X					X				
4	3632	X							X					X				
5	3633	X							X					X				
6	3634	X							X							X		
7	3635					X			X								X	
8	3636	X							X					X				
9	3637	X						X									X	
10	3638	X						X						X				
11	3639	X						X						X				
12	3640	X						X						X				
13	3641	X						X								X		
14	3642					X			X					X				
15	3643					X		X									X	

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

SIGNATURE: (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. _____
DATE _____
TIME _____
DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____

629770

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	VSFA	3644	X										X				X		
17		3645						X		X					X				
18		3646						X			X							X	
19		3647						X					X					X	
20		3648						X					X					X	
21		3649						X		X				X					
22		3650				X				X								X	
23		3651						X					X					X	
24		3652	X										X	X					
25		3653	X										X					X	
26		3654	X										X					X	
27		3655	X										X					X	
28		3656						X					X	X					
29		3657						X		X				X					
30	↓	3658	X							X								X	
31																			
32																			
33																			
34																			
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45																			

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

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S</i>	2. CERTIFICATE NO G 29768	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>4/15/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
----------------------------------	---	----------------------------

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
---	---

9. SEMEN (Check if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean <input checked="" type="checkbox"/>
---	------------------------	---

12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>
--	-----------------------------	------------------------------

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Cowd Canada Export Inc. 517 Perry St. John est Andre-Audlin</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>
---	--------------------------------------	-------------------------

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)				DATE								
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D									
<i>Moore Brian S 94 Hoover Dr Jonestown PA 17038</i>	<i>USFA 3569</i>	<i>4</i>	<i>M</i>	<i>TH</i>									
	<i>3570</i>	<i>6</i>	<i>M</i>	<i>TH</i>									
	<i>3571</i>	<i>10</i>	<i>F</i>	<i>QH</i>									
	<i>3572</i>	<i>12</i>	<i>F</i>	<i>QH</i>									
	<i>3573</i>	<i>7</i>	<i>F</i>	<i>QH</i>									
	<i>3574</i>	<i>9</i>	<i>F</i>	<i>QH</i>									
	<i>3575</i>	<i>9</i>	<i>N</i>	<i>TH</i>									
	<i>3576</i>	<i>14</i>	<i>N</i>	<i>SN</i>									
	<i>3577</i>	<i>11</i>	<i>N</i>	<i>QH</i>									
	<i>3578</i>	<i>6</i>	<i>F</i>	<i>TH</i>									
	<i>3579</i>	<i>7</i>	<i>N</i>	<i>QH</i>									
	<i>3580</i>	<i>10</i>	<i>F</i>	<i>QH</i>									
	<i>3581</i>	<i>8</i>	<i>F</i>	<i>TH</i>									
<i>3582</i>	<i>13</i>	<i>N</i>	<i>SN</i>										
<i>3583</i>	<i>11</i>	<i>F</i>	<i>QH</i>										
<i>3584</i>	<i>7</i>	<i>F</i>	<i>TH</i>										
<i>3585</i>	<i>5</i>	<i>F</i>	<i>TH</i>										
<i>3586</i>	<i>8</i>	<i>N</i>	<i>QH</i>										

CERTIFIED BRUCELLOSIS FREE AREA												
NEGATIVE TUBERCULIN READING			BRUCELLOSIS BLOOD SAMPLE COLLECTED			NEGATIVE RESULTS OF OTHER TESTS			DISEASE			
48 HRS. <input type="checkbox"/> 72 HRS. <input type="checkbox"/>									TYPE TEST			
<p>① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.</p> <p>② The animals were, to the best of the knowledge and belief of James S. Holt, were not exposed to any communicable disease within 60 days preceding the date of inspection.</p> <p>③ The animals have resided in the USA or Canada since birth (or).</p> <p>④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.</p> <p>⑤ During the previous 21 days, the animals have not been in the state of Texas or New Mexico.</p> <p>⑥ The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.</p>												



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>4/10/10</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
23. Signature of endorsing federal veterinarian <i>FD BROWN JR MD</i>		24. NAME OF ENDORSING FEDERAL VET (Type, print or stamp)	
25. SIGNATURE OF ISSUING VETERINARIAN <i>J S Holt</i>		26. IDENTIFICATION NUMBER <i>B1007032L</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>		2. CERTIFICATE NO. FROM VS FORM 17-140 <i>629768</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Caude Canada Export Inc.</i>			

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C		BREED D	DATE E	DATE F
<i>Moore Brian S. USA</i>	<i>3587</i>	<i>8</i>	<i>N</i>			
<i>94 Hoover Dr.</i>	<i>3588</i>	<i>6</i>	<i>N</i>			
<i>Jonestown PA 17338</i>	<i>3589</i>	<i>10</i>	<i>N</i>			
	<i>3590</i>	<i>9</i>	<i>N</i>			
	<i>3591</i>	<i>12</i>	<i>F</i>			
	<i>3592</i>	<i>16</i>	<i>F</i>			
	<i>3593</i>	<i>13</i>	<i>F</i>			
	<i>3594</i>	<i>11</i>	<i>F</i>			
	<i>3595</i>	<i>9</i>	<i>N</i>			
	<i>3596</i>	<i>17</i>	<i>F</i>			
	<i>3597</i>	<i>4</i>	<i>F</i>			
	<i>3598</i>	<i>10</i>	<i>N</i>			

CERTIFIED BRUCellosis FREE AREA

DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	NEGATIVE RESULTS OF OTHER TESTS		
						DISEASE TYPE TEST M	DISEASE TYPE TEST N	DISEASE TYPE TEST O

The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

It to be transported means that on the day of inspection no animal has an infirmity, illness, injury, or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

(Please type or print in ink)

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FORM
APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geid
16	USFA	3584					X		X					X				
17		3585					X		X					X				
18		3586				X				X							X	
19		3587	X						X								X	
20		3588	X						X								X	
21		3589					X			X							X	
22		3590	X						X								X	
23		3591				X				X				X				
24		3592	X							X				X				
25		3593					X			X				X				
26		3594	X									X	X					
27		3595	X						X								X	
28		3596					X				X			X				
29		3597	X						X					X				
30	↓	3598					X			X							X	
31																		
32																		
33																		
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36																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO G 29766	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>4/15/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
9. SEMEN (Check if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean <input checked="" type="checkbox"/>

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>	
12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>
16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address) <i>Cavel Canada Export Inc. 517 Rung St Julio - cot St Andre Avellan Canada</i>	DESTINATION COUNTRY <i>CA</i>	ENTER CODE

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

NEGATIVE TUBERCULIN READING 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E										
<i>Moore Brian S 94 Hoover Dr Jonestown PA 17038</i>	<i>USEA 3539</i>	<i>10</i>	<i>N</i>	<i>QH</i>											
	<i>3540</i>	<i>13</i>	<i>F</i>	<i>QH</i>											
	<i>3541</i>	<i>11</i>	<i>N</i>	<i>QH</i>											
	<i>3542</i>	<i>8</i>	<i>M</i>	<i>QH</i>											
	<i>3543</i>	<i>5</i>	<i>F</i>	<i>TH</i>											
	<i>3544</i>	<i>5</i>	<i>F</i>	<i>BL</i>											
	<i>3545</i>	<i>8</i>	<i>N</i>	<i>QH</i>											
	<i>3546</i>	<i>4</i>	<i>F</i>	<i>QH</i>											
	<i>3547</i>	<i>5</i>	<i>F</i>	<i>TH</i>											
	<i>3548</i>	<i>5</i>	<i>F</i>	<i>TH</i>											
	<i>3549</i>	<i>10</i>	<i>F</i>	<i>QH</i>											
	<i>3550</i>	<i>3</i>	<i>F</i>	<i>SN</i>											
	<i>3551</i>	<i>10</i>	<i>F</i>	<i>SN</i>											
<i>3552</i>	<i>6</i>	<i>F</i>	<i>QH</i>												
<i>3553</i>	<i>12</i>	<i>F</i>	<i>QH</i>												
<i>3554</i>	<i>19</i>	<i>F</i>	<i>SN</i>												
<i>3555</i>	<i>4</i>	<i>N</i>	<i>QH</i>												
<i>3556</i>	<i>2</i>	<i>M</i>	<i>QH</i>												

CERTIFIED BRUCELLOSIS FREE AREA

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.

② The animals were to the best of the knowledge and belief of James S. Holt, were not exposed to any communicable disease within 60 days preceding the date of inspection.

③ The animals have resided in the USA or Canada since birth (or)

④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

⑤ During the previous 30 days, the animals have not been in the state of TEXAS or New Mexico.

