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.

1
FORM APPROVED
OMB NO. 0579-0160
2060876

TIME HORSES LOADED ON CONVEYANCE: 9:00 pm	DATE: 1-02-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/H	Other	Mare	Stal	Geld		
1	7785						X		X					X				
2	7786		X										S/B	X				
3	7787						X			X						X		
4	7788		X									X		X				
5	7789						X		X					X				
6	7790						X		X							X		
7	7791		X						X					X				
8	7792		X						X					X				
9	7793						X						S/B			X		
10	7794						X			X				X				
11	7795							PAL		X				X				
12	7796		X									X				X		
13	7797							PAL		X				X				
14	7798		X							X						X		
15	7799							Appl		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		
16	0586					X				X				X				
17	0579							APL		X				X				
18	0576		X							X				X				
19	0580						X			X				X				
20	0601				X					X				X				
21	0581						X			X				X				
22	0602							APD		X						X		
23	0573		X							X						X		
24	0571				X					X				X				
25	0590						X			X						X		
26	0599					X				X				X				
27	0587		X							X				X				
28	0598						X			X				X				
29	0605				X					X				X				
30	0453		X							X					X			
31																		
32																		
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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 0579-0180. 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.

187
FORM APPROVED
OMB NO. 0579-0180

TIME HORSES LOADED ON CONVEYANCE: 8 PM	DATE: 11-29-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND [illegible]: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	0553				X					X						X		
2	0651		X										SW	X				
3	0652			X												X		
4	0653						X							X				
5	0661				X						X					X		
6	0667				X					X				X				
7	0668						X			X						X		
8	0670						X			X						X		
9	0671		X							X						X		
10	0677						X			X						X		
11	0679							OR		X				X				
12	0684				X					X				X				
13	0686				X								B	X				
14	0690															X		
15	0691									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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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.

184

FORM APPROVED
OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0612						X			X				X				
17	0613						X			X						X		
18	0615						X						N	X				
19	0616				X					X				X				
20	0617		X										N			X		
21	0701						X			X						X		
22	0708	X	X							X				X				
23	0710				X					X				X				
24	0711						X			X				X				
25	0713						X		X							X		
26	0714						X		X					X				
27	0715		X						X							X		
28	0717						X			X				X				
29																		
30																		
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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.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED O: 8:00am (b)(6)

DATE: 11/12/2

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

(b)(6)

(SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	0533		X					ST	X									
2	0677							[illegible]		X						X		
3	0654						X	[illegible]						X				
4	0658						X	[illegible]						X				
5	0663	X	X							X						X		
6	0665						X			X				X				
7	0666						X	WH								X		
8	0673						X			X						X		
9	0674		X							X						X		
10	0676						X			X						X		
11	0678						X			X				X				
12	0680						X			X						X		
13	0681						X			X				X				
14	0683							[illegible]		X						X		
15	0685							[illegible]		X						X		

HORSES HAV[illegible] FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[illegible]E.

(b)(6)

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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SIGNAT[illegible] [illegible]rmation contained in this form is true and correct to the best [illegible]

(b)(6)

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004)

Previous editions are obsolete

PAGE 1 OF ___

PART 1 - INSPECTOR

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.

184

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	0687		X						X							X	off	
17	0688						X			X				X				
18	0689							PAL		X				X				
19	0694							PAL		X						X		
20	0700		X										SN			X		
21	0702		X							X						X		
22	0703							PAL		X						X		
23	0705						X			X						X		
24	0706						X			X				X				
25	0707						X			X				X				
26	0712						X			X						X		
27	0716		X						X					X				
28	0720		X						X							X		
29	0721		X						X					X				
30	0722			X						X						X		
31	0723		X							X						X		
32																		
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Canada

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SIGNATURE (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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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670 d
FORM APPROVED
OMB NO. 0579-0180
5060276

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8673							PAI		X				X				
2	8677						X			X				X				
3	8735				X					X						X		
4	8739						X			X				X				
5	0176		X							X				X				
6	0177						X			X				X				
7	0178						X			X				X				
8	0179						X			X						X		
9	0180						X			X				X				
10	0181						X			X				X				
11	0188		X							X				X				
12	0190		X							X				X				
13	0191		X							X						X		
14	0193		X							X				X				
15	0194		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM

Previous editions are obsolete

PART 1 - INSPECTOR

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.

170A

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0195						X			X						X		
17	0198		X						X					X				
18	0234						X						S/N			X		
19	0239				X								S/N			X		
20	0273						X			X				X				
21	0274						X		X							X		
22	0275					X							C18			X		
23	0276		X						X					X				
24	0277		X							X				X				
25	0278		X						X					X				
26	0279						X		X							X		
27																		
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SIGNATURE OF OWNER/SHIPPER [illegible] (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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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8
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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USFP

	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	2493						X			X				X				
2	0495		X							X						X		
3	0496				X					X						X		
4	0497		X							X				X				
5	0498					X				X				X				
6	0525		X						X							X		
7	0527		X						/	X				X				
8	0540							AP		X				X				
9	0542					X				X				X				
10	0547			X						X				X				
11	0548						X						[illegible]	X				
12	0553		X						X							X		
13	0554						X		X					X				
14	0555		X						X					X				
15	0556		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

PART 1 - INSPECTOR

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

0060289

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0560		X						X					X				
17	0561		X						X					X				
18	0562						X			X						X		
19	0563					X				X				X				
20	0564						X						PAL	X				
21	0565						X			X				X				
22	0566							PAL		X				X				
23	0567		X						X							X		
24	0568		X						X							X		
25	0569					X				X				X				
26	0570						X			X				X				
27																		
28																		
29																		
30																		
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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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10
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10 P.M	DATE: 12-1-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND STATE: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
(SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	0631						X			X				X				
2	0632									X				X				
3	0633						X			X				X				
4	0635						X			X				X				
5	0637				X					X						X		
6	0638		X							X				X				
7	0640		X							X				X				
8	0719		X							X				X				
9	0724				X								SN			X		
10	0725						X						SN			X		
11	0726		X										SN	X				
12	0727		X										SN	X				
13	0728		X										SN			X		
14	0729				X								CS	X				
15	0730		X										SN			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

PART 1 - INSPECTOR

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

5060293

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0731				X													
17	0732		X										SN	X				
18	0733		X										SN			X		
19	0734		X										SN			X		
20	0735		X										SN			X		
21	0736		X										SN			X		
22	0737		X										SN			X		
23	0738		X										SN	X				
24	0739		X										SN			X	off.	
25	0740							Paint	X				SN	X				
26	0741				X				X					X				
27	0742							Paint	X							X		
28	0743						X							X				
29													Paint			X		
30																		
31																		
32																		
33																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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.)

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)

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12 FORM APPROVED OMB NO. 0579-0160

L060795

TIME HORSES LOADED: 8:00am (b)(6)

DATE: Mar 7/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

(b)(6)

(OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS include existing conditions
1	0557						X			X						X		
2	0592		X							X						STUD		
3	0630		X							X				X				
4	0647						X						MULE	X				
5	0659						X						W H			X		
6	0660						X						MULE			X		
7	0699		X									X				X		
8	0704						X			X				X				
9	0750							PAINT		X				X				
10	0751						X			X						X		
11	0752		X						X							X		
12	0753			X					X					X				
13	0754			X					X							X		
14	0755							PAINT	~~PONY~~	X				X				
15	0756						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE 1433

TIME

VS FORM [illegible] Previous editions are obsolete

PART 1 - INSPECTOR

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

L060795

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sheen SCR	Other	TB	QT	Draft	Poor	Other	Mare	Stal	Geld		
16	0757		X							X						X		
17	0758		X						X					X				
18	0759							DUN		X				X				
19	0760		X										SN			X		
20	0761						X			X			[illegible]			X		
21	0762		X										SN			X		
22	0763		X										SN			X		
23	0764		X										SN			X		
24	0765						X						SN			X		
25	0766						X			X				X				
26	0767						X			X				X				
27	7952		X						X					X				
28	7953						X		X					X				
29	7954		X						X					X				
30	7955						X		X					X				
31																		
32																		
33																		
34																		
35																		
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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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14
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10 PM	DATE: 12-4-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.
- [x] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Cheetn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0634						X			X				X				
2	0672						X			X						X		
3	0679		X							X				X				
4	0695						X			X						X		
5	0650						X						Roan	X				
6	0657		X										SN	X				OFF
7	0669						X						M	X				
8	0672		X							X				X				
9	0632							Roan		X					X	Sr		
10	0763							Roan		X						X		
11	0769		X							X				X				
12	0773		X							X				X				
13	0771						X			X				X				
14	0772						X			X				X				
15	0773		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. #76

DATE 06.12.2010 F.B.

TIME 10:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

(b)(6)

	PREFIX	NO.	BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0774		X							X				X				
17	0775		X							X				X				
18	0776						X			X				X				
19	0777						X			X				X				
20	0778						X			X						X		
21	0779							Appl		X						X		
22	0780						X			X				X				
23	0781		X							X						X		
24	0782						X			X				X				
25	0783		X							X				X				
26	0784						X			X				X				
27	0785						X			X				X				
28	0786		X							X				X				
29																		
30																		
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.)

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)

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16
FORM APPROVED
OMB NO. 0579-0160
L050297

TIME HORSES LOADED ON CONVEYANCE: 8PM

DATE: 12-6-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0633		X							X				X				
2	0641						X			X				X				
3	0667												PM	X				
4	0675						X			X					X	ST		
5	0772						X				X			X				
6	0772						X			X				X				OFF
7	0781						X		X							X		
8	0792		X							X						X		
9	0797						X			X				X				
10	0798							PM		X				X				
11	0800							PM		X				X				
12	0802		X															
13	0807							PM		X						X		
14	0808				X					X				X				
15	0811						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)

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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

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

L060297

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0817						X			X				X				
17	0823		X										SN	X				
18	0826		X										SN			X		
19	0827			X						X				X				
20	0829		X										SN			X		
21	0832			X						X						X		
22	0833				X					X						X		
23	0834		X										MULE	X				
24	0835		X										MULE	X				
25	0836		X							X						X		
26	0838						X			X				X				
27	0839							MULE		X						X		
28	0840				X								SN	X				
29	0846						X						MULE			X		
30																		
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.)

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 0579-0180. 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.