⑥ The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>4/16/10</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print or stamp) <i>FD BROWN JR MO</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i> <i>B1007032L</i> <i>Acc 1/5/04</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>B29766</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>3557</i>	<i>9</i>	<i>F</i>	<i>QH</i>										
<i>3558</i>	<i>7</i>	<i>N</i>	<i>QH</i>										
<i>3559</i>	<i>20</i>	<i>N</i>	<i>BL</i>										
<i>3560</i>	<i>14</i>	<i>N</i>	<i>SN</i>										
<i>3561</i>	<i>12</i>	<i>N</i>	<i>QH</i>										
<i>3562</i>	<i>11</i>	<i>F</i>	<i>QH</i>										
<i>3563</i>	<i>16</i>	<i>F</i>	<i>QH</i>										
<i>3564</i>	<i>15</i>	<i>N</i>	<i>QH</i>										
<i>3565</i>	<i>10</i>	<i>N</i>	<i>BL</i>										
<i>3566</i>	<i>12</i>	<i>F</i>	<i>QH</i>										
<i>3567</i>	<i>8</i>	<i>N</i>	<i>TH</i>										
<i>3568</i>	<i>14</i>	<i>N</i>	<i>QH</i>										

CERTIFIED BRUCELLOSIS FREE AREA

① The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

② Fit to be transported means that on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



**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.

629766
FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA.</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET	
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc</u>	
STREET ADDRESS <u>94 Hoover Dr. #20</u>	STREET ADDRESS <u>517 Rang St. Julie est.</u>	
CITY, STATE, ZIP CODE <u>Jonestown PA 17030</u>	CITY, STATE, ZIP CODE <u>St. Andre Auellin</u>	
AREA CODE & TELEPHONE NO. <u>717-965-7586</u>	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	USFA	3539				X					X							X	
2		3540	X								X						X		
3		3541					X				X							X	
4		3542	X								X						X		
5		3543	X							X							X		
6		3544					X					X					X		
7		3545						X			X							X	
8		3546					X				X						X		
9		3547	X							X							X		
10		3548	X							X							X		
11		3549					X				X						X		
12		3550	X										X				X		
13		3551	X											X			X		
14		3552					X				X						X		
15		3553	X								X						X		

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 _____

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	3554	X										X	X					
17		3555				X				X							X		
18		3556						X		X					X				
19		3557	X							X				X					
20		3558				X				X							X		
21		3559					X				X						X		
22		3560	X										X				X		
23		3561						X		X							X		
24		3562				X				X				X					
25		3563	X							X				X					
26		3564						X		X							X		
27		3565					X				X						X		
28		3566	X							X				X					
29		3567					X		X								X		
30		3568	X							X							X		
31																			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) *Moore, Brian S.* 2. CERTIFICATE NO. *L061373* 3. PAGE NO. *1 OF 2*

4. DATE ISSUED *4/19/10* 5. U.S. PORT OF EMBARKATION (City and State) *Jonestown PA* 6. STATE CODE *42* 7. CONSIGNOR'S STREET ADDRESS (Mailing Address) *94 Hoover Dr* 8. CONSIGNOR'S CITY (or Town) *Jonestown*

9. SEMEN ("X" if yes) 10. NO. DOSES OF SEMEN *1* 11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean

12. CONSIGNOR'S STATE *Pennsylvania* 13. STATE CODE *42* 14. ZIP CODE *17038*

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) *Carol Canada Export Inc. 517 Rang St. Julia est St Anny-Audien* DESTINATION COUNTRY *Canada* ENTER CODE *Canada*

NEGATIVE TUBERCULIN READING 48 HRS 72 HRS BRUCellosis BLOOD SAMPLE COLLECTED _____ NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION					CERTIFIED BRUCellosis FREE AREA					DISEASE		
Owner's name (Last name, two initials, or business name)		Instructions for columns A, B, C & D on reverse					DATE					TYPE TEST		
Owner's street address		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE	
Owner's city/town, State code (FIPS code on reverse) & zip code		A	B	C	D	F	I	J	K	L	M	N	O	
<i>Moore, Brian S.</i>		<i>USFA 3689</i>	<i>9</i>	<i>N</i>	<i>QH</i>									
<i>94 Hoover Dr</i>		<i>3690</i>	<i>7</i>	<i>N</i>	<i>QH</i>									
<i>Jonestown PA 17038</i>		<i>3691</i>	<i>10</i>	<i>F</i>	<i>QH</i>									
		<i>3692</i>	<i>12</i>	<i>N</i>	<i>QH</i>									
		<i>3693</i>	<i>9</i>	<i>F</i>	<i>QH</i>									
		<i>3694</i>	<i>6</i>	<i>F</i>	<i>TH</i>									
		<i>3695</i>	<i>8</i>	<i>F</i>	<i>TH</i>									
		<i>3696</i>	<i>10</i>	<i>F</i>	<i>QH</i>									
		<i>3697</i>	<i>7</i>	<i>F</i>	<i>TH</i>									
		<i>3698</i>	<i>9</i>	<i>F</i>	<i>TH</i>									
		<i>3699</i>	<i>4</i>	<i>F</i>	<i>TH</i>									
		<i>3700</i>	<i>10</i>	<i>F</i>	<i>QH</i>									
		<i>3701</i>	<i>4</i>	<i>F</i>	<i>TH</i>									
		<i>3702</i>	<i>14</i>	<i>N</i>	<i>QH</i>									
		<i>3703</i>	<i>12</i>	<i>N</i>	<i>QH</i>									
		<i>3704</i>	<i>7</i>	<i>N</i>	<i>TH</i>									
		<i>3705</i>	<i>14</i>	<i>N</i>	<i>QH</i>									
		<i>3706</i>	<i>12</i>	<i>F</i>	<i>QH</i>									

1. During the previous twenty one days the animals in this shipment have not been in the states of Texas or New Mexico.

2. The animals being presented must have been either resident in the USA for at least sixty days immediately prior to the date of exportation or resident since birth.

3. The animals were inspected by James S. Holt within thirty days preceding the date of importation.

4. The animals were found by James S. Holt to be free from any communicable disease.

5. The animals were to the best of the knowledge and belief of James S. Holt not exposed to any communicable disease within sixty days preceding the date of inspection.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



23. Signature of Endorsing Federal Veterinarian *PD BROWN JR*

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED *4/20/10* 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) *Holt, James S.* 21. STATUS 2 Federal 3 Accredited

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) *PD BROWN JR MVO* 25. SIGNATURE OF ISSUING VETERINARIAN *J S Holt* *BV007032L* *And #5204*

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) *30 horses*

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

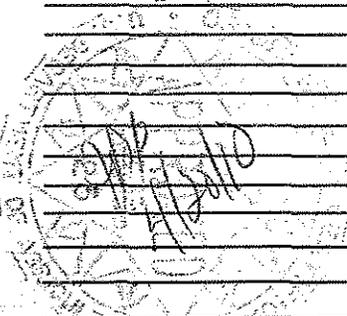
1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore, Brian S.</i>		2. CERTIFICATE NO. FROM VS FORM 17-140 <i>LC61374</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Canal Canada Export Inc.</i>			

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN		MODIFIED ACCREDITED AREA (TB)		18. INDIVIDUAL IDENTIFICATION					DATE	DATE	DATE	CERTIFIED BRUCELLOSIS FREE AREA					DATE	DATE	DATE
Owner's name (Last name, two initials, & business name)	Owner's street address	Owner's city/town, state code & zip code	ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE				DATE	DATE	DATE	DATE	DATE			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O					
<i>Moore, Brian S.</i>	<i>USFA</i>	<i>3677</i>	<i>17</i>	<i>N</i>	<i>BL</i>														
<i>24 Abbey Dr.</i>		<i>3678</i>	<i>12</i>	<i>F</i>	<i>QH</i>														
<i>Terra town PA 17038</i>		<i>3679</i>	<i>10</i>	<i>F</i>	<i>QH</i>														
		<i>3680</i>	<i>7</i>	<i>N</i>	<i>QH</i>														
		<i>3681</i>	<i>14</i>	<i>N</i>	<i>AS</i>														
		<i>3682</i>	<i>7</i>	<i>N</i>	<i>QH</i>														
		<i>3683</i>	<i>8</i>	<i>F</i>															
		<i>3684</i>	<i>12</i>	<i>F</i>															
		<i>3685</i>	<i>11</i>	<i>F</i>															
		<i>3686</i>	<i>6</i>	<i>F</i>															
		<i>3687</i>	<i>8</i>	<i>N</i>															
		<i>3688</i>	<i>9</i>	<i>F</i>															

7. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animal has an infirmity illness injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.



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

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

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Cavel Canada Export Inc</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St, Julia est,</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17038</u>		CITY, STATE, ZIP CODE <u>St. Andre Avellan</u>
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>		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	USA 3689					X			X							X	
2	3690					X			X							X	
3	3691					X			X				X				
4	3692						X		X							X	
5	3693					X			X				X				
6	3694	X						X					X				
7	3695	X						X					X				
8	3696	X						X					X				
9	3697	X						X					X				
10	3698	X						X					X				
11	3699	X						X					X				
12	3700	X							X				X				
13	3701	X						X					X				
14	3702	X							X							X	
15	3703	X							X							X	

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

SIGNATURE
(b)(6)

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.)
(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. <i>L061374</i>	3. PAGE NO. <i>1 OF 2</i>
---	--------------------------------------	------------------------------

4. DATE ISSUED <i>4/19/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
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7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
---	---

9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean
---	------------------------	--

12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>
--	-----------------------------	------------------------------

15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)
--

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Level Canada Export Inc. 117 King St Julia St St Anns - Avelin</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>Canada</i>
--	--------------------------------------	-----------------------------

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
--	------------------------------------	---------------------------------

If more lines are needed below - use VS Form 17-140A. MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE	
	ID NO. OR DESCRIPTION	AGE	SEX	BREED	E										F
<i>Moore Brian S 94 Hoover Dr. Jonestown PA 17038</i>	<i>USFA 3659</i>	<i>12</i>	<i>F</i>	<i>QH</i>	<input checked="" type="checkbox"/>										
	<i>3660</i>	<i>4</i>	<i>F</i>	<i>QH</i>	<input checked="" type="checkbox"/>										
	<i>3661</i>	<i>15</i>	<i>N</i>	<i>Mule</i>	<input checked="" type="checkbox"/>										
	<i>3662</i>	<i>7</i>	<i>F</i>	<i>TH</i>	<input checked="" type="checkbox"/>										
	<i>3663</i>	<i>10</i>	<i>F</i>	<i>QH</i>	<input checked="" type="checkbox"/>										
	<i>3664</i>	<i>9</i>	<i>N</i>	<i>I</i>	<input checked="" type="checkbox"/>										
	<i>3665</i>	<i>5</i>	<i>N</i>	<i>I</i>	<input checked="" type="checkbox"/>										
	<i>3666</i>	<i>10</i>	<i>F</i>	<i>I</i>	<input checked="" type="checkbox"/>										
	<i>3667</i>	<i>7</i>	<i>F</i>	<i>I</i>	<input checked="" type="checkbox"/>										
	<i>3668</i>	<i>9</i>	<i>F</i>	<i>I</i>	<input checked="" type="checkbox"/>										
	<i>3669</i>	<i>8</i>	<i>F</i>	<i>I</i>	<input checked="" type="checkbox"/>										
	<i>3670</i>	<i>14</i>	<i>F</i>	<i>I</i>	<input checked="" type="checkbox"/>										
<i>3671</i>	<i>10</i>	<i>N</i>	<i>I</i>	<input checked="" type="checkbox"/>											
<i>3672</i>	<i>12</i>	<i>N</i>	<i>I</i>	<input checked="" type="checkbox"/>											
<i>3673</i>	<i>15</i>	<i>F</i>	<i>I</i>	<input checked="" type="checkbox"/>											
<i>3674</i>	<i>8</i>	<i>F</i>	<i>I</i>	<input checked="" type="checkbox"/>											
<i>3675</i>	<i>9</i>	<i>F</i>	<i>SN</i>	<input checked="" type="checkbox"/>											
<i>3676</i>	<i>16</i>	<i>N</i>	<i>BL</i>	<input checked="" type="checkbox"/>											

CERTIFIED BRUCELLOSIS FREE AREA

1. During the previous twenty one days the animals in this shipment have not been in the state of Texas or New Mexico.

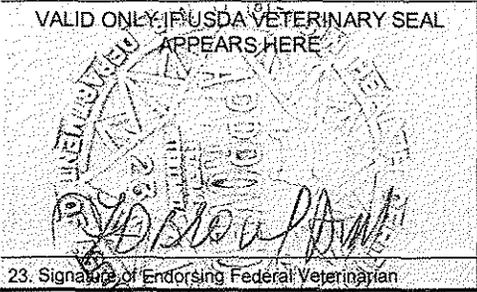
2. The animals being presented must have been either resident in the USA for at least sixty days immediately prior to the date of exportation or resident since birth.

3. The animals were inspected by James S. Holt within thirty days preceding the date of importation.

4. The animals were found by James S. Holt to be free from any communicable disease.

5. The animals were to the best of the knowledge and belief of James S. Holt not exposed to any communicable disease within sixty days preceding the date of inspection.

6. The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.



CERTIFICATION BY ISSUING VETERINARIAN
This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>4/20/10</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
23. SIGNATURE OF ENDORSING FEDERAL VETERINARIAN <i>F.D. BROWN, JR.</i>	24. NAME OF ENDORSING FEDERAL VET (Type, print or stamp) <i>F.D. BROWN, JR. VMD</i>	25. SIGNATURE OF ISSUING VETERINARIAN <i>J.S. Holt</i>	<i>Dr 007032L April 20 2010</i>

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore, Brian S.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>LO61373</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (M) _____

18. INDIVIDUAL IDENTIFICATION

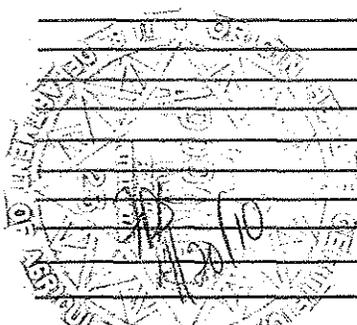
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>3707</i>	<i>14</i>	<i>F</i>	<i>SN</i>											
<i>3708</i>	<i>15</i>	<i>F</i>	<i>QH</i>											
<i>3709</i>	<i>10</i>	<i>F</i>	<i>QH</i>											
<i>3710</i>	<i>12</i>	<i>F</i>	<i>QH</i>											
<i>3711</i>	<i>14</i>	<i>F</i>	<i>QH</i>											
<i>3712</i>	<i>15</i>	<i>N</i>	<i>QH</i>											
<i>3713</i>	<i>14</i>	<i>N</i>	<i>SN</i>											
<i>3714</i>	<i>12</i>	<i>F</i>	<i>QH</i>											
<i>3715</i>	<i>10</i>	<i>F</i>	<i>QH</i>											
<i>3716</i>	<i>9</i>	<i>F</i>	<i>QH</i>											
<i>3717</i>	<i>7</i>	<i>N</i>	<i>QH</i>											
<i>3718</i>	<i>10</i>	<i>F</i>	<i>QH</i>											

CERTIFIED BRUCellosis FREE AREA

6. The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

7. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals have an infirmity illness injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stai	Geld			
16	DSEFA	3704	X						X							-	X		
17		3705					X			X								X	
18		3706	X							X				X					
19		3707	X									X		X					
20		3708	X							X				X					
21		3709	X							X				X					
22		3710	X							X				X					
23		3711						X		X				X					
24		3712	X							X								X	
25		3713	X									X					X		
26		3714	X							X				X					
27		3715	X							X				X					
28		3716	X							X				X					
29		3717					X			X								X	
30	↓	3718	X							X				X					
31																			
32																			
33																			
34																			
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36																			
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39																			
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44																			
45																			

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)

Moore, Brian S.

2. CERTIFICATE NO.

L061392

3. PAGE NO.

1 OF 2

4. DATE ISSUED

4/22/10

5. U.S. PORT OF EMBARKATION (City and State)

Jonestown PA

6. STATE CODE

42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town)

Jonestown

9. SEMEN ("X" if yes)

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS

1 - Rail 3 - Air
 2 - Truck 4 - Ocean

12. CONSIGNOR'S STATE

Pennsylvania

13. STATE CODE

42

14. ZIP CODE

17038

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)

Carol Canada Export Inc.
517 Parg St. Julia est St. Andre-pullin

DESTINATION COUNTRY

Canada

ENTER CODE

Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING

48 HRS 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE

TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr.
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION

(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D		DATE F	DATE G
USFA 3719	15	N	TW			
3720	8	F	QH			
3721	6	F	PN			
3722	8	F	PN			
3723	16	F	QH			
3724	8	N	QH			
3725	5	N	QH			
3726	8	N	QH			
3727	11	N	QH			
3728	4	N	QH			
3729	3	F	QH			
3730	5	F	PN			
3731	9	F	QH			
3732	18	F	TH			
3733	3	F	QH			
3734	6	N	QH			
3735	8	F	QH			
3736	12	F	TW			

CERTIFIED BRUCELLOSIS FREE AREA

① During the previous 21 days the animals in this shipment have not been in the states of Texas or New Mexico.
② The animals on this health certificate were inspected within 30 days preceding the date of importation.
③ The animals were found to be free from evidence of communicable diseases.
④ The animals were to the best of the knowledge and belief of James Stolt not exposed to any communicable diseases within 60 days preceding the date of inspection.
⑤ The animals have been a resident of the USA since birth (or)

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED

4/23/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print)

Moore, Brian S.

21. STATUS 2 Federal
 1 State 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A)

21 horses

23. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

FD BROWN JR MD

25. SIGNATURE OF ISSUING VETERINARIAN

B Stolt

B1007032L
Aid # 5204

23. Signature of Endorsing Federal Veterinarian

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore, Brian S.</i>		2. CERTIFICATE NO. FROM VS FORM 17-140 <i>LO61392</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>			

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)
18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>74 Hoover Dr.</i>		<i>3738</i>	<i>4</i>	<i>N</i>	<i>PN</i>									
<i>Jonestown PA 17038</i>	<i>↓</i>	<i>3739</i>	<i>9</i>	<i>N</i>	<i>TW</i>									

CERTIFIED BRUCELLOSIS FREE AREA

① The animals have been a resident of the USA for at least 60 days and immediately preceding the date of inspection and have met all the import requirements of the USA.

② The animals at the time of inspection were found to be healthy and in a physical condition fit to be transported.

③ The exporters have been advised that any deterioration in the health or physical condition of the animals that may render them unfit may result in the shipment to be refused entry to Canada.

④ Fit to be transported means that on the day of inspection no animals have an infectious illness, injury or any other condition that could be aggravated when the animals are being transported, causing them to suffer.



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

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

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Sonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St. Julia est</u>
CITY, STATE, ZIP CODE <u>Sonestown PA 17038</u>		CITY, STATE, ZIP CODE <u>St Andre Avelon</u>
AREA CODE & TELEPHONE NO. <u>717-965-7566</u>		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	USEFA 3719			X									X			X		
2	3720					X			X					X				
3	3721				X				X					X				
4	3722				X				X					X				
5	3723					X			X					X				ONE Bad eye
6	3724					X			X							X		
7	3725						X		X							X		
8	3726					X			X							X		
9	3727 X								X							X		
10	3728					X			X							X		
11	3729					X			X					X				
12	3730				X				X					X				
13	3731					X			X					X				
14	3732					X		X						X				
15	3733						X		X					X				

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

SIGNATURE: (b)(6)

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.): (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

2061392

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare			Stal	Geld
16	USFA	3734					X						X					
17		3735			X								X					
18		3736						X					X	X				
19		3737					X						X					
20		3738			X								X					
21		3739					X						X					
22																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) *Moore, Brian S.* 2. CERTIFICATE NO. *L061395* 3. PAGE NO. *1 OF 2*

4. DATE ISSUED *4/26/10* 5. U.S. PORT OF EMBARKATION (City and State) *Jonestown PA* 6. STATE CODE *42*

9. SEMEN ("X" if yes) 10. NO. DOSES OF SEMEN 11. TRANSPORTATION CLASS
 1 - Rail 3 - Air
 2 - Truck 4 - Ocean

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) *94 Hoover Dr.* 8. CONSIGNOR'S CITY (or Town) *Jonestown*

12. CONSIGNOR'S STATE *Pennsylvania* 13. STATE CODE *42* 14. ZIP CODE *17038*

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) *Cavel Canada Export Inc.* DESTINATION COUNTRY *Canada* ENTER CODE *Canada*

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING 48 HRS 72 HRS

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name) *Moore, Brian S.*
 Owner's street address *94 Hoover Dr.*
 Owner's city/town, State code (FIPS code on reverse) & zip code *Jonestown PA 17038*