18
FORM APPROVED
OMB NO. 0579-0180
L 560.396

TIME HORSES LOADED ON CONVEYANCE: 11 pm	DATE: 12-7-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USEF

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0363		X							X				X				
2	0643		X							X				X				
3	0648						X						Mu			X		
4	0655						X				X		Od	X				
5	0656						X						Mu			X		
6	0663							Wh					Mu	X				
7	0719						X			X				X				
8	0738		X										Sn			X		
9	0738							Pa		X						X		
10	0739		X							X				X				
11	0740							Pa		X						X		
12	0741							Pa		X				X				
13	0743						X			X				X				
14	[illegible]							Pa		X				X				
15	0785		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

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

L060296

(b)6)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0796			X						X				X				
17	0797							Pal		X				X				
18	0801				X					X				X				
19	0803		X										Mu	X				
20	0805		X							X				X				
21	0806		X							X						X		
22	0809		X							X						X		
23	0810		X							X						X		
24	0812		X							X						X		
25	0813						X			X				X				
26	0817		X							X						X		
27	0815						X			X						X		
28	0816		X							X						X		
29																		
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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.)

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)

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20
FORM APPROVED
OMB NO. 0579-0160
L060298

TIME HORSES LOADED: 8:30am (b)(6)

DATE: Dec 7/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sheep~~ Sty	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0744				X					X		X		X				
2	0745						X			X				X				
3	0746		X							X						X		
4	0749		X							X						X		
5	0871						X			X				X				
6	0872						X			X						X		
7	0874		X										SN			X		
8	0875		X										SN			X		
9	0837		X										SN	X				
10	0841		X						X						X			
11	0843		X							X						X		
12	0854							RON		X				X				
13	0855				X					X						X		
14	0857						X			X				X				
15	0858		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)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to th

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

L060298

USFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0859							RW		X						X		
17	0861		X							X				X				
18	0863		X							X						X		
19	0864		X							X						X		
20	0865				X					X				X				
21	0866		X							X				X				
22	0867							DW		X				X				
23	0868		X							X				X				
24	0869		X							X				X				
25	0871		X							X				X				
26	0872						X		X					X				
27	0873		X						X					X				
28	0874		X						X					X				
29	0875		X						X					X				
30	0876		X						X					X		X		
31	0877		X							X				X		X		
32																		
33																		
34																		
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SIGNA at 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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22

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9 PM	DATE: 12-9-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
(b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] 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.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

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

PART 1 - INSPECTOR

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

0043001

USEO

(b)(6)

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0890		X							X						X		
17	0911		X						X							X		
18	0912		X						X					X				
19	0913		X							X						X		
20	0914		X										SN			X		
21	0915		X										SN			X		
22	0916			X					X					X				
23	0917		X										SN	X				
24	0918		X										SN			X		
25	0921						X			X				X				
26	0922						X		X					X				
27	0923		X						X							X		
28	0924						X		X					X				
29																		
30																		
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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.)

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)

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FORM APPROVED OMB NO. 0579-0180

TIME HORSES LOADED ON CONVEYANCE: 10 30

DATE: 12-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Palom	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0657						X				X					X		
2	0747						X						HF	X				
3	0813			X						X					X			
4	0845		X										SIN	X				
5	0851			X						X				X				
6	0852		X										SIN	X				
7	0853		X										SIN			X		
8	0860		X							X				X				
9	0870					X				X				X				
10	0878		X						X					X				
11	0879		X						X					X				
12	0880		X						X							X		
13	0884		X							X						X		
14	0885						X				X					X		
15	0887						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)

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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. #76

DATE 13. 12. 2010

TIME 12:55 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

10 30 12-1-

(Please Print or Type in Ink)

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1938

FORM APPROVED OMB NO. 0579-0160

0060299

USFO (b)(6)

			Bay	Gray	Blk.	Pinto	Cheach	Other	TB	BREED/TYPE QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0888		X							X				X				
17	0891		X							X				X				
18	0892		X							X				X				
19	0896		X							X				X				
20	0897							PAI		X				X				
21	0898					X				X				X				
22	0900			X						X				X				
23	0901		X							X				X				
24	0903					X				X				X				
25	0905						X			X				X				
26	0906					X				X				X				
27	0908				X					X				X				
28	0910					X				X						X		
29																		
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SIGN (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

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.

26 Y
FORM APPROVED
OMB NO. 0579-0160
0060300

TIME HORSES LOADED ON CONVEYANCE: 8PM	DATE: 12-13-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
(b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	0393		X							X				X				
2	0394		X							X						X		
3	[illegible]						X			X						X		
4	0404		X							X						X		
5	0407						X			X						X		
6	0420		X							X				X				
7	0426		X						X					X				
8	0427		X						X					X				
9	0433						X			X						X		
10	0435		X							X				X				
11	0445		X							X						X		
12	0447							BUN		X						X		
13	0450						X			X				X				
14	0455						X			X				X				
15	0456							BL		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

PART 1 - INSPECTOR

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

(b)(6)

	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	BREED/TYPE: QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0957							Roan		X						X		
17	0959					X							CB	X				
18	0972							Roan		X						X		
19	0976					X				X				X				
20	0979		X							X				X				
21	0980		X							X				X				
22	0982						X			X				X				
23	0984				X					X				X				
24	0986		X							X				X				
25	0987		X							X				X				
26	0990		X							X				X				
27	0992				X					X						X		
28	0997						X			X				X				
29																		
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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.)

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)

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28

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED OI: 8:30am (b)(6)

DATE: Dec 14/10

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	0532						X						Pony			X		
2	0742						X						HF	X				
3	0[illegible]			X						X				X				
4	0[illegible]		X							X				X				
5	0707						X			X				X				
6	0711		X							X						X		
7	0763			X					X					X				
8	0732		X						X							X		
9	0737		X						X					X				
10	0724		X						X					X				
11	0737		X						X					X				
12	0[illegible]						X		X					X				
13	0751		X						X					X				
14	0[illegible]		X						X					X				
15	0[illegible]		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

PART 1 - INSPECTOR

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	Geld		
16	0970							PL		X				X				
17	0975						X			X				X				
18	0978		X							X				X			off	
19	0988		X							X				X				
20	0989					X				X				X				
21	0991						X			X				X				
22	0993						X			X						X		
23	0999					X				X				X				
24	1004		X						X							X		
25	1005						X			X				X				
26	1006		X							X						X	off	
27	1007					X				X				X				
28	1013		X							X				X				
29	1021						X						PL	X				
30	1030						X					X		X				
31	1031				X					X					X			
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.)

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)

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1306
FORM APPROVED
OMB NO. 0579-0160
L060403

TIME HORSES LOADED ON CONVEYANCE: 7 AM	DATE: 12-15-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestnut SOR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0883						X				X					X		
2	0903						X				X			X				
3	0927		X						X					X				
4	0938				X					X						X		
5	0939		X							X				X				
6	0940				X					X						X		
7	0941			X						X						X		
8	0944		X							X				X				
9	0946			X						X				X				
10	0948		X							X				X				
11	0949						X			X				X				
12	0952		X							X						X		
13	0958		X							X						X		
14	0960							White		X				X				
15	0961		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

PART 1 - INSPECTOR

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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196

FORM APPROVED OMB NO. 0579-0160

L060403

UsfQ

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Roan~~ SR	Other	BREED/TYPE TB	QT	Draft	Poney	Other	SEX Mare	Stal	Gald	BRANDS Tattoos, etc.	REMARKS Include precaution
16	0963						X			X				X				
17	0965							DN		X						X		
18	0966						X			X				X				
19	0967						X			X				X				
20	0969							APL		X				X				
21	0971		X							X						X		
22	0973						X			X				X				
23	0978		X							X				X				
24	0999		X							X						X		
25	1002				X								JN			X		
26	1005		X										SN			X		
27	1009							APL		X						X		
28	1016		X							X						X		
29																		
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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

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: 10 PM	DATE: A
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND REGISTRANT NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	0935						X		X					X				
2	0930			X						X				X				
3	0931		X						X					X				
4	0949				X					X				X				
5	0953						X			X						X		
6	0954						X			X				X				
7	0971						X			X				X				
8	0996						X			X				X				
9	0998		X							X						X		
10	1001		X										S/N	X				
11	1003				X								S/N			X		
12	1004		X										S/N			X		
13	1007						X			X						X		
14	1011					X				X				X				
15	1012						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)

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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

PART 1 - INSPECTOR

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

(b)(6)

	PREFIX	NO.	BREED/TYPE Bay	Gray	Blk.	Pinto	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1051					X			X				X				
17	1052						PN		X						X		
18	1053						X					H			X		
19	1054					X			X				X				
20	1055		X						X						X		
21	1056						X		X						X		
22	1057						X		X				X				
23	1058						X		X						X		
24	1059						X		X				X				
25	1060							PL	X				X				
26	1061						X		X				X				
27	1062						X		X					X			
28	1065		X						X						X		
29																	
30																	
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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.)

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)

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34

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:30 p.m.	DATE: 12-20-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Foals are older than 6 months of age.
- [ ] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	1071						X						W/H			X		
2	1075						X			X				X				
3	1076		X						X							X		
4	1077		X							X						X		
5	1078						X			X						X		
6	1079						X			X						X		
7	1080						X			X				X				
8	1081		X							X				X				
9	1082						X			X				X				
10	1083						X			X				X				
11	1084		X							X						X		
12	1085						X			X						X		
13	1086		X							X				X				
14	1087						X			X				X				
15	1088						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

PART 1 - INSPECTOR

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)

(b)(6)

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	NO.	BREED/TYPE: Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	1008						X			X				X				
17	1010		X							X				X				
18	1011							Pal		X				X				
19	1012		X						X	X				X				
20	1013				X					X				X				
21	1014		X							X				X				
22	1015		X							X				X				
23	1016		X							X				X				
24	1017						X			Mo Sal				X				
25	1018		X						X					X				
26	1019		X						X					X				
27	1100		X							X				X				
28	1101		X						X						X			
29																		
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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.)

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)

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36

FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10 pm	DATE: 12-28-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND PRINTED NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFB

	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	0962					X				X				X				
2	0981						X			X				X				
3	0983						X			X				X				
4	1000		X										SN			X		
5	1010		X							X				X				
6	1013		X							X						X		
7	1023		X							X						X		
8	1064		X										LB	X				
9	1066		X							X						X		
10	1069		X							X						X		
11	1074		X						X					X				
12	1107		X							X						X		
13	1109		X							X						X		
14	1111		X							X					X			
15	1114		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

PART 1 - INSPECTOR

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

(b)(6)

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Cham	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1114						X			X						X		
17	1115				X						X			X				
18	1113		X							X				X				
19	1120					X				X						X		
20	1123		X							X						X		
21	1125		X							X						X		
22	1127						X			X				X				
23	1136		X							X				X				
24	1137		X							X				X				
25	1140		X							X						X		
26	1150		X						X							X		
27	1151				X					X				X				
28	1151						X			X				X				
29																		
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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.)

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)

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38
FORM APPROVED
OMB NO. 0579-0160
L060406

TIME HORSES LOADED: 8:30am (b)(6) (b)(6)

DATE: Dec 29/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFR

	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	0971						X			X				X				
2	0985		X							X				X				
3	0995							X		X				X				
4	1008							X		X						X		
5	1063						X			X						X		
6	1069		X							X						X		
7	1072		X						X							X		
8	1073		X						X					X				
9	1102						X			X				X				
10	1103			X						X						X		
11	1104						X			X						X		
12	1110						X			X				X				
13	1113						X				X				X			
14	1116						X				X					X		
15	1117				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

PART 1 - INSPECTOR

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

L060406

USDA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1119					X				X				X				
17	1121					X				X				X				
18	1122					X				X						X		
19	1124		X							X						X		
20	1129		X							X				X				
21	1141						X			X						X		
22	1143		X							X				X			off.	
23	1144						X			X				X				
24	1145					X				X				X				
25	1146						X			X						X		
26	1149			X						X				X				
27	1148							Pm.		X						X		
28	1151					X				X						X		
29	1153						X				X					X		
30	1156		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.)

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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40

FORM APPROVED OMB NO. 0579-0160

2060876

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
16	7800		X							X	•					X		
17	7801		X									X				X		
18	7802						X						S/B			X		
19	7803		X						X					X				
20	7804						X			X				X				
21	7805						X			X				X				
22	7806				X							X		X				
23	7807						X						S/B	X				
24	7808				X				X							X		
25	7809						X				X					X		
26	7810		X									X		X				
27	7811		X									X		X				
28	7824						X			X					X			
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tify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

arrive Le 4 gmw 09 11h00.

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM	DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippenville PA	
VEHICLE LICENSE NO. AND DI: Bruce Rot (b)(6)	NAME OF AUCTION/MARKET: Rots Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rot	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu
STREET ADDRESS: 457 Angel Rd	STREET ADDRESS: 595 rue Royale
CITY, STATE, ZIP CODE: Shippenville PA 17257	CITY, STATE, ZIP CODE: Massueville, Qc
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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		
USDA 1	1429		X										X			X		
2	1430							Sorrel					X	X				
3	1431		X										X			X		
4	1432				X								X			X		
5	1433		X										X			X		
6	1434					X							X	X				
7	1435		X										X			X		
8	1436		X										X			X		
9	1437					X							X			X		
10	1438							Bay					X			X		
11	1439		X										X	X				
12	1440		X										X	X				
13	1441		X										X	X				
14	1442				X								X			X		
15	1443		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)

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SIGNATU ... tion contained in this form is true and correct to the best ...

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 162

DATE 09 ... 09

TIME 10h30

VS FORM 10-13

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	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1444		X										X			X		
17	1445		X										X	X				
18	1446							SM					X	X				
19	1447				X								X			X		
20	1448		X										X	X				
21	1449		X										X	X				
22	0646							SM					X			X		
23	1450		X										X	X				
24	1378		X										X			X		
25	1379				X								X	X				
26	1380							SM					X	X				
27	1381							SM					X			X		
28	1382				X								X			X		
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SIGN

nation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

PAGE ___ OF ___

arrive 10:00

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) PR

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 1-5-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roof

NAME OF AUCTION/MARKET: Roy's Lunsta

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roof (Roy's Lunsta)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Angut Rd.

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA 1	1401							SM					X	X				
2	1402							PM					X			X		
3	1403		X										X	X				
4	1404							SM					X	X				
5	1405		X										X	X				
6	1406		X										X			X		
7	1407					X							X			X		
8	1408							SM					X	X				
9	1409							SM					X	X				
10	1410							Ram					X	X				
11	1411		X										X			X		
12	1412		X										X			X		
13	1413		X										X			X		
14	1414		X										X	X				
15	1415					X							X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATE

SIGNATURE (b)(6)

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 O ... ned in this form is true and correct to the best of my k (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE

TIME 1300

VS FORM 10-13

Heure de réception Jan. 6. 11:13AM

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	1416		X										X			X		
17	1417							SM					X	X				
18	1418		X										X	X				
19	1419							SM			X					X		
20	1420		X										X	X				
21	1421		X										X	X				
22	1422				X								X			X		
23	1423		X										X			X		
24	1424				X								X			X		
25	1425							SM					X	X				
26	1426		X										X	X				
27	1427		X										X			X		
28	1428				X								X	X				
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SIGNATURE

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
GOVERNMENT OF CANADA
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
GOUVERNEMENT DU CANADA

PAGE ___ OF ___

Heure de réception Jan. 6. 11:13AM

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)

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FORM APPROVED OMB NO. 0579-0160

45

060874

TIME HORSES LOADED ON CONVEYANCE: 7:15 AM

DATE: 01-05-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	~~Chest~~ Sorr	Other	TB	QT	Draft	~~Pony~~ B/N	Other	Mare	Stal	Geld		
USEX 1	7768						X		X							X		
2	7769						X		X					X				
3	7770		X						X					X				
4	7771		X							X						X		
5	7772				X					X				X				
6	7773					X				X						X		
7	7774					X				X				X				
8	7775						X			X				X				
9	7776		X							X				X				
10	7777						X			X				X				
11	7778				X					X				X				
12	7779		X							X				X				
13	7780				X					X				X				
14	7781						X						HF	X				
15	7782						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)

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SIGI ... ation contained in this form is true and correct to the b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004)

Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

L060874

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SAM	Other	TB	QT	Draft	~~Pony~~ SJN	Other	Mare	Stal	Geld		
USE 16	7783			X						X				X				
17	7784		X						X							X		
18	7812		X						X							X		
19	7813		X									X				X		
20	7814				X							X		X				
21	7815						X		X					X				
22	7816		X						X							X		
23	7817						X		X							X		
24	7818		X						X							X		
25	7819		X						X					X				
26	7820		X									X				X		
27	7821		X									X				X		
28	7822						X		X							X		
29	7823						X		X					X				
30	7735		X							X					X			
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Agence canadienne d'inspection des aliments

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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)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

47

F02597

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 1/7/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sad	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USET	7736		X									X			X			
2	7855						X			X				X				
3	7867						X			X						X		
4	7869				X					X				X				
5	7871						X			X						X		
6	7873						X			X				X				
7	7877							Appl		X				X				
8	7878						X		X							X		
9	7880		X						X					X				
10	7884		X						X					X				
11	7887		X						X					X				
12	7894		X							X				X				
13	7896						X			X				X				
14	7897						X			X						X		
15	7898						X						Mull	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)

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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)

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)

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FORM APPROVED
OMB NO.
0579-0160

F63597

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
16	7899		X							X				X				
17	7900						X			X						X		
18	7901		X									X		X				
19	7902		X									X				X		
20	7903						X			X				X				
21	7904						X			X				X				
22	7905		X						X							X		
23	7906		X						X							X		
24	7907		X						X							X		
25	7908		X						X							X		
26	7909						X		X							X		
27	7910		X						X							X		
28	7895		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)

VS FORM 10-13A
(SEP 2002)

PAGE ___ OF ___

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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49

FORM APPROVED OMB NO. 0579-0160

248190

TIME HORSES LOADED ON CONVEYANCE: 8 AM

DATE: 01-28-08

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu.

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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		
USA 1	4550		X	X					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	4564		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 02/09/2009

TIME 9h0

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)

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50

FORM APPROVED OMB NO. 0579-0160

I48190

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Ghestn~~ Scrf	Other	BREED/TYPE TB	QT	Draft	~~Pony~~ ST/B	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
USDA 16	4565						X			X				X				
17	4566					X				X						X		
18	4567						X			X				X				
19	4568					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				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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SIGN/ : the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 2-2-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippenville PA

ID DRIVER'S NAME: Bruce Rot (b)(6)

NAME OF AUCTION/MARKET: Rot's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rot (Rot's Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Shippenville, PA 17257

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
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	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		
USCA 1	1790		X										X	X				
2	1791		X										X	X				
3	1792					X							X	X				
4	1793							Gy			X							
5	1794		X										X			X		
6	1795		X										X	X				
7	1796							Gy			X			X				
8	1797							Gy			X					X		
9	1798		X										X			X		
10	1799		X										X	X				
11	1800		X										X			X		
12	1889				X								X			X		
13	1890							Gy					X			X		
14	1891		X										X	X	X			
15	1000							Gy					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 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 (b)(6) ...e information contained in this form is true and correct to the best of m...

3 fev 13h00

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canada — Government of Canada — Agence canadienne d'inspection des aliments

EST 7 K

DATE 6 fev 09

TIME 24 fev 09

VS FORM 10-13 (SEP 2000) Previous editions are obsolete

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	1892		X										X			X		
17	1893		X										X			X		
18	1894		X										X			X		
19	1895		X										X	X				
20	1896		X										X			X		
21	1897							SM					X			X		
22	1898		X										X			X		
23	1833		X										X			X		
24	1834		X										X			X		
25	1836		X										X			X		
26	1837		X										X			X		
27	1835							SM					X			X		
28													X					
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SIGNA[illegible] certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

PAGE ___ OF ___

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)

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53

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 2-3-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

NAME OF AUCTION/MARKET: Robert Linsteck

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

STREET ADDRESS: 457 Airport Rd

CITY, STATE, ZIP CODE: Shippensburg PA 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

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

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

USDA

	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	2001					X							X	X				
2	2002		X										X	X				
3	2003							GM					X	X				
4	2004				X								X			X		
5	2005			X									X	X				
6	2006		X										X			X		
7	2007				X								X			X		
8	2008			X									X	X				
9	2009							GM					X	X				
10	2010					X							X	X				
11	2011		X										X			X		
12	2012		X										X	X				
13	2013							GM					X	X				
14	2014		X										X			X		
15	2015		X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIA[illegible]CE.