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					V E	DATE F	V G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
ID NO: OR DESCRIPTION A	AGE B	SEX C	BREED D												
<i>USFA 3770</i>	<i>12</i>	<i>N</i>	<i>SN</i>												
<i>3771</i>	<i>11</i>	<i>N</i>	<i>SN</i>												
<i>3772</i>	<i>11</i>	<i>F</i>	<i>SN</i>												
<i>3773</i>	<i>12</i>	<i>N</i>	<i>BL</i>												
<i>3774</i>	<i>14</i>	<i>F</i>	<i>QH</i>												
<i>3775</i>	<i>12</i>	<i>F</i>	<i>SN</i>												
<i>3776</i>	<i>14</i>	<i>N</i>	<i>SN</i>												
<i>3777</i>	<i>10</i>	<i>N</i>	<i>AS</i>												
<i>3778</i>	<i>9</i>	<i>N</i>	<i>SN</i>												
<i>3779</i>	<i>15</i>	<i>N</i>	<i>BL</i>												
<i>3780</i>	<i>11</i>	<i>N</i>	<i>SN</i>												
<i>3781</i>	<i>14</i>	<i>N</i>	<i>QH</i>												
<i>3782</i>	<i>4</i>	<i>F</i>	<i>AS</i>												
<i>3783</i>	<i>5</i>	<i>F</i>	<i>AS</i>												
<i>3784</i>	<i>20</i>	<i>F</i>	<i>BL</i>												
<i>3785</i>	<i>7</i>	<i>F</i>	<i>QH</i>												
<i>3786</i>	<i>17</i>	<i>N</i>	<i>QH</i>												
<i>3787</i>	<i>20</i>	<i>N</i>	<i>QH</i>												

CERTIFIED BRUCellosis FREE AREA

TYPE TEST

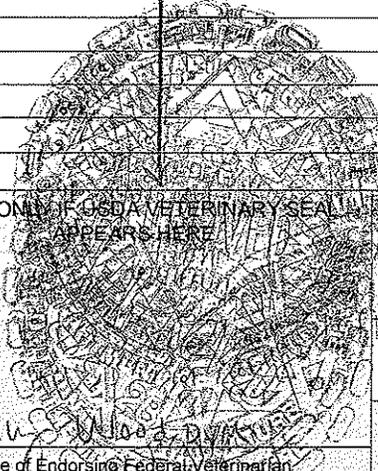
① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.

② The animals were to the best of the knowledge and belief of James S. Holt, M.D. not exposed to any communicable disease within 60 days preceding the date of inspection.

③ The animals have resided in the USA or Canada since birth (or)

④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

⑤ During the previous 21 days the animals have not been in the states of Texas or New Mexico.



VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED *4/27/10* 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) *Holt, James S.* 21. STATUS 2 Federal 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) *30 horses*

23. Signature of Endorsing Federal Veterinarian *Christyn Wood DVM* 24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) *Christyn Wood DVM* 25. SIGNATURE OF ISSUING VETERINARIAN *J. S. Holt* *B1007222L* *AW15204*

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. FROM VS FORM 17-140 L061391	3. PAGE NO. 2 of 2
16. CONSIGNEE'S NAME Cavel Canada Export Inc.		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G
USFA 4418	12	F	SN			
4419	15	N	SN			
4420	14	N	SN			
4421	7	N	SN			
4422	5	N	TH			
4423	11	F	SN			
4424	18	N	SN			
4425	16	F	QH			
4426	14	F	SN			
4427	20	N	QH			
4428	2	F	SN			
4429	6	F	TH			

CERTIFIED BRUCellosis FREE AREA

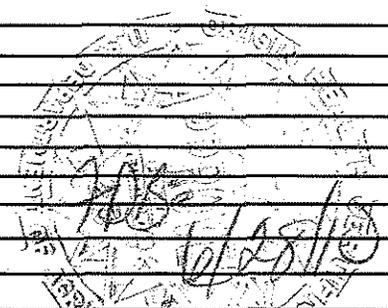
DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
-----------	----------	-----------	-----------	------------	-----------	-----------	-----------

5. During the previous 21 days the animals have not been in the states of Texas, New Mexico and Arizona.

6. The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.

7. The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to CANADA.

8. Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**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 <i>Jonestown, PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET	
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Cavel Canada Export Inc.</i>	
STREET ADDRESS <i>94 Hoover DR.</i>	STREET ADDRESS <i>517 Bang St Julie Est</i>	
CITY, STATE, ZIP CODE <i>Jonestown, PA 17038</i>	CITY, STATE, ZIP CODE <i>St. Andre - Avellin</i>	
AREA CODE & TELEPHONE NO. <i>717-865-7586</i>	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.
 Horses are able to walk unassisted.
- Foals are older than 6 months of age.
 Horses are not blind in both eyes.

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				
<i>USBA</i>	<i>4400</i>						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<i>4401</i>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<i>4402</i>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			<i>1 eye</i>
	<i>4403</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
	<i>4404</i>					<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
	<i>4405</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
	<i>4406</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
	<i>4407</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
	<i>4408</i>					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
	<i>4409</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
	<i>4410</i>	<input checked="" type="checkbox"/>									<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	<i>4411</i>					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
	<i>4412</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
	<i>4413</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<i>V</i>	<i>4414</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			

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 _____

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore, Brian S.</i>	2. CERTIFICATE NO G 29792	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>6/28/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>941 Hoover Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
9. SEMEN (Check if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean <input checked="" type="checkbox"/>	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)			16. SIGNED NAME AND STREET ADDRESS (Mailing Address) <i>Cavel Canada Export Inc. 517 King St. Julia - est St Andre - Anticosti</i>	DESTINATION COUNTRY <i>Canada</i>

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS.			BRUCellosis BLOOD SAMPLE COLLECTED			NEGATIVE RESULTS OF OTHER TESTS		
CERTIFIED BRUCellosis FREE AREA			DISEASE	DISEASE	DISEASE	DISEASE	DISEASE	DISEASE
			TYPE TEST	TYPE TEST	TYPE TEST	TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION					19. CERTIFICATION BY ISSUING VETERINARIAN															
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION					1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.															
Owner's street address		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.					
Owner's city/town, state code (FIPS code on reverse) & zip code							3. The animal has resided in the United States or Canada since birth															
<i>Moore BS</i>		<i>MSFA</i>	<i>4430</i>	<i>16</i>	<i>N</i>	<i>SN</i>											4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.					
<i>941 Hoover Dr</i>			<i>4431</i>	<i>12</i>	<i>F</i>	<i>QH</i>																
<i>Jonestown PA 17038</i>			<i>4432</i>	<i>18</i>	<i>N</i>	<i>SN</i>																
			<i>4433</i>	<i>10</i>	<i>F</i>	<i>AS</i>																
			<i>4434</i>	<i>7</i>	<i>F</i>	<i>QH</i>																
			<i>4435</i>	<i>18</i>	<i>N</i>	<i>BL</i>																
			<i>4436</i>	<i>14</i>	<i>F</i>	<i>BL</i>																
			<i>4437</i>	<i>9</i>	<i>F</i>	<i>QH</i>																
			<i>4438</i>	<i>15</i>	<i>F</i>	<i>QH</i>																
			<i>4439</i>	<i>3</i>	<i>F</i>	<i>QH</i>																
			<i>4440</i>	<i>7</i>	<i>N</i>	<i>TH</i>																
			<i>4441</i>	<i>6</i>	<i>N</i>	<i>TH</i>																
			<i>4442</i>	<i>4</i>	<i>F</i>	<i>TH</i>																
			<i>4443</i>	<i>7</i>	<i>N</i>	<i>SN</i>																
			<i>4444</i>	<i>16</i>	<i>F</i>	<i>SN</i>																
			<i>4445</i>	<i>10</i>	<i>F</i>	<i>SN</i>																
			<i>4446</i>	<i>9</i>	<i>F</i>	<i>TH</i>																
			<i>4447</i>	<i>7</i>	<i>N</i>	<i>QH</i>																



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>6-29-10</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>Donna A McLean Jr</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>J. Holt</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)
Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140
029792

3. PAGE NO.
2 of 2

16. CONSIGNEE'S NAME
Caed Canada Export Inc.

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	VAC H	1/25 J	1/50 K	1/100 L	TYPE TEST			
											DATE M	DATE N	DATE O	
<i>Moore, B.S.</i>	<i>USA</i>	<i>4448</i>	<i>6</i>	<i>F</i>	<i>QH</i>	<i>5.</i>								
<i>24 River Dr.</i>		<i>4449</i>	<i>8</i>	<i>F</i>	<i>QH</i>									
<i>Jonestown PA 17038</i>		<i>4450</i>	<i>14</i>	<i>N</i>	<i>QH</i>									
		<i>4451</i>	<i>12</i>	<i>F</i>	<i>QH</i>									
		<i>4452</i>	<i>9</i>	<i>F</i>	<i>QH</i>									
		<i>4453</i>	<i>10</i>	<i>N</i>	<i>QH</i>									
		<i>4454</i>	<i>4</i>	<i>M</i>	<i>QH</i>									
		<i>4455</i>	<i>14</i>	<i>N</i>	<i>SN</i>									
		<i>4456</i>	<i>10</i>	<i>F</i>	<i>SN</i>									
		<i>4457</i>	<i>12</i>	<i>N</i>	<i>SN</i>									
		<i>4458</i>	<i>17</i>	<i>N</i>	<i>QH</i>									
		<i>4459</i>	<i>9</i>	<i>M</i>	<i>JH</i>									

The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

6-29-10

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown, PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET	
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Cavel Canada Export Inc.</u>	
STREET ADDRESS <u>99 Hoover DR.</u>	STREET ADDRESS <u>517 Kang St. Julie Est</u>	
CITY, STATE, ZIP CODE <u>Jonestown PA 17038</u>	CITY, STATE, ZIP CODE <u>St. Andre-Avoillin</u>	
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>	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.
- Foals are older than 6 months of age.
- Horses are able to bear weight on all 4 limbs.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USTA	4430	X											X			X	
2		4431						X		X					X			
3		4432			X								X				X	
4		4433	X										X	X				
5		4434				X				X				X				
6		4435					X				X						X	
7		4436					X				X			X				
8		4437					X				X			X				
9		4438					X				X			X				
10		4439						X			X			X				
11		4440	X							X							X	
12		4441	X							X							X	
13		4442	X							X				X				
14		4443	X							X							X	
15		4444	X									X	X					