SIGNATURE (b)(6)

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 OW[illegible] [illegible]ined in this form is true and correct to the best of my knowle[illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canada

TEST 46

DATE 16 09

TIME 16h00

VS FORM 10-13 (SEP 2000) Previous editions are obsolete

PAGE 1 OF 2

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	2016							SM					X	X				
17	2017							SM					X	X				
18	2018		X										X	X				
19	2019		X										X	X				
20	2020		X										X	X				
21	2021		X										X	X				
22	2022		X										X			X		
23	2023		X										X	X				
24	2024		X										X			X		
25	2025		X										X			X		
26	2026							SM					X			X		
27	2027					X							X			X		
28	2028		X										X			X		
29	2029		X										X			X		
30	2030		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)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS Form 10-104

PAGE ___ OF ___

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 2-4-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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		
USDA 1	2031		X										X	X				
2	2032				X								X	X				
3	2033					X							X			X		
4	2034		X										X	X				
5	2035		X										X			X		
6	2036		X										X	X				
7	2037							Sorrel					X			X		
8	2038		X										X			X		
9	2039				X								X			X		
10	2040		X										X	X				
11	2041		X										X	X				
12	2042					X							X	X				
13	2043					X							X	X				
14	2044		X										X	X				
15	2045		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)

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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 n

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE 5 Feb 09

TIME 11h15

VS FORM 1 (SEP 2000) Previous editions are obsolete

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	2046						S	SM					X	X				
17	2047		X										X	X				
18	2048		X										X	X				
19	2049							SM					X					
20	2050		X										X			X		
21	2051					X							X			X		
22	2052					X							X			X		
23	2053					X							X			X		
24	2054		X										X	X				
25	1853		X										X		X			
26	1882							SM				X		X				
27	1883							APh					X			X		
28	1884		X										X	X				
29	1886		X										X			X		
30																		
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

PAGE ___ OF ___

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900. pm
DATE: 2-5-9
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Rob Leinstek

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rob (Rob Leinstek)
CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 August Rd.
STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257
CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 717-532-5691
AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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		
USDA 1	1901							SM	X					X				
2	1902		X						X					X				
3	1903		X						X					X				
4	1904		X						X					X				
5	1905		X						/				X	X				
6	1906		X										X	X				
7	1907							SM					X	X				
8	1908							PM					X			X		
9	1909		X										X	X				
10	1910		X										X			X		
11	1911		X										X			X		
12	1912		X										X			X		
13	1913		X										X			X		
14	1914		X										X			X		
15	1915		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 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 kno (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Gouvernement du Canada
Agence canadienne d'inspection des aliments

EST.

DATE: Feb 5 09

TIME: 1730 16

VS FORM 10-13 (SEP 2000) Previous editions are obsolete

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	1916							Gry			X					X		
17	1917							Gry			X			X				
18	1918		X										S/B	X				
19	1919							Gry					X			X		
20	1920					X							X	X				
21	1921					X							X	X				
22	1922		X										S/B		X			
23	1923							Gry					X	X				
24	1924							Gry					X	X				
25	1925							Gry					X			X		
26	1926		X										X	X				
27	1927		X										X	X				
28	1928		S					Gry					X	X				
29	1929							Gry					X			X		
30	1930				X								X	X				
31																		
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SIGN e information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CFIA FORM 10-13A

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)

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59
FORM APPROVED
OMB NO.
0579-0160

G28774

TIME HORSES LOADED ON CONVEYANCE: 7:00 pm.

DATE: 2-06-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND STATE: (b)(6)

NAME OF AUCTION/MARKET: Roy's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roy Roy's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Rayale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.

USE X	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	6411		X										ST/B			X		
2	6412		X										ST/B			X		
3	6413		X						X							X		
4	6414						X		X					X				
5	6415						X				X					X		
6	6416						X			X				X				
7	6417				X								ST/B			X		
8	6418		X				X		X					X				
9	6419		X										ST/B	X				
10	6420				X					X						X		
11	6421				X					X				X				
12	6422		X										ST/B	X				
13	6423				X						X			X				
14	6424		X										ST/B	X				
15	6425		X										ST/B			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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 16

DATE 2-06-09

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 2 - OWNER/SHIPPER

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.

60

FORM APPROVED
OMB NO.
0579-0160

G 28774

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Ghostn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ ST/G	Other	Mare	Stal	Geld		
16	6426						X			X						X		
17	6427							Buck		X				X				
18	6428		X									X		X				
19	6429		X									X				X		
20	6430		X							X				X				
21	6410						X		X							X		
22	6409						X		X							X		
23	6430						X			X				X				
24	6432				X							X				X		
25	6433			X						X				X				
26	6434					X				X						X		
27	6435					X				X				X				
28	6436				X					X				X				
29	6437					X				X				X				
30	6438						X			X				X				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I ... 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

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: 9:00 PM

DATE: 2-9-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz (Rotz's Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville, QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	Chesto	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2109							Sorrel						X				
2	2110							Sorrel						X				
3	2111							Sorrel								X		
4	2112							Sorrel								X		
5	2113							Sorrel						X				
6	2114							Appaloosa								X		
7	2115							Sorrel						X				
8	2116		X											X				
9	2117							Sorrel						X				
10	2118				X											X		
11	2119							Sorrel						X				
12	2120							Roney								X		
13	2121		X													X		
14	2122		X													X		
15	2123		X													X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE (b)(6) 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 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 l (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada

EST. 76

DATE 11 Dec 16

TIME

VS FORM 10-1 (07/2000) Previous editions are obsolete

Attention:

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: Buff	Gray	Blk.	Fawn	Check	Other	BREED/TYPE: TB	QT	Dra2	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	2124				X								X	X				
17	2125				X								X			X		
18	2126							Gry					X			X		
19	2127				[illegible]			Roy					X			X		
20	2128		X					[illegible]					X	X				
21	2129							Gry					X			X		
22	2150			X									X	[illegible]		X		
23	2149					X							X	X				
24	2148		X										X			X		
25	2147						[illegible]	Gry					X			X		
26	2130							Gry					X	X				
27																		
28																		
29																		
30																		
31																		
32																		
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SIGNATURE OF OWNER [illegible] tion contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Canada

PAGE ___ OF ___

VS FORM 10-13A

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 2-9-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHIC (b)(6) S NAME: Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Shippensburg, PA 17257

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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		
USA 1	2081							SM					X	X				
2	2082		X										X	X				
3	2083							SM					X	X				
4	2084					X							X			X		
5	2085							SM					X	X				
6	2086		X										X			X		
7	2087							SM					X	X				
8	2088		X										X			X		
9	2089			X									X	X				
10	2090			X									X	X				
11	2091							SM					X			X		
12	2092							SM					X	X				
13	2093							SM					X	X				
14	2094					X							X	X				
15	2095		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)

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SIGNATURE O[illegible] on contained in this form is true and correct to the best of my k[illegible] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY

ES[illegible] 76 16

DATE [illegible] 2009

TIME 13h00

VS FORM 10-13 (SEP 2000) Previous editions are obsolete

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	Geld		
16	2096		X										X	X				
17	2097							Sm					X	X				
18	2098							Sm			X					X		
19	2099							Sm					X			X		
20	2100		X										X	X				
21	2102		X										X			X		
22	2103		X										X	X				
23	2104		X										X	X				
24	2105							Sm					X	X				
25	2106							Sm					X		X			
26	2107							Sm					X	X				
27	2108							Sm					X	X				
28	2101				X											X		
29																		
30																		
31																		
32																		
33																		
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SIGNATURE

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(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

PAGE ___ OF ___

APHIS FORM 10-13A

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 pm

DATE: 2-10-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND PROVINCE: (b)(6)

NAME OF AUCTION/MARKET: Roy Lunsted

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Aupert Rd.

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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		
USE-1	2055		X										X			X		
2	2056		X										X			X		
3	2057							Sorrel					X			X		
4	2058							Sorrel					X	X				
5	2059							Pied					X	X				
6	2060							Sorrel					X			X		
7	2061							Sorrel					X	X				
8	2062		X										X	X				
9	2063					X							X			X		
10	2064							Bay					X			X		
11	2065		X										X	X				
12	2066			X									X			X		
13	2067							Sorrel					X			X		
14	2068							Sorrel					X			X		
15	2069		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)

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SIGNATURE OF OWNER/... in this form is true and correct to the best of my knowledge.) (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 225 ALIMENTS

DATE

TIME

VS FORM 10-13 Previous editions are obsolete

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 preconditioning
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2070		X											X				
17	2071			X										X				
18	2072		X											X				
19	2073							SM								X		
20	2074		X													X		
21	2075		X											X				
22	2076					X										X		
23	2077							SM						X				
24	2078							SM								X		
25	2080							SM							X			
26	2132		X											X				
27	2133		X											X				
28	2134		X											X				
29	2135							SM			X					X		
30	2136		X													X		
31																		
32																		
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SIGN _____ e information contained in this form is true and correct to the best of my knowledge)

(b)(6)

VS FORM 10-13A

PAGE ___ OF ___

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 2-11-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippenville PA

(b)(6)

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Shippenville PA 17257

CITY, STATE, ZIP CODE: Massueville, QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	1948							Gry								X		
2	1949		X											X				
3	2137							Gry						X				
4	2138							Gry						X				
5	2139		X											X				
6	2140							Gry								X		
7	2141							Gry								X		
8	2142				X									X				
9	2143					X										X		
10	2144							Gry								X		
11	2145		X											X				
12	2146							Gry						X				
13	2151							Gry								X		
14	2152							Gry						X				
15	2153							Gry								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)

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SIGNATURE (b)(6) information contained in this form is true and correct to the best of r

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME 9h00

VS FORM 10-13

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	Geld		
16	2154				X								X	X				
17	2155					X							X	X				
18	2156					X							X	X				
19	2157							Gry					X			X		
20	2158							Gry					X	X				
21	2159		X										X			X		
22	2160		X										X	X				
23	2161							Gry					X	X				
24	2162							Gry					X	X				
	1941		X										X		X			
	1944		X										X			X		
	1945		X										X			X		
	1943		X										X	X				
29	1937		X										X	X				
30	1936		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)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada

VS FORM 1

PAGE ___ OF ___

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.