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

SIGNATURE (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)	
EST.	_____
DATE	_____
TIME	_____
DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)	
EST.	_____
DATE	_____
TIME	_____

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO. 0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	4445	X										X	X					
17		4446	X							X				X					
18		4447	X								X						X		
19		4448				X					X			X					
20		4449	X								X			X					
21		4450	X								X						X		
22		4451	X								X			X					
23		4452	X								X			X					
24		4453	X								X						X		
25		4454	X								X			X			X		
26		4455	X									X	X				X		
27		4456	X									X	X	X			X		
28		4457					X						X				X		
29		4458					X				X						X		
30	↓	4459	X							X							X		
31																			
32																			
33																			
34																			
35																			
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore, Brian S.</i>	2. CERTIFICATE NO G 29793	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>6/29/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hooker Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
----------------------------------	---	----------------------------	---	---

9. SEMEN (Check if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean <input checked="" type="checkbox"/>	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>
---	------------------------	---	--	-----------------------------	------------------------------

15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)	16. SIGNED NAME AND STREET ADDRESS (Mailing Address) <i>Cavel Canada Export Inc. 517 Rang St. Julia est St Andre - Ascellin</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>Canada</i>
--	--	--------------------------------------	-----------------------------

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE F	CERTIFIED BRUCELLOSIS FREE AREA					NEGATIVE RESULTS OF OTHER TESTS		
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E		DATE G	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>Moore Brian S. 94 Hooker Dr. Jonestown PA 17038</i>	<i>USFA 4460</i>	<i>10</i>	<i>N</i>	<i>SN</i>		<i>1.</i>						<i>The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.</i>		
	<i>4461</i>	<i>7</i>	<i>F</i>	<i>QH</i>		<i>2.</i>						<i>The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.</i>		
	<i>4462</i>	<i>15</i>	<i>F</i>	<i>QH</i>		<i>3.</i>						<i>The animal has resided in the United States or Canada since birth</i>		
	<i>4463</i>	<i>12</i>	<i>F</i>	<i>SN</i>		<i>4.</i>						<i>The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.</i>		
	<i>4464</i>	<i>2</i>	<i>F</i>	<i>QH</i>										
	<i>4465</i>	<i>4</i>	<i>F</i>	<i>QH</i>										
	<i>4466</i>	<i>5</i>	<i>F</i>	<i>QH</i>										
	<i>4467</i>	<i>10</i>	<i>F</i>	<i>TH</i>										
	<i>4468</i>	<i>9</i>	<i>F</i>	<i>TH</i>										
	<i>4469</i>	<i>6</i>	<i>F</i>	<i>TH</i>										
	<i>4470</i>	<i>5</i>	<i>F</i>	<i>TH</i>										
	<i>4471</i>	<i>14</i>	<i>F</i>	<i>SN</i>										
	<i>4472</i>	<i>10</i>	<i>N</i>	<i>SN</i>										
<i>4473</i>	<i>6</i>	<i>N</i>	<i>QH</i>											
<i>4474</i>	<i>12</i>	<i>F</i>	<i>QH</i>											
<i>4475</i>	<i>6</i>	<i>F</i>	<i>QH</i>											
<i>4476</i>	<i>5</i>	<i>N</i>	<i>Male</i>											
<i>4477</i>	<i>12</i>	<i>F</i>	<i>QH</i>											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

[Signature]

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>7/01/2010</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>FD BROWN JR VMO</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i> <i>8V007032L Acc 45204</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)
Moore, Brian S.

2. CERTIFICATE NO.
FROM VS FORM 17-140
629793

3. PAGE NO.
2 of 2

16. CONSIGNEE'S NAME
Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE

TYPE TEST TYPE TEST TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore B.S.	14	N	QH		5.									
94 Hadver Dr.	7	N	Mule											
Jonestown PA 17038	12	F	QH											
	10	N												
	15	N												
	4	F												
	15	F												
	20	F												
	10	F												
	7	N												
	5	F												
	4	F												

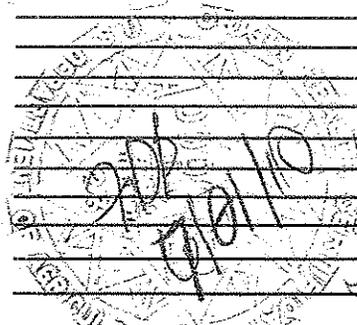
CERTIFIED BRUCELLOSIS FREE AREA

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of these animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury, or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.



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.

62973

FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Jonestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET	
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>CAVEL Canada Export Inc.</i>	
STREET ADDRESS <i>94 Hoover Drive</i>	STREET ADDRESS <i>517 Rang St. Julie est.</i>	
CITY, STATE, ZIP CODE <i>Jonestown PA 17038</i>	CITY, STATE, ZIP CODE <i>St Andre Auellin Canada</i>	
AREA CODE & TELEPHONE NO. <i>717-865-7586</i>	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.

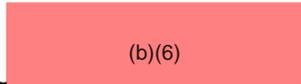
TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USA 4460	X											X			X		
2	4461	X							X						X			
3	4462	X							X						X			
4	4463	X										X		X				
5	4464					X			X					X				
6	4465					X			X					X				
7	4466					X			X					X				
8	4467	X						X						X				
9	4468	X						X						X				
10	4469	X						X						X				
11	4470					X		X						X				
12	4471	X										X		X				
13	4472	X										X				X		
14	4473	X							X							X		
15	4474	X							X					X				

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

SIGNATURE  (b)(6)

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.)

 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

629793

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	4475	X							X					X				
17		4476					X							X			X		
18		4477	X							X					X				
19		4478					X			X							X		
20		4479	X										X				X		
21		4480					X			X				X					
22		4481	X							X							X		
23		4482					X			X							X		
24		4483						X		X				X					
25		4484					X			X				X					
26		4485	X							X				X					
27		4486					X			X				X					
28		4487						X		X							X		
29		4488				X				X				X					
30	↓	4489					X			X				X					
31																			
32																			
33																			
34																			
35																			
36																			
37																			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. L061361	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>7/5/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Cavel Canada Export Inc. 517 Rang St. Julien St. Andre-Avellin</i>	DESTINATION COUNTRY <i>Canada</i>

14. ZIP CODE <i>17038</i>			17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code <i>Moore Brian S. 94 Hoover Dr. Jonestown PA 17038</i>		
NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS			BRUCELLOSIS BLOOD SAMPLE COLLECTED		
NEGATIVE RESULTS OF OTHER TESTS			DISEASE		
TYPE TEST			DISEASE		
TYPE TEST			DISEASE		

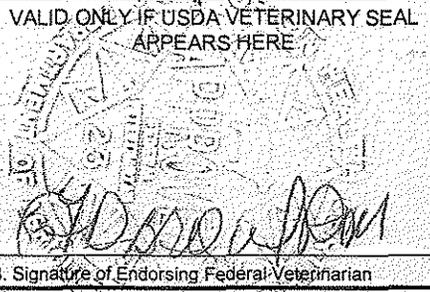
18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)		MODIFIED ACCREDITED AREA (TB)										CERTIFIED BRUCELLOSIS FREE AREA		
ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE		
A	B	C	D	F	G	H	I	J	K	L	M	N	O	
<i>USA</i>	<i>4490</i>	<i>2</i>	<i>M</i>	<i>QH</i>										
	<i>4491</i>	<i>7</i>	<i>F</i>	<i>TH</i>										
	<i>4492</i>	<i>11</i>	<i>F</i>	<i>TH</i>										
	<i>4493</i>	<i>12</i>	<i>F</i>	<i>TH</i>										
	<i>4494</i>	<i>14</i>	<i>F</i>	<i>QH</i>										
	<i>4495</i>	<i>10</i>	<i>F</i>	<i>QH</i>										
	<i>4496</i>	<i>16</i>	<i>N</i>	<i>QH</i>										
	<i>4497</i>	<i>10</i>	<i>F</i>	<i>TH</i>										
	<i>4498</i>	<i>4</i>	<i>F</i>	<i>TH</i>										
	<i>4499</i>	<i>15</i>	<i>F</i>	<i>SN</i>										
	<i>4500</i>	<i>12</i>	<i>F</i>	<i>TH</i>										
	<i>4501</i>	<i>14</i>	<i>F</i>	<i>SN</i>										
	<i>4502</i>	<i>12</i>	<i>N</i>	<i>SN</i>										
	<i>4503</i>	<i>10</i>	<i>F</i>	<i>QH</i>										
	<i>4504</i>	<i>11</i>	<i>N</i>	<i>SN</i>										
	<i>4505</i>	<i>14</i>	<i>F</i>	<i>QH</i>										
	<i>4506</i>	<i>8</i>	<i>F</i>	<i>TH</i>										
	<i>4507</i>	<i>7</i>	<i>N</i>	<i>Halpin</i>										

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

3. The animal has resided in the United States or Canada since birth

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>7-6-2010</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 1 State <input checked="" type="checkbox"/> 8 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>FD BROWN JR UMO</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i> <i>B/007032L</i> <i>April 5 2014</i>	

**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 <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St. Julia Estn</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17038</u>		CITY, STATE, ZIP CODE <u>St. Andre, Avellan Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7500</u>		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	USFA	4490	X								X						X		
2		4491	X							X							X		
3		4492	X							X							X		
4		4493						X		X							X		
5		4494	X								X						X		
6		4495						X			X						X		
7		4496						X			X							X	
8		4497						X		X							X		
9		4498	X							X							X		
10		4499	X										X			X			
11		4500	X							X							X		
12		4501			X									X		X			
13		4502	X											X				X	
14		4503						X			X						X		
15	J	4504	X											X				X	

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

SIGNATURE (b)(6)