69

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 P.m

DATE: 2-12-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Uimle Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 172575

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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		
456	2201		X										X	X				
2	2202		X										X	X				
3	2203		X										X	X				
4	2204							Sorr					X	X				
5	2205							Appaloosa					X			X		
6	2206							Sorr			X					X		
7	2207							Sorr			X			X				
8	2208							Sorr			X			X				
9	2209							Sorr					X	X				
10	2210		X										X	X				
11	2211		X										X	X				
12	2212							Sorr					X	X				
13	2213		X										X			X		
14	2214							Sorr					mult			X		
15	2215		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).

S tify that the information contained in this form is true and correct to th

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 13 FEB 09

TIME 9h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 2 - OWNER/SHIPPER

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	2216		X										X			X		
17	2217							Sorr					X			X		
18	2218				X								X			X		
19	2219		X										X	X				
20	2220		X										X			X		
21	2221		X										X	X				
22	2222							Sorr					X	X				
23	2223							Sorr					[illegible]	X				
24	2224			X									X	X				
25	2225							Plum					X	X				
26	2226							Plum					X	X				
27	2227							Sorr					X	X				
28	2228							Sorr					X	X				
29	2229							Sorr					X			X		
30	1941		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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM 71
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM
DATE: 2-12-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALE INC.

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD
CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd
STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023
CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996
AREA CODE & TELEPHONE NO.: 450 539 1499

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Foals are older than 6 months of age.
- [X] Horses are not blind in both eyes.
- [X] 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	USEU	2434		✓							✓			✓				
2		2435					✓				✓			✓				
3		2436					✓				✓			✓				
4		2437					✓				✓			✓				
5		2438					✓				✓			✓				
6		2439					✓				✓					✓		
7		2440					✓				✓			✓				
8		2441					✓				✓			✓				
9		2442					✓				✓					✓		
10		2443					✓				✓			✓				
11		2444	✓						CROSS BRED							✓		
12		2445	✓							✓				✓				
13		2446	✓							✓				✓				
14		2447	✓							✓						✓		
15	↓	2448	BR OWN							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNAT (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE 12-2-09

TIME 8:00

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 72
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	CSEU	2449	✓									✓		✓				
17		2450		✓						✓				✓				
18		2555	✓							✓				✓				
19		2536			✓					✓				✓				
20		2537				✓				✓				✓				
21		2538				✓				✓						✓		
22		2539					✓			✓						✓		
23		2540					✓			✓						✓		
24		2541			✓					✓						✓		
25		2542					✓			✓						✓		
26		2543			✓					✓				✓				
27		2544	PALAMENO							✓				✓				
28	✓	2548					✓			✓*				✓				
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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)

VS
(S

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)

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73
FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE: 2-16-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Usanda Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595- Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] 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		
USDA	1939		X										X	X				
2	1933							Sorr					X	X				
3	1940		X										X			X		
4	0848				X								X	X				
5	0849							Appy					X			X		
6	1938							Sorr					X	X				
7	1932							Sorr					X	X				
8	1942							Sorr					X	X				
9	1944		X										X			X		
10	1934		X										X	X				
11	1935		X										X	X				
12	1931		X										X	X				
13	1947		X										X	X				
14	1943		X										X	X				
15	1945		X										X					

0848 J noir
2171 - J Pinto
2168 - J. Alex
2169 - Blanc
2172 - m fin to
849 ok m appes
2170 - Bay
1931

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

SIGNATURE (b)(6)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

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)

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74

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	2163							SM					X	X				
17	2164							SM					X			X		
18	2165							SM					X	X				
19	2166							SM					X	X				
20	2167							SM					X	X				
21	2168							SM					X	X				
22	2169			X									X	X				
23	2170		X										X			X		
24	2171					X							X	X				
25	2172					X							X			X		
26	2173							SM					X			X		
27	2174					X							X	X				
28	2175							SM			X			X				
29																		
30																		
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)

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

*U.S. Government Printing Office: 2004—616-624/99766

(OLP 2002)

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)

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75

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 PM

DATE: 2-17-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

NAME OF AUCTION/MARKET: Roy Livestock

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roy - Roy Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg PA 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vande Richelieu

STREET ADDRESS: 595 Rue Loyola

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] 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		
USDA 1	2231	✓						Soy					X		X			
2	2232	✓				X							X	X				
3	2233	✓	X										X	X				
4	2234	✓			X								X			X		
5	2235	✓						Soy					X			X		
6	2236	✓						Soy			X					X		
7	2237	✓				X							X	X				
8	2238	✓					X						X	X				
9	2239	✓	X										X			X		
10	2240	✓					X						X	X			PINTO	
11	2241			X									X	X				
12	2242	✓	X										X	X				
13	2243	✓	X										X	X				
14	2244	✓						Soy					X			X		
15	2245	✓	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)

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SIGNATURE OF OWNER/SHIPPER [illegible] information contained in this form is true and correct to the best of

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE 18 Feb 09

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)

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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	Geld		
16	2246		X										X	X				
17	2247							SM					X	X				
18	2248							SM					X	X				
19	2249		X													X		
20	2250		X													X		
21	2251							SM						X				
22	2252		X										X			X		
23	2253		X										X	X				
24	2254							SM					X			X		
25	2255					X							X	X				
26	1083							SM					X	X				
27	2256							SM					X	X				
28	2154		X										X	X				
29	2257							SM					X			X		
30	2258			X									X	X				
31																		
32																		
33																		
34	>Gris	2241																
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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)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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: 900 PM

DATE: 2/18/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rot

NAME OF AUCTION/MARKET: Rot Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rot (Rot Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: Massueville QC

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: 595 Rue Royale

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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		
454	2178		X										X			X		
2	2260							Sorr					X	X				
3	2185		X										X	X				
4	2176			X									X			X		
5	2265				X								X	X				
6	2177		X										X			X		
7	2179				X								X			X		
8	2182							Sorr					X			X		
9	2266					X							X	X				
10	2181							Sorr					X			X		
11	2230							Bay					X	X				
12	2186		X										X			X		
13	2184		X										X	X				
14	1084		X										X	X				
15	2267					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.

78

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	2183							SM					X			X		
17	2261		X										X	X				
18	2263				X								X	X				
19	2268				X						X			X				
20	2259		X										X			X		
21	2262			X									X			X		
22	2180		X										X	X				
23	2300					X							X	X				
24	1085							SM					X	X				
25	1081							SM					X			X		
26	2269					X							X		X		THW	
27	2270							SM					X	X				
28	2271			X									X	X				
29																		
30																		
31																		
32																		
33																		
34		3 Grys																
35																		
36		4 pintos																
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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79

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 PM

DATE: 02-19-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

(b)(6)

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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		
USDA 1	2187		X										X			X		
2	2188							Sorrel					X	X				
3	2189							Sorrel					X			X		
4	2190							Sorrel			X			X				
5	2191							Sorrel			X			X				
6	2192					X							X	X				
7	2193		X										X	X				
8	2194							Sorrel					X	X				
9	2195							Appl					X			X		
10	2196					X							X	X				
11	2197		X										X			X		
12	2198							Sorrel					X	X				
13	2199					X							X	X				
14	2200		X										X			X		
15	2291		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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 2009 02-20

TIME 9:00

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10

Previous editions are obsolete

PART 2 - OWNER/SHIPPER

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.

80

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	2292		X										X	X				
17	2293							SM					X	X				
18	2294		X										X			X		
19	2295		X										X			X		
20	2296				X								X			X		
21	2297		X										X			X		
22	2298							SM					X			X		
23	2299							SM					X			X		
24	1082		X										X			X		
25	1092		X										X	X				
26	1093		X										X	X				
27	2288		X										X	X				
28	2287		X										X	X				
29	2281							SM					X	X				
30	1946							SM					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. Government Printing Office: 2004—616-624/99766

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 2/23/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippenburg PA

VEHICLE LICENSE ... ER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth's Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Rubelin

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	2301							Buckskin					X	X				
2	2302					X							X	X				
3	2303		X										X	X				
4	2304				X								X			X		
5	2305		X										X			X		
6	2306		X					Appy					X	X				
7	2307		X					[redacted]					X	X				
8	2308							Bay					mule			X		
9	2309					X							X	X				
10	2310							Appy					X	X				
11	2311							Buckskin					X			X		
12	2312		X										X		X			
13	2313					X							X			X		
14	2314		X										X			X		
15	2315					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 ... 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		
16	2316		X										X			X		
17	2317		X										X	X				
18	2318					X							X			X		
19	2319		X										X	X				
20	2320					X							X	X				
21	2321		X										X	X				
22	2322							SM					X			X		
23	2323		X										X	X				
24	0998		X										X	X				
25	1095							SM					X			X		
26	1094							SM					X			X		
27	1096				X								X			X		
28	1880		X										X	X				
29																		
30																		
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

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: 7:00 P.m.

DATE: 02-24-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO.: (b)(6)

NAME OF AUCTION/MARKET: Roy Livestock

NAME: Bruce Roy (Roy Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Mossuevelle QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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		
USEX 1	2801		X										X	X				
2	2802		X										X			X		
3	2803		X										X	X				
4	2804		X										X			X		
5	2805							SM					X	X				
6	2806		X										X			X		
7	2807		X										X			X		
8	2808							SM					X	X				
9	2809							SM					X			X		
10	2810							SM					X	X				
11	2811		X										X			X		
12	2812		X										X			X		
13	2813		X										X	X				
14	2814		X										X	X				
15	2815							SM					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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME 11:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

Previous editions are obslete

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.

84

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	2816							Roan			✓		X	X				
17	2817		X										X			X		
18	2818							Sorr					X	X				
19	2819		X										X			X		
20	2820							Sorr					X	X				
21	2821							Sorr					X	X				
22	2822		X										X	X				
23	2823		X										X	X				
24	2824		X										X	X				
25	2825		X										X	X				
26	2826							Sorr					X	X				
27	2827		X										X	X				
28	2828												X	X				
29	2829					X							X	X				
30	2830							Sorr					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

OWNER/SHIPPER CERTIFICATE
.TNESS 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: 8:00PM

DATE: 02-21-12

VEHICLE LICENSE NO. AND ...: (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sheppensly PA

NAME OF AUCTION/MARKET: Roy Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vennde Richelieu

STREET ADDRESS: Drive Roy (Roy Livestock) 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Sheppensly PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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		
USA 1	2891							Sy					X	X				
2	2892		X										X			X		
3	2893				X								X			X		
4	2894							Sy					X	X				
5	2915		X										X	X				
6	2916		X										X	X				
7	2917		X										X			X		
8	2918				X						X			X				
9	2919							Sy					X	X				
10	2920				X						X					X		
11	2921		X										X			X		
12	2922							Sy					null	X				
13	2923							Sy			X					X		
14	2924		X										X	X				
15	2925		X										X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDI... EYANCE.