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.) (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

2061361

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USEA 4505	X								X					X				
17	4506	X							X						X				
18	4507					X							X				X		
19	4508	X											X	X					
20	4509	X							X					X					
21	4510					X							X	X					
22	4511	X							X					X					
23	4512	X								X							X		
24	4513					X							X	X					
25	4514				X					X							X		
26	4515					X					X			X					
27	4516					X				X							X		
28	4517	X											X				X		
29	4518	X											X				X		
30	4519	X											X				X		
31																			
32																			
33																			
34																			
35																			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

4. DATE ISSUED 7/5/10		5. U.S. PORT OF EMBARKATION (City and State) Jonestown PA		6. STATE CODE 42		7. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore Brian S.		8. CONSIGNOR'S CITY (or Town) Jonestown		2. CERTIFICATE NO. L061363		3. PAGE NO. 1 OF 2	
9. SEMEN ("X" if yes) <input type="checkbox"/>		10. NO. DOSES OF SEMEN		11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean		12. CONSIGNOR'S STATE Pennsylvania		13. STATE CODE 42		14. ZIP CODE 17038			
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)		16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canada Export Inc. 517 Rang St. Julia - St. Andre - Avellan		NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS		BRUCellosis BLOOD SAMPLE COLLECTED		DESTINATION COUNTRY Canada		ENTER CODE Canada			

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)													19. DATE ENDORSED			20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print)		21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited		22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)	
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION	AGE	SEX	BREED	E	DATE	V	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE							
Owner's street address		A	B	C	D		F	G	H	I	J	K	L	M	N	O							
Moore, Brian S.		USFA 4520	10	N	SN																		
94 Hoover Dr.		4521	5	F	Mulk																		
Jonestown PA 17038		4522	5	M	QH																		
		4523	10	N	BL																		
		4524	12	N	SN																		
		4525	12	N	SN																		
		4526	10	N	SN																		
		4527	12	N	SN																		
		4528	12	F	QH																		
		4529	10	N	AS																		
		4530	14	N	SN																		
		4531	14	N	SN																		
		4532	12	F	AS																		
		4533	12	F	SN																		
		4534	7	F	SN																		
		4535	10	N	QH																		
		4536	10	N	QH																		
		4537	7	N	TH																		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



23. Signature of Endorsing Federal Veterinarian
F.D. BROWN JR VMD

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: **7/8/10**

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): **Ho H. James S.**

21. STATUS: 2 Federal 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): **30 horses**

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): **F.D. BROWN JR VMD**

25. SIGNATURE OF ISSUING VETERINARIAN: **[Signature]** **BV007032L** **Acc 145204**

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)
Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140
L061363

3. PAGE NO.
2 of 2

16. CONSIGNEE'S NAME
Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)
18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	VAC H	1/25 I	1/50 J	1/100 K	DATE L	DISEASE		
												TYPE TEST M	DATE N	TYPE TEST O

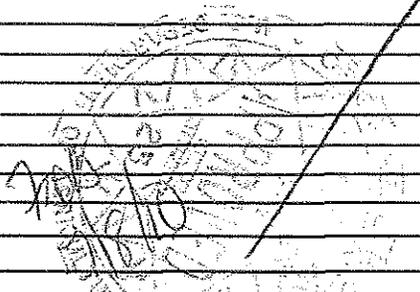
<i>Moore, Brian S.</i>	<i>USFA</i>	<i>4538</i>	<i>10</i>	<i>N</i>	<i>TH</i>	<i>5.</i>												
<i>94 Hunter Dr.</i>		<i>4539</i>	<i>10</i>	<i>F</i>	<i>TH</i>													
<i>Jonestown PA 17038</i>		<i>4540</i>	<i>5</i>	<i>F</i>	<i>TH</i>													
		<i>4541</i>	<i>10</i>	<i>F</i>	<i>TH</i>													
		<i>4542</i>	<i>12</i>	<i>N</i>	<i>SN</i>	<i>6.</i>												
		<i>4543</i>	<i>7</i>	<i>F</i>	<i>QH</i>													
		<i>4544</i>	<i>10</i>	<i>N</i>	<i>QH</i>													
		<i>4545</i>	<i>10</i>	<i>N</i>	<i>QH</i>													
		<i>4546</i>	<i>10</i>	<i>N</i>	<i>QH</i>													
		<i>4547</i>	<i>4</i>	<i>N</i>	<i>TH</i>	<i>7.</i>												
		<i>4548</i>	<i>5</i>	<i>N</i>	<i>TH</i>													
		<i>4549</i>	<i>10</i>	<i>N</i>	<i>SN</i>	<i>8.</i>												

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.



**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

2061363

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St, Julia est.</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17038</u>		CITY, STATE, ZIP CODE <u>St Andre Avellan Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>		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	Bk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USFA 4520	X											X			X		
2	4521	X											X	X				
3	4522				X					X						X		
4	4523					X					X						X	
5	4524	X											X			X		
6	4525	X											X			X		
7	4526	X											X			X		
8	4527	X											X			X		
9	4528	X								X				X				
10	4529					X							X			X		
11	4530	X											X			X		
12	4531	X											X			X		
13	4532					X							X	X				
14	4533	X											X	X				
15	4534	X											X	X				

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

SIGNATURE OF OWNER/SHIPPER (b)(6)

DO NOT CLOSE 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S</i>	2. CERTIFICATE NO G 29796	3. PAGE NO. 1 OF 2
--	-------------------------------------	-----------------------

4. DATE ISSUED <i>7/12/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
----------------------------------	---	----------------------------

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
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9. SEMEN (Check if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean <input checked="" type="checkbox"/>
---	------------------------	---

12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>
--	-----------------------------	------------------------------

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Canada Export Inc. Suite 517 King St. Juliet St. Andre-Audelin</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>Canada</i>
--	--------------------------------------	-----------------------------

If more lines are needed below - use VS Form 17-140A

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	H	I	J	K	L	M	N	O
----------------------------	----------	----------	------------	---	-----------	---	---	---	---	---	---	---	---	---

CERTIFIED BRUCELLOSIS FREE AREA

DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
------	-----	------	------	-------	------	------	------

<i>Moore, Brian S.</i>	<i>USFA 4550</i>	<i>18</i>	<i>M</i>	<i>QH</i>										
<i>94 Hoover Dr.</i>	<i>4551</i>	<i>5</i>	<i>M</i>	<i>QH</i>										
<i>Jonestown PA 17038</i>	<i>4552</i>	<i>7</i>	<i>N</i>	<i>TH</i>										
	<i>4553</i>	<i>6</i>	<i>F</i>	<i>TH</i>										
	<i>4554</i>	<i>8</i>	<i>F</i>	<i>TH</i>										
	<i>4555</i>	<i>10</i>	<i>N</i>	<i>TH</i>										
	<i>4556</i>	<i>4</i>	<i>F</i>	<i>TH</i>										
	<i>4557</i>	<i>14</i>	<i>F</i>	<i>QH</i>										
	<i>4558</i>	<i>9</i>	<i>F</i>	<i>QH</i>										
	<i>4559</i>	<i>10</i>	<i>F</i>	<i>QH</i>										
	<i>4560</i>	<i>12</i>	<i>N</i>	<i>QH</i>										
	<i>4561</i>	<i>14</i>	<i>N</i>	<i>QH</i>										
	<i>4562</i>	<i>4</i>	<i>F</i>	<i>QH</i>										
	<i>4563</i>	<i>6</i>	<i>F</i>	<i>TH</i>										
	<i>4564</i>	<i>14</i>	<i>F</i>	<i>QH</i>										
	<i>4565</i>	<i>12</i>	<i>F</i>	<i>AP</i>										
	<i>4566</i>	<i>5</i>	<i>N</i>	<i>TH</i>										
	<i>4567</i>	<i>10</i>	<i>F</i>	<i>TH</i>										

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

OR

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



23. Signature of endorsing federal veterinarian
FD BROWN JR

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>7/13/10</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>FD BROWN JR WMO</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>AS Holt</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore, Brian S.</i>		2. CERTIFICATE NO. FROM VS FORM 17-140 <i>029796</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Caual Canada Export Inc.</i>			

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>USA 4568</i>	<i>12</i>	<i>F</i>	<i>QH</i>											
<i>4569</i>	<i>10</i>	<i>F</i>	<i>QH</i>											
<i>4570</i>	<i>7</i>	<i>N</i>	<i>QH</i>											
<i>4571</i>	<i>12</i>	<i>F</i>	<i>QH</i>											
<i>4572</i>	<i>6</i>	<i>F</i>	<i>TH</i>											
<i>4573</i>	<i>12</i>	<i>F</i>	<i>TH</i>											
<i>4574</i>	<i>14</i>	<i>F</i>	<i>QH</i>											
<i>4575</i>	<i>12</i>	<i>F</i>	<i>Mule</i>											
<i>4576</i>	<i>14</i>	<i>N</i>	<i>Mule</i>											
<i>4577</i>	<i>15</i>	<i>N</i>	<i>AS</i>											
<i>4578</i>	<i>12</i>	<i>N</i>	<i>SN</i>											
<i>4579</i>	<i>7</i>	<i>F</i>	<i>PN</i>											

CERTIFIED BRUCellosis FREE AREA

Moore, Brian S.
94 Hoodner Dr.
Jones Falls PA 17038

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Cavel Canada Export Inc.</u>
STREET ADDRESS <u>94 Hoover DR.</u>		STREET ADDRESS <u>517 Rang Est. Julie Est.</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17038</u>		CITY, STATE, ZIP CODE <u>Andre-Avillen Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>		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.
 Horses are able to walk unassisted.
- Foals are older than 6 months of age.
 Horses are not blind in both eyes.

	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	USFA	4550					X			X					X				
2		4551						X		X					X				
3		4552	X							X							X		
4		4553					X			X					X				
5		4554	X							X					X				
6		4555					X			X							X		
7		4556					X			X					X				
8		4557						X		X					X				
9		4558					X			X					X				
10		4559	X							X					X				
11		4560						X		X							X		
12		4561					X			X							X		
13		4562					X			X					X				
14		4563					X			X					X				
15	V	4564				X				X					X				one eye

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

SIGNATURE

(b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal		
16	USFA	4565						X	X				X				
17		4566	X					X							X		
18		4567				X		X					X				
19		4568	X				X		X				X				
20		4569				X			X				X				
21		4570	X						X						X		
22		4571				X			X				X				
23		4572	X					X					X				
24		4573				X		X					X				
25		4574	X						X				X				
26		4575	X									X	X				
27		4576	X									X			X		
28		4577	X									X			X		
29		4578	X									X			X		
30	↓	4579			X				X				X				
31																	
32																	
33																	
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45																	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO G 29797	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>7/12/10</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
9. SEMEN (Check if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean <input checked="" type="checkbox"/>	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>
			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Cavel Canada Export Inc 517 Rang St. Inglewood St. Andre, Quebec Canada</i>	14. ZIP CODE <i>17038</i>

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION				19. CERTIFICATION BY ISSUING VETERINARIAN									
Owner's name (Last name, two initials, or business name)		(Instructions for columns A, B, C & D on reverse)				1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from communicable disease evidence.									
Owner's street address		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE	
Owner's city/town, state code (FIPS code on reverse) & zip code		A	B	C	D	F	G	H	I	J	K	L	M	N	O
<i>Moore B.S.</i>		<i>USFA 4580</i>	<i>12</i>	<i>F</i>	<i>QH</i>										
<i>94 Hoover Dr.</i>		<i>4581</i>	<i>7</i>	<i>N</i>	<i>PN</i>										
<i>Jonestown PA 17038</i>		<i>4582</i>	<i>9</i>	<i>F</i>	<i>PN</i>										
		<i>4583</i>	<i>5</i>	<i>N</i>	<i>QH</i>										
		<i>4584</i>	<i>7</i>	<i>N</i>	<i>QH</i>										
		<i>4585</i>	<i>5</i>	<i>M</i>	<i>QH</i>										
		<i>4586</i>	<i>10</i>	<i>N</i>	<i>QH</i>										
		<i>4587</i>	<i>8</i>	<i>F</i>	<i>PN</i>										
		<i>4588</i>	<i>5</i>	<i>F</i>	<i>QH</i>										
		<i>4589</i>	<i>9</i>	<i>F</i>	<i>TH</i>										
		<i>4590</i>	<i>10</i>	<i>F</i>	<i>TH</i>										
		<i>4591</i>	<i>11</i>	<i>N</i>	<i>QH</i>										
		<i>4592</i>	<i>12</i>	<i>N</i>	<i>QH</i>										
		<i>4593</i>	<i>10</i>	<i>F</i>	<i>QH</i>										
		<i>4594</i>	<i>7</i>	<i>F</i>	<i>QH</i>										
		<i>4595</i>	<i>14</i>	<i>F</i>	<i>SN</i>										
		<i>4596</i>	<i>7</i>	<i>N</i>	<i>TH</i>										
		<i>4597</i>	<i>9</i>	<i>F</i>	<i>QH</i>										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED <i>7-15-2010</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 horses</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print or stamp) <i>FD BROWN JR LMO</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>J.S. Holt</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) *Moore, Brims*

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME *Cavel Canada Export Inc.* 629797 2 of 2

NEGATIVE TUBERCULIN READING

48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE

TYPE TEST TYPE TEST TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (T/F)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
----------------------------	----------	----------	------------	--------	-----------	--------	-----------	----------	-----------	-----------	------------	-----------	-----------	-----------

Moore, B.S.
94 Hoover Dr.
Jonestown PA 17038

<i>USFA4598</i>	<i>11</i>	<i>F</i>	<i>QH</i>		<i>5.</i>									
<i>4599</i>	<i>10</i>	<i>M</i>	<i>TH</i>											
<i>4600</i>	<i>12</i>	<i>F</i>	<i>TH</i>											
<i>4601</i>	<i>6</i>	<i>F</i>	<i>QH</i>											
<i>4602</i>	<i>4</i>	<i>F</i>	<i>QH</i>											
<i>4603</i>	<i>6</i>	<i>N</i>	<i>TH</i>											
<i>4604</i>	<i>5</i>	<i>N</i>	<i>TH</i>											
<i>4605</i>	<i>7</i>	<i>N</i>	<i>TH</i>											
<i>4606</i>	<i>4</i>	<i>M</i>	<i>QH</i>											
<i>4607</i>	<i>10</i>	<i>F</i>	<i>SN</i>											
<i>4608</i>	<i>7</i>	<i>F</i>	<i>QH</i>											
<i>4609</i>	<i>4</i>	<i>N</i>	<i>Hofinger</i>											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET	
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Cavel Canada Export Inc.</u>	
STREET ADDRESS <u>94 Hoover DR.</u>	STREET ADDRESS <u>517 Rang St. Julie Est.</u>	
CITY, STATE, ZIP CODE <u>Jonestown, PA 17038</u>	CITY, STATE, ZIP CODE <u>Andre-Anavillin Canada</u>	
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>	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			
USFA	4580					X			X					X				
	4581				X				X								X	
	4582				X				X					X				
	4583	X							X							X		
	4584					X			X							X		
	4585	X							X					X				
	4586					X			X							X		
	4587				X				X					X				
	4588							X	X					X				
	4589	X							X					X				
	4590	X							X					X				
	4591	X							X							X		
	4592					X			X							X		
	4593	X							X					X				
	4594	X						X	X					X				

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

SIGNATURE

(b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

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

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

(Please type or print in ink)

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USFA 4595	X											X	X					
17	4596	X							X									X	
18	4597	X							X	X				X					
19	4598			X						X				X					
20	4599	X							X							X			
21	4600	X							X					X					
22	4601							X		X				X					
23	4602						X			X				X					
24	4603	X							X									X	
25	4604	X							X									X	
26	4605	X							X									X	
27	4606							X		X					X				
28	4607	X											X	X					
29	4608	X								X				X					
30	4609						X						X					X	
31																			
32																			
33																			
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) *Moore, Brian S.*
 2. CERTIFICATE NO *G 29798*
 3. PAGE NO. *1 OF 2*

4. DATE ISSUED *7/19/10*
 5. U.S. PORT OF EMBARKATION (City and State) *Jonestown PA*
 6. STATE CODE *42*

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) *94 Weaver Dr.*
 8. CONSIGNOR'S CITY (or Town) *Jonestown*
 12. CONSIGNOR'S STATE *Pennsylvania*
 13. STATE CODE *42*
 14. ZIP CODE *17038*

9. SEMEN (Check if yes)
 10. NO. DOSES OF SEMEN
 11. TRANSPORTATION CLASS
 1 - Rail 3 - Air
 2 - Truck 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) *Coyal Canada Export Inc*
517 St. Julien est St. Andre - Anselin
 DESTINATION COUNTRY *Canada*
 ENTER CODE *Canada*

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING 48 HRS 72 HRS.
 BRUCellosis BLOOD SAMPLE COLLECTED
 NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION				
Owner's name (Last name, two initials, or business name)		Instructions for columns A, B, C & D on reverse				
Owner's street address		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE
Owner's city/town, state code (FIPS code on reverse) & zip code		A	B	C	D	
<i>Moore B.S.</i>		<i>USFA 4610</i>	<i>10</i>	<i>F</i>	<i>QH</i>	1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection. Either: 3. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days. Or 4. The animal has resided in the United States or Canada since birth.
<i>94 Weaver Dr.</i>		<i>4611</i>	<i>6</i>	<i>F</i>	<i>QH</i>	
<i>Jonestown PA 17038</i>		<i>4612</i>	<i>12</i>	<i>N</i>	<i>QH</i>	
		<i>4613</i>	<i>9</i>	<i>N</i>	<i>QH</i>	
		<i>4614</i>	<i>10</i>	<i>F</i>	<i>SN</i>	
		<i>4615</i>	<i>5</i>	<i>N</i>	<i>TH</i>	
		<i>4616</i>	<i>6</i>	<i>N</i>	<i>TH</i>	
		<i>4617</i>	<i>8</i>	<i>F</i>	<i>TH</i>	
		<i>4618</i>	<i>12</i>	<i>F</i>	<i>SN</i>	
		<i>4619</i>	<i>9</i>	<i>F</i>	<i>TH</i>	
		<i>4620</i>	<i>10</i>	<i>F</i>	<i>QH</i>	
		<i>4621</i>	<i>7</i>	<i>F</i>	<i>QH</i>	
		<i>4622</i>	<i>11</i>	<i>F</i>	<i>QH</i>	
		<i>4623</i>	<i>11</i>	<i>N</i>	<i>AS</i>	
		<i>4624</i>	<i>14</i>	<i>N</i>	<i>BL</i>	
		<i>4625</i>	<i>7</i>	<i>N</i>	<i>QH</i>	
		<i>4626</i>	<i>12</i>	<i>F</i>	<i>SN</i>	
		<i>4627</i>	<i>10</i>	<i>N</i>	<i>SN</i>	



CERTIFICATION BY ISSUING VETERINARIAN
 This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED *7/19/10*
 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) *Holt, James S.*
 21. STATUS 2 Federal 3 Accredited
 22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) *30 horses*
 23. Signature of endorsing federal veterinarian
 24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) *F D BROWN JR DVM*
 25. SIGNATURE OF ISSUING VETERINARIAN *J S Holt*

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)
Moore, Bruce S.