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
'ITNESS 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.

86

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	2926		X										X	X				
17	2927		X										X			X		
18	2928				X								X			X		
19	2866							Sm					X	X				
20	2871							Sm					X	X				
21	2863		X										X			X		
22	2870		X										X	X				
23	2868							Sm					X	X				
24	2867							Sm					X	X				
25	2869		X										X			X		
26	2872		X										X	X				
27	2864							Pm					X	X				
28	2865							Sm					X	X				
29	2873							Sm					X	X				
30	2874		X										X	X				
31																		
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SIGNATL

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

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: 900 pm

DATE: 2/25/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Royale

STREET ADDRESS: 857 Airport Rd

STREET ADDRESS: #1 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Mosseville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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		
USE 1	2851		X						X					X				
2	2852		X						X					X				
3	2853							Sorrel	X					X				
4	2854							Sorrel	X					X				
5	2855		X						X					X				
6	2856							Sorrel	X					X				
7	2857		X						X					X				
8	2858		X						X					X				
9	2859							Sorrel	X							X		
10	2860		X						X					X				
11	2861							Sorrel	X							X		
12	2862		X						X							X		
13	2875							Palm					X	X				
14	2876							Palm					X			X		
15	2877					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 FEB 26 09

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)

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88

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	2878							Roan					X	X				
17	2879		X										X	X				
18	2880		X										X			X		
19	2881		X										X	X				
20	2882							Roan					X	X				
21	2883		X										X	X				
22	2884		X										X	X				
23	2885							Grey					X	X				
24	2886							Grey					X	X				
25	2887					X							X	X				
26	2888		X										X			X		
27	2889		X										X	X				
28	2890		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)

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

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.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00PM

DATE: 03 04-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

NAME OF AUCTION/MARKET: Rotz Livestock

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz (Rotz Livestock)

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg PA 17257

AREA CODE & TELEPHONE NO.: 717/532/5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 450/788/2667

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		
USDA	2655							Pinto					X	X				
2	3050						X						X	X				
3	3024						X						X	X				
4	3025		X										X			X		
5	3026						X						X	X				
6	2077				X								X	X				
7	2654					X							X	X				
8	3027				X								X	X				
9	3028		X										X			X		
10	2711			X									X	X				
11	3029		X										X			X		
12	3030		X										X			X		
13	3031		X										X			X		
14	2659		X										X			X		
15	3032						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. 76

DATE 0-4-2009

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.

90

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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA 16	3033		X										X			X		
17	2658		X										X	X				
18	3034						X						X	X				
19	3035						X						X			X		
20	3036		X										X	X				
21	2657			X									X	X				
22	3005		X										X	X				
23	3037				X								X	X				
24	3079		X										X	X				
25	3038				X								X			X		
26	3039						X						X			X		
27	3040							Appaloosa					X	X				
28	3041		X										X			X		
29	3042		X										X			X		
30	3043		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.)

*U.S. Government Printing Office: 2004—616-624/99766

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)

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91

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 P.m.

DATE: 03-12-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensly PA

(b)(6)

NAME OF AUCTION/MARKET: Robz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Robz (Robz Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Umude Ruhalier

STREET ADDRESS: 457 August Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensly PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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		
USEX 1	2535							Sm						X				
2	2487		X											X				
3	2488		X													X		
4	2489		X													X		
5	2490		X													X		
6	2491		X													X		
7	2492							Sm								X		
8	2493		X													X		
9	2494							Sm								X		
10	2495		X													X		
11	2496							Sm						X				
12	2497		X								X					X		
13	2498							Sm						X				
14	2499		X													X		
15	2450		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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 46

DATE 03-3-2009

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Previous editions are obslete

PART 2 - OWNER/SHIPPER

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.

92

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		
USDA 16	2500		X											X				
17	2401							SM								X		
18	2402							SM						X				
19	2403			X										X				
20	2404							SM								X		
21	2405							SM								X		
22	2406							SM						X				
23	2407							SM								X		
24	2408			X												X		
25	2409							SM						X				
26	2410							SM						X				
27	2411		X													X		
28	2412		X											X				
29	2413		X											X				
30	2414					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)

VS FORM
(SEP 2002)

*U.S. Government Printing Office: 2004--616-624/99766

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)

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FORM 93 APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 P.M.

DATE: 3/17/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz (Rotz Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vernon Rubelier

STREET ADDRESS: 457 Angel Rd.

STREET ADDRESS: 595 - Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE X 1	2417						X						X	X				
2	2418		X										X	X				
3	2420					X							X			X		
4	2419		X										X	X				
5	2421		X										X	X				
6	2416		X										X			X		
7	2900						X						X	X				
8	1584		X										X	X				
9	1585				X								X	X				
10	1586						X						X			X		
11	1587						X						X	X				
12	1881						X						X	X				
13	2428						X						X	X				
14	1529		X										X	X				
15	2430						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)

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SIGNA[illegible] ined in this form is true and correct to the bes[illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE 26-3-2009

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

TIME

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PAGE 1 OF ___

COPY 2 - OWNER/SHIPPER

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	Geld		
16	2431		X										X			X		
17	2432						X						X			X		
18	2433		X										X			X		
19	2434				X								X			X		
20	2435		X										X	X				
21	2436				X								X	X				
22	2437							Buckskin					X	X				
23	2438						X						X	X				
24	2439		X										X	X				
25	2440		X										X			X		
26	2441		X										X	X				
27	2442		X										X			X		
28	2443						X						X	X				
29	2444		X										X			X		
30	2445		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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY Government of Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

(b)(6)

VS
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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 95
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 3/18/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sheppensby PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roff

NAME OF AUCTION/MARKET: Roff's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roff (Roff's Livestock)

CONSIGNEE(RECEIVER/DESTINATION) NAME: Ouanda Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Rayalde

CITY, STATE, ZIP CODE: Sheppensby PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Sorrel ~~Chestnut~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USED 1	2601						X						X	X				
2	2602						X						X	X				
3	2603			X									X	X				
4	2604			X									X	X				
5	2605				X								X			X		
6	2606				X								X	X				
7	2607						X						X	X				
8	2608						X						X	X				
9	2609						X						X	X				
10	2610		X										X	X				
11	2611		X										X			X		
12	2612		X										X	X				
13	2613			X									X	X				
14	2614		X										X	X				
15	2615							Pied					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 20-3-2019

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FOR

Previous editions are obsolete

PART 2 - OWNER/SHIPPER

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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA 16	2616						X						X	X				
17	2617		X										X	X				
18	2618		X										X	X				
19	2619						X						X	X				
20	2620							N/A					X	X				
21	2621		X										X			X		
22	2622						X						X	X				
23	2623			X									X			X		
24	2624		X										X			X		
25	2625		X										X			X		
26	2626					X							X	X				
27	2627						X						X		X			
28	2628						X						X	X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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)

VS FORM
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

PAGE ____ OF ____

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)

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FORM 97
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 3/23/8

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippenburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth's Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veranda Rehaber

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2600						X						X		X			
2	2570						X						X	X				
3	2571				X								X			X		
4	2572				X								X			X		
5	2573		X										X	X				
6	2574		X										X			X		
7	2575						X						X	X				
8	2576						X						X	X				
9	2577		X										X	X				
10	2578						X						X	X				
11	2579						X						X			X		
12	2581		X										X			X		
13	2582						X						X	X				
14	2583		X										X	X				
15	2580					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

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

(Please type or print in ink)

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	2554		X										X			X		
17	2555						X						X	X				
18	2556				X								X			X		
19	2557						X						X	X				
20	2642		X										X			X		
21	2644		X										X	X				
22	2643						X						X	X				
23	2641		X										X			X		
24	2645						X						X	X				
25	2640		X										X			X		
26	2634		X										X	X				
27	2635		X										X	X				
28	2538		X										X			X		
29																		
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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)

VS I
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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 99 APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 3/23/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veranda Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Richelieu

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massuville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2383						X						X		X			
2	2384						X						X	X				
3	2385		X										X			X		
4	2386						X						X	X				
5	2387		X										X			X		
6	2388							Palo					X			X		
7	2389							Sem Bush					X	X				
8	2390		X										X	X				
9	2391		X										X	X				
10	2392							Appaloosa					X	X				
11	2393							Sadle Bred					X	X				
12	2394		X										X			X		
13	2395						X						X			X		
14	2396					X							X	X				
15	2397		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 AUTH[illegible] 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 25-3-09

TIME

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10[illegible]

Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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 100
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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA 16	2398		X										X	X				
17	2399		X										X			X		
18	2446						X						X	X				
19	2447		X										X			X		
20	2448		X										X	X				
21	2449		X										X			X		
22	2629		X										X			X		
23	2630		X										X	X				
24	2631		X										X	X				
25	2632							Appy					X	X				
26	2633		X										X	X				
27	2634						X						X	X				
28	2635		X										X	X				
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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. Government Printing Office: 2004—616-624/99766

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 101
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 PM

DATE: 25-03-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rozs Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roz (Rozs Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veanda Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Masuerill QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Soy	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2589							X			X				X			
2	2590							X			X					X		
3	2591							X					X	X				
4	2592												X	X				
5	2593							X					X			X		
6	2594							X					X			X		
7	2595		X										X			X		
8	2596		X										X	X				
9	2597		X										X			X		
10	2598		X										X			X		
11	2701		X										X	X				
12	2702							X					X	X				
13	2703		X										X	X				
14	2704		X										X	X				
15	2705							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 COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWING 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: 31-03-2009

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM

Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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.

102
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	2706		X								X					X		
17	2702		X										X			X		
18	2708		X										X			X		
19	2709							X			X					X		
20	2710							X					X	X				
21	2711			X									X	X				
22	2712				X								X			X		
23	2713		X										X	X				
24	2714							X					X	X				
25	2715							X					X			X		
26	2716							X					X	X				
27	2717							X					X	X				
28	2718		X										X	X				
29	2719		X										X	X				
30	2720		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).