2. CERTIFICATE NO. FROM VS FORM 17-140
629798

3. PAGE NO.
2 of 2

16. CONSIGNEE'S NAME
Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE

TYPE TEST TYPE TEST TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name (Last name, two initials, & business name)	Owner's street address	Owner's city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F	DATE G	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>Moore, B.S.</i>	<i>94 Hoover Dr.</i>	<i>Jonestown PA 17038</i>	<i>USFA 4628</i>	<i>12</i>	<i>N</i>	<i>SN</i>	<i>5</i>								
			<i>4629</i>	<i>14</i>	<i>N</i>	<i>AS</i>									
			<i>4630</i>	<i>10</i>	<i>N</i>	<i>TH</i>									
			<i>4631</i>	<i>12</i>	<i>N</i>	<i>AS</i>									
			<i>4632</i>	<i>15</i>	<i>N</i>	<i>SN</i>									
			<i>4633</i>	<i>12</i>	<i>N</i>	<i>AS</i>									
			<i>4634</i>	<i>6</i>	<i>N</i>	<i>TH</i>									
			<i>4635</i>	<i>10</i>	<i>M</i>	<i>TH</i>									
			<i>4636</i>	<i>5</i>	<i>F</i>	<i>TH</i>									
			<i>4637</i>	<i>8</i>	<i>F</i>	<i>TH</i>									
			<i>4638</i>	<i>9</i>	<i>F</i>	<i>TH</i>									
			<i>4639</i>	<i>6</i>	<i>F</i>	<i>TH</i>									

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render the animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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.

629798
FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Sonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL CANADA EXPORT INC.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St. Julie Est.</u>
CITY, STATE, ZIP CODE <u>Sonestown PA 17039</u>		CITY, STATE, ZIP CODE <u>St Andre Avellan Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>		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.
 Horses are able to walk unassisted.
- Foals are older than 6 months of age.
 Horses are not blind in both eyes.

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	Stall	Geld			
1	15FA	4610	X							X					X			
2		4611						X		X					X			
3		4612						X		X							X	
4		4613				X				X							X	
5		4614	X									X	X					
6		4615	X						X								X	
7		4616	X						X								X	
8		4617					X		X					X				
9		4618	X									X	X					
10		4619	X						X					X				
11		4620				X				X				X				
12		4621	X							X				X				
13		4622	X							X				X				
14		4623					X					X					X	
15		4624						X			X						X	

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

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE CIA 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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

629798

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEA	4625	X						X								X		
17		4626	X							X					X				
18		4627	X										X				X		
19		4628	X										X				X		
20		4629						X					X				X		
21		4630	X						X								X		
22		4631						X					X				X		
23		4632	X										X				X		
24		4633						X					X				X		
25		4634						X	X					X					
26		4635	X						X							X			
27		4636	X						X					X					
28		4637						X	X					X					
29		4638						X	X					X					
30		4639	X						X					X					
31																			
32																			
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

CONSIGNOR'S NAME (Last name, first name, middle initial or business name)

Moore, Brian S.

2. CERTIFICATE NO

G 29800

3. PAGE NO.

1 OF 2

4. DATE ISSUED

8/2/10

5. U.S. PORT OF EMBARKATION (City and State)

Jonestown PA

6. STATE CODE

42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

94 Hoover Dr

8. CONSIGNOR'S CITY (or Town)

Jonestown

9. SEMEN (Check if yes)

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS

1 - Rail 3 - Air
2 - Truck 4 - Ocean

12. CONSIGNOR'S STATE

Pennsylvania

13. STATE CODE

42

14. ZIP CODE

17038

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)

Caval Canada Export Inc

DESTINATION COUNTRY

Canada

ENTER CODE

Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING

48 HRS 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE

If more lines are needed below - use VS Form 17-140A

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Moore B.S.
94 Hoover Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 4670	10	F	BL		1.									
4671	10	N	SN											
4672	12	N	SN											
4673	12	N	TH											
4674	12	N	SN											
4675	10	N	SN											
4676	10	F	TH											
4677	12	N	QH											
4678	5	F	SN											
4679	6	N	SN											
4680	10	N	BL											
4681	10	N	BL											
4682	10	F	SN											
4683	12	F	BL											
4684	12	N	BL											
4685	12	N	SN											
4686	15	N	SN											
4687	10	N	TH											

CERTIFIED BRUCELLOSIS FREE AREA

TYPE TEST TYPE TEST TYPE TEST

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

3. The animal has resided in the United States or Canada since birth

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED

08/03/2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print)

Holt, James S.

21. STATUS 2 Federal

1 State 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

Dr. Paul Smiley, AAVIC

25. SIGNATURE OF ISSUING VETERINARIAN

J. Holt B1007032L
Aug 15 2010

23. Signature of endorsing federal veterinarian

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)
Moore Brian S.

2. CERTIFICATE NO.
FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME
Cavel Canada Export Inc.

629800

2 of 2

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE

TYPE TEST TYPE TEST TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TA)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>USA 4688</i>	<i>7</i>	<i>F</i>	<i>TH</i>	<input checked="" type="checkbox"/>	<i>5.</i>									
<i>4689</i>	<i>7</i>	<i>F</i>	<i>TH</i>											
<i>4690</i>	<i>10</i>	<i>F</i>	<i>TH</i>											
<i>4691</i>	<i>7</i>	<i>F</i>	<i>TH</i>											
<i>4692</i>	<i>7</i>	<i>F</i>	<i>TH</i>											
<i>4693</i>	<i>10</i>	<i>F</i>	<i>TH</i>											
<i>4694</i>	<i>12</i>	<i>F</i>	<i>TH</i>											
<i>4695</i>	<i>12</i>	<i>F</i>	<i>QH</i>											
<i>4696</i>	<i>15</i>	<i>F</i>	<i>QH</i>											
<i>4697</i>	<i>15</i>	<i>F</i>	<i>QH</i>											
<i>4698</i>	<i>10</i>	<i>F</i>	<i>QH</i>											
<i>4699</i>	<i>10</i>	<i>F</i>	<i>TH</i>											

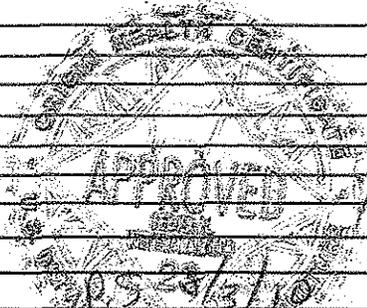
CERTIFIED BRUCELLOSIS FREE AREA

5. The animals at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury, or any other condition that could be causing the animal to suffer.



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

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Sonestown PA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Chel Canada Export Inc.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St, Joliet, Ill.</u>
CITY, STATE, ZIP CODE <u>Sonestown PA 17039</u>		CITY, STATE, ZIP CODE <u>St. Andre Avellan Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7596</u>		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	USFA	4670					X					X			X				
2		4671	X											X				X	
3		4672	X											X				X	
4		4673						X		X								X	
5		4674	X											X				X	
6		4675						X						X				X	
7		4676	X							X					X				
8		4677						X			X							X	
9		4678	X											X	X				
10		4679	X											X				X	
11		4680						X				X						X	
12		4681						X				X						X	
13		4682	X											X	X				
14		4683						X				X			X				
15		4684						X				X						X	

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

SIGNATURE (b)(6)

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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

G 29800

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

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	KSFA	4685	X										X			X		
17		4686	X										X			X		
18		4687	X						X							X		
19		4688	X						X					X				
20		4689	X						X					X				
21		4690	X						X					X				
22		4691					X		X					X				
23		4692					X		X					X				
24		4693	X						X					X				
25		4694	X						X					X				
26		4695				X				X				X				
27		4696				X				X				X				
28		4697	X							X				X				
29		4698				X				X				X				
30		4699	X						X					X				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) 2. CERTIFICATE NO. 3. PAGE NO.

Moore Brian S.

L061364

1 OF 2

4. DATE ISSUED 5. U.S. PORT OF EMBARKATION (City and State) 6. STATE CODE 7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 8. CONSIGNOR'S CITY (or Town)

8/2/10

Jonestown PA

PA(42)

94 Hoover Dr.

Jonestown

9. SEMEN ("X" if yes) 10. NO. DOSES OF SEMEN 11. TRANSPORTATION CLASS 12. CONSIGNOR'S STATE 13. STATE CODE 14. ZIP CODE

1 - Rail 3 - Air
 2 - Truck 4 - Ocean

Pennsylvania

42

17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) DESTINATION COUNTRY ENTER CODE

Cavel Canada Export Inc.
577 Rue St-Julien St-Julien-Andon

Canada

Canada

NEGATIVE TUBERCULIN READING BRUCELLOSIS BLOOD SAMPLE COLLECTED NEGATIVE RESULTS OF OTHER TESTS

48 HRS 72 HRS

DISEASE DISEASE DISEASE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					CERTIFIED BRUCELLOSIS FREE AREA					NEGATIVE RESULTS OF OTHER TESTS					
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE			
Owner's street address		A	B	C	D	F	G	H	I	J	K	M	N	O			
Owner's city/town, State code (FIPS code on reverse) & zip code																	
Moore BS		USFA 4640	10	M	QH	1.	The animals were inspected by James S. Holt within 30 days prior to the export and found to be healthy and free from evidence of communicable disease.										
94 Hoover Dr.		4641	7	N	QH	2.	The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.										
Jonestown PA 17038		4642	10	N	SN	3.	The animal has resided in the United States or Canada since birth										
		4643	15	F	SN	4.	The animal has met all the import requirements of the United States of America and has resided in the United States for the past 60 days.										
		4644	19	N	SN												
		4645	11	F	BL												
		4646	15	F	BL												
		4647	10	N	SN												
		4648	8	N	SN												
		4649	10	F	SN												
		4650	10	N	SN												
		4651	12	N	SN												
		4652	10	N	QH												
		4653	4	F	QH												
		4654	17	N	SN												
		4655	11	F	QH												
		4656	2	F	QH												
		4657	14	F	QH												

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Paul Smiley
Dr. Paul Smiley, AAVIC

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) 21. STATUS 2 Federal 1 State 3 Accredited 22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

08/03/2010

Holt, James S.

1 State 3 Accredited

30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

Dr. Paul Smiley, AAVIC

25. SIGNATURE OF ISSUING VETERINARIAN

J. S. Holt

B1007032 L
Acc'd 8/2/10