SIGN/ e 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

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 103
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 3/25/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

(b)(6) ER'S NAME: Bruce Rotz

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz (Rotz Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vinder Richelum

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Rogale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USA 1	2721		X											X				
2	2722		X												X			
3	2660							X								X		
4	2661		X											X				
5	2662		X											X				
6	2663							X						X				
7	2664		X											X				
8	2665		X											X				
9	2666				X									X				
10	2667		X													X		
11	2668		X											X				
12	2669						Pinto							X				
13	2660							X						X				
14	2671							X								X		
15	2672		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 AUTHO[illegible] CUMENT 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 27 3 2019

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13

Previous editions are obslete

PART 2 - OWNER/SHIPPER

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	2673												X	X				
17	2674						X						X	X				
18	2675						X						X			X		
19	2676						X						X	X				
20	2677		X										X	X				
21	2678						X						X	X				
22	2679		X										X	X				
23	2680				X								X	X				
24	2681					X							X	X				
25	2682					X							X	X				
26	2683					X							X	X				
27	2684		X										X			X		
28	2685						X				X			X				
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SIG hat the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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.

105
FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 3/23/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rafer Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Rafer Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Uvonder Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Kayale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2647						X						X	X				
2	2648		X										X	X				
3	2649						X						X	X				
4	2650							Appy					X	X				
5	~~2651~~	2551 CLH	X										X			X		
6	~~2652~~	2552 CLH				X							X	X				
7	~~2653~~	2553 CLH	X										X	X				
8	~~2654~~	2554 CLH	X										X			X		
9	~~2655~~	2555 CLH			X						X					X		
10	~~2656~~	2556 CLH					X						X			X		
11	~~2657~~	2557 CLH				X							X	X				
12	~~2658~~	2558 CLH			X								X			X		
13	~~2659~~	2559 CLH					X						X	X				
14	~~2660~~	2560 CLH	X										X			X		
15	~~2661~~	2561 CLH	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 AUTH HIS 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 r

(b)(6)

3-24-09

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE 23-3-09

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 1

PAGE 1 OF ___

PART 1 - INSPECTOR

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 P.M.

DATE: 3-31-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER: (b)(6)

NAME OF AUCTION/MARKET: Roy Lunstek

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roy (Roy Lunstek)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veaudry Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE 1	2734		X											X				
2	2735		X													X		
3	2736		X													X		
4	2737							Appa								X		
5	2738		X											X				
6	2739		X													X		
7	2740			X												X		
8	2741		X													X		
9	2742						X				X					X		
10	2743						X				X					X		
11	2744						X							X				
12	2745		X											X				
13	2746		X											X				
14	2747		X											X				
15	2748						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 AUT[illegible] 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. 46

DATE 3-9-2009

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)

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37186
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		
USDA 16	2749						X						X	X				
17	2751		X										X	X				
18	2752						X						X			X		
19	2753						X						X	X				
20	2754							Appl					X	X				
21	2755		X										X			X		
22	2756		X										X			X		
23	2757		X										X			X		
24	2758		X										X			X		
25	2759		X										X			X		
26	2760		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. Government Printing Office: 2004—616-624/99766

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)

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FORM 108
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth's Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viandes Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450/788/2667

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		
USED	2722		X										X		X			
2	2685		X										X			X		
3	2686		X										X	X				
4	2687				X						X		X	X				
5	2688				X						X			X				
6	2689		X										X			X		
7	2690		X										X	X				
8	2691		X										X	X				
9	2692			X									X	X				
10	2693		X										X			X		
11	2694		X										X			X		
12	2695		X										X	X				
13	2696		X										X	X				
14	2697		X										X			X		
15	2698				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 AU[illegible] 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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE 31-12-2009

TIME

DIRECTION GENERALE DE INSPECTION EN FRONTIERES (DGIF)

EST.

DATE

TIME

VS FORM

Previous editions are obsolete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

37188

	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		
USDA 16	2699		X										X			X		
17	2723		X										X			X		
18	2724				X								X			X		
19	2725		X										X			X		
20	2726		X										X	X				
21	2727					X							X			X		
22	2728							Appa					X	X				
23	2729							Appa					X	X				
24	2730		X										X	X				
25	2731					X	X						X	X				
26	2750		X										X	X				
27	2732						X						X	X				
28	2733						X						X	X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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110

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 4/1/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

DRIVER'S NAME: Bruce Rof (b)(6)

NAME OF AUCTION/MARKET: Rofe Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rof (Rofe Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vande Kieholem

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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~~ SOT	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE Y	3003						X						X			X		
2	3004						X						X			X		
3	3005						X						X	X				
4	3006		X										X	X				
5	3007						X						X			X		
6	3008						X						X			X		
7	3009						X						X	X				
8	3010						X						X	X				
9	3011		X										X	X				
10	3012						X						X	X				
11	3013							Ram					X			X		
12	3014		X										X			X		
13	3015		X										X			X		
14	3016					X							X			X		
15	3017		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 7-4-2009

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.

111

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	Sheen	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA 16	3018		X										X	X				
17	3019				X								X	X				
18	3020							Appa					X	X				
19	3021						X						X	X				
20	3022			X									X	X				
21	3023		X										X		X			
22	2789			X									X			X		
23	2790		X										X	X				
24	2791		X										X			X		
25	2792		X										X	X				
26	2793		X										X	X				
27	2794		X										X	X				
28	2795		X										X	X				
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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. Government Printing Office: 2004—616-624/99766

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00PM

DATE: 02-01-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

NAME OF AUCTION/MARKET: Robert Lowenstein

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: [illegible] Rudnickson

STREET ADDRESS: 4857 [illegible]

STREET ADDRESS: 5985 [illegible]

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Mississauga QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450 788-2667

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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2762		X										X	X	X			
2	2763		X										X	X		X		
3	2764		X				X						X			X		
4	2765		X					Appaloosa					X	X		X		
5	2766		X										X	X				
6	2767		X										X	X		X		
7	2768		X	X									X			X		
8	2769		X										X	X		X		
9	2770						X				X					X		
10	2771		X				X				X		X	X		X		
11	2772						X						X	X		X		
12	2773		X				X						X	X				
13	2774		X										X	X				
14	2775		X										X	X				
15	2761						X	Appaloosa					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 A[illegible] IIS 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. 76

DATE 2-4-2009

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.

113
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	~~Chest~~ Soy	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2777		X										X	X				
17	2778		X										X	X				
18	2767			X									X	X				
19	2779		X										X			X		
20	2780		X										X	X				
21	2781		X										X	X				
22	2782						X						X	X				
23	2783		X										X			X		
24	2784		X										X			X		
25	2785		X										X	X				
26	2786		X										X	X				
27	2787		X										X	X				
28	2788					X							X	X				
29	3001					X							X	X				
30	3002		X										X			X		
31																		
32																		
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34																		
35																		
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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)

V:
(S_ ____,

*U.S. Government Printing Office: 2004—616-624/99766

The certificate is authorized by law 21 U.S.C 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

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): Rotz's Livestock, Bruce

2. CERTIFICATE NO: G 37195

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/6/9

5. U.S. PORT OF EMBARKATION (City and State): Shippensbueg, Penna.

6. STATE CODE: 426

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 457 Airport Rd.

8. CONSIGNOR'S CITY (or Town): Shippensbueg

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17257

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Vianda Richelieu Meat inc. 595 Rue Royale Massueville

DESTINATION COUNTRY: Quebec

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
DATE M	DATE N	DATE O

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)

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
3206	10	F									
3207	10	F									
3208	8	F									
3209	8	F									
3210	8	F									
3211	8	F									
3212	8	N									
3213	8	F									
3214	9	N									
3215	9	F									
3216	10	N									
3217	10	F									
3218	12	F									
3219	12	F									
3220	12	N									
3221	12	F									
3222	10	N									
3223	10	F									

Rotz's Livestock, Bruce USEX
57 Airport Rd. Shbg. Pa. 17257
During the previous twenty one
ays the animals in this shipment
as/have not been in the state of
orida.
The animals being presented must
ave been either resident in the
SA for at least sixty days
mediately prior to the date of
xportation or resident since
rth.
The animals were inspected
James S. Holt within thirty
ays preceding the date of
xportation.
The animals were found by James
Holt to be free from any
ommunicable disease.

Mix Breed Saddle Horses

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.
7. The exporter has been advised that any deterioration in healthy 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 has an infumity illness injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

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: 4-4-(

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

(b)(6)

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 EN IARIAN

23. Signature of endorsing federal veterinarian

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VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 – PORT 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)*: Rotz Bruce K.

16. CONSIGNEE'S NAME: Vianda Richelieu Meat Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: 637195

3. PAGE NO.: 2-2

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) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEA	3224	10	N												
	3225	10	N												
	3226	8	N												
	3227	8	N												
	3228	8	F												
	3229	7	F												
	3230	10	F												
	3231	8	F												
	3232	8	F												
	3233	7	F												
Rotz's Livestock	3234	7	F												
Bruce K. Rotz	3235	7	N												
457 Airport Rd.															
Shippensburg Pa. 17257															

Mix Breed Saddle Horses

1.During the previous twenty one days the animals in this shipment has/have not been in the state of Florida.

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 inspected 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.

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

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

(b)(6)

115

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 4/6/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville, QC

AREA CODE & TELEPHONE NO.: 717/532/5691

AREA CODE & TELEPHONE NO.: 450/788/2667

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	~~Sorrel~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USF1	3062							PAI					X	X				
2	3063							APP					X	X				
3	3064		X										X	X				
4	3065						X						X			X		
5	3066		X										X	X				
6	3067					X							X			X		
7	3068							APP					X					
8	3069		X										X	X				
9	3070		X										X	X		X		
10	3071							Bay					X			X		
11	3072						X						X	X				
12	3073		X										X	X				
13	3074		X										X	X				
14	3075		X										X			X		
15	3076		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 AU[illegible] HIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED [illegible] 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 bes[illegible] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 08 Avril 2009

TIME 8h40

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)

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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	~~Other~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3077		X										X			X		
17	3078		X										X	X				
18	3079							Pal					X			X		
19	3080						X						X		X			
20	3081		X										X	X				
21	3082		X										X			X		
22	3083		X										X	X				
23	3046							Appl					X	X				
24	3084						X						X			X		
25	3085		X										X	X				
26	3086		X										X			X		
27	3087			X									X			X		
28	3088		X										X	X				
29																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

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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)

V.
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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)

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FORM APPROVED
OMB NO.
0579-0160

C29304

TIME HORSES LOADED ON CONVEYANCE: 9:00 P.M

DATE: 4-7-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

NAME OF AUCTION/MARKET: Roger Livestock

(b)(6)

OWNER/SHIPPER FULL NAME: Bruce Rogel (Roger Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vinder Ruhelen

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717/532/5691

AREA CODE & TELEPHONE NO.: 450/788/2667

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~~ Z1	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3051		X										X			X		
2	3052		X										X			X		
3	3053		X										X	X				
4	3054							Appy					X	X				
5	3055			X									X	X				
6	3056		X										X	X				
7	3057		X										X	X				
8	3112		X										X			X		
9	3058		X										X	X				
10	3059		X										X	X				
11	3060		X										X	X				
12	3061		X										X			X		
13	3113						X						X	X				
14	3114		X										X			X		
15	3115						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 ... ation contained in this form is true and correct to t

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 08 04 2009

TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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.

119
FORM APPROVED
OMB NO. 0579-0160

G29304

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SM	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3116					X							X			X		
17	3117						X						X	X				
18	3118						X						X			X		
19	3119				X								X	X				
20	3120				X								X	X				
21	3121				X								X			X		
22	3122		X										X	X				
23	3123						X						X	X				
24	3124						X						X	X				
25	3125		X										X	X				
26	3126						X						X			X		
27																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
F.B.

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SIG (I hereby certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS
(SE. 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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)

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120
FORM APPROVED
OMB NO.
0579-0160
G299005

TIME HORSES LOADED ON CONVEYANCE: 7:00 PM

DATE: 04-07-08

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO.: (b)(6)

NAME OF AUCTION/MARKET: Koze Lurstik

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vendu Richelieu

Bruce Koze Koze Lurstik
STREET ADDRESS: 457 Airport Rd.
CITY, STATE, ZIP CODE: Shippensburg PA 17257
AREA CODE & TELEPHONE NO.: 717/532/5691

STREET ADDRESS: 595 Rue Raysler
CITY, STATE, ZIP CODE: Massueville QC
AREA CODE & TELEPHONE NO.: 450/788/2667

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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USA	3090		X										X			X		
2	3044						X						X			X		
3	3045		X										X			X		
4	3091		X											X		[illegible]		
5	3092		X													X		
6	3093						X									X		
7	3094						X							X				
8	3095						X							X				
9	3096		X											X				
10	3097						X									X		
11	3098						X									X		
12	3099							Bush						X				
13	3047						X							[illegible]		X		
14	3100		X													X		
15	3101		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 AUT[illegible] 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. 076
DATE 08-4-2008
TIME 14:20

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

G2130

VS F

Previous editions are obslete

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.

121

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~~ 37	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3102						X						X	X				
17	3103			X									X			X		
18	3104						X				X		X			X		
19	3105						X				X			X				
20	3106						X						X			X		
21	3107						X						X			X		
22	3108		X										X			X		
23	3109		X										X	X				
24	3110						X						X			X		
25	3111		X										X			X		
26	3127		X										X			X		
27	3128		X										X	X				
28	3129		X										X			X		
29	3130		X										X	X				
30	3131		X										X	X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

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)

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122

FORM APPROVED OMB NO. 0579-0160

G29302

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 4/8/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE [illegible]: (b)(6)

DRIVER'S NAME: Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Roth Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vicarch Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717/532/5691

AREA CODE & TELEPHONE NO.: 450/788/2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA 1	3179		X				X						X	X				
2	3180		X										X	X				
3	3181						X						X	X				
4	3182		X										X	X				
5	3183				X								X	X				
6	3184				X								X	X				
7	3185					X							X	X				
8	3186						X						X	X				
9	3187							Buckskin					X	X				
10	3188				X								X	X				
11	3189				X								X	X				
12	3190						X						X	X				
13	3191		X										X	X				
14	3192					X							X	X				
15	3193		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 14/04/2019

TIME 9h:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(Please type or print in ink)

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.

APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3194		X										X	X				
17	3195						X						X	X				
18	3196						X						X	X				
19	3197				X								X	X				
20	3198						X						X			X		
21	3199		X										X	X				
22	3200						X						X	X				
23	3300						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							Pm					X	X				
29																		
30																		
31																		
32																		
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SIGNATU ition contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM
(SEP 200

. Government Printing Office: 2004—616-624/99766

PAGE ____ OF ____

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)

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124
FORM APPROVED
OMB NO.
0579-0160

G37195

TIME HORSES LOADED ON CONVEYANCE: 7:00 PM

DATE: 04 10 09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

NAME OF AUCTION/MARKET: Koff's Livestock

(b)(6)

Bruce Koff - Koff's Livestock

STREET ADDRESS: 457 Airport Rd

CITY, STATE, ZIP CODE: Shippensburg PA 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viandes Richelieu

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEA	3206						X						X	X				
2	3207				X								X	X				
3	3208		X										X	X				
4	3209		X										X	X				
5	3210						X						X	X				
6	3211			X									X	X				
7	3212						X						X			X		
8	3213						X						X	X				
9	3214						X						X	X				
10	3215		X										X	X				
11	3216		X										X	X				
12	3217						X						X	X				
13	3218						X						X	X				
14	3219						X						X	X				
15	3220						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 AU[illegible] DOCUMENT AND THE INFORMATION IN IT AS COMPLETED B[illegible] 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. 76

DATE 10.04.09

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

637195

	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	3221		X										X	X				
17	3222		X										X			X		
18	3223						X						X	X				
19	3224						X						X	X				
20	3225						X						X			X		
21	3226						X						X	X				
22	3227					X							X			X		
23	3228			X									X	X				
24	3229			X									X	X				
25	3230		X										X	X				
26	3231						X						X	X				
27	3232		X										X	X				
28	3233		X										X	X				
29	3234						X						X	X				
30	3235		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. Government Printing Office: 2004—616-624/99766

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)

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126

FORM APPROVED OMB NO. 0579-0160

G 37192

TIME HORSES LOADED ON CONVEYANCE: 900 Pm

DATE: 4/13/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shipp PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rotz

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viandes Royale

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREEDING/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE X 1	3255						X						X			X		
2	3256		X										X			X		
3	3257		X										X	X				
4	3258						X						X	X				
5	3259					X							X			X		
6	3260					X							X			X		
7	3261				X								X	X				
8	3262			X									X	X				
9	3263				X								X			X		
10	3264					X							X			X		
11	3265						X						X	X				
12	3266		X										X	X				
13	3311		X										X			X		
14	3312		X										X			X		
X 15	3313		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 14. 4. 2009

TIME 13h: 25

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada FB

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.

127
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	3314		X										X	X				
17	3315		X										X	X				
18	3164		X										X		X			
19	3317						X						X			X		
20	3318		X										X			X		
21	3319						X						X			X		
22	3320		X										X			X		
23	3321		X										X			X		
24	3322				X						X			X				
25	3323		X										X			X		
26	3324						X						X	X				
27	3325						X						X	X				
28	3326						X						X	X				
29	3316						X						X	X				
30	3154		X										X	X				
31	3150						X						X	X				
32																		
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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)

(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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

G37194

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 4/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: ~~Rozs~~ Shipp PA

(b)(6)

NAME OF AUCTION/MARKET: Rozs Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Usanda Richelieu

Bruce Rozs (Rozs Livestock)

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shipp PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450/788/2667

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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA 1	3159						X						X	X				
2	3158		X										X	X				
3	3151		X										X	X				
4	3152			X									X	X				
5	3160			X									X	X				
6	3161		X										X	X				
7	3154		X										X			X		
8	3155		X										X			X		
9	3156				X								X	X				
10	3153							Roan					X			X		
11	3157						X						X			X		
12	3166						X						X			X		
13	3167		X										X	X				
14	3168		X										X			X		
15	3169							Buck					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 AL[illegible] DOCUMENT AND THE INFORMATION IN IT AS COMPLETED [illegible] 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 b[illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 14.4.2008

TIME 13h.35

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada F.B.

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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~~ Red	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3170			X									X	L				
17	3171						X						X			X		
18	3173		X										X	Y				
19	3174					X							X	X				
20	3175		X										X			X		
21	3176		X										X	X				
22	3177						X						X			X		
23	3178		X										X			X		
24	3132		X										X			X		
25	3133						X						X			X		
26	3134						X						X	X				
27																		
28																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada

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)

(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

G37190

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 4/15/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shipp PA

VEHICLE LICENSE NO. (b)(6)

DRIVER'S NAME: Bruce Roz

NAME OF AUCTION/MARKET: Rozs Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roz Rozs Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Uranda Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shipp PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

USE A

	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	3358						X						X	X				
2	3353		X										X			X		
3	3356		X										X	X				
4	3355			X									X	X				
5	3354		X										X	X				
6	3357		X										X	X				
7	3351		X										X			X		
8	3352		X										X	X				
9	3359		X										X			X		
10	3360		X										X	X				
11	3361		[redacted]				X						X	X				
12	3362		X										X	X				
13	3363		X										X			X		
14	3364		X										X	X				
15	3365						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 AUTHORIZ [illegible] MENT 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 16-4-2009

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.

131

FORM APPROVED OMB NO. 0579-0160

G37190

	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	~~3365~~						~~X~~						~~X~~	~~X~~			~~X~~	
17	3366		X										X			X		
18	3367							Black					X			X		
19	3368					X							X	X				
20	3369					X							X	X				
21	3370					X							X			X		
22	3371			X									X	X				
23	3372		X										X	X				
24	3373		X										X	X				
25	3374		X										X	X				
26	3375						X						X	X				
27	3376		X										X	X				
28	3377						X						X	X				
29	3378		X										X	X				
30																		
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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

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

G37193

TIME HORSES LOADED ON CONVEYANCE: 7:00 PM

DATE: 04-11-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shipp PA

VEHICLE LICENSE NO. AND DRIVER: (b)(6)

NAME OF AUCTION/MARKET: Koff's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veanda Richebeu

Bruce Koff (Koff's Livestock)

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shipp PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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	~~Sheath~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3236					X							X			X		
2	3237		X										X	X				
3	3238		X										X			X		
4	3239							Roan					X			X		
5	3240		X										X			X		
6	3241		X										X			X		
7	3242		X										X			X		
8	3243		X										X			X		
9	3244		X										X	X				
10	3245		X										X			X		
11	3246		X										X	X				
12	3247		X										X	X				
13	3248						X						X	X				
14	3249						X						X			X		
15	3250		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 AUTH[illegible] 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 17-4-2009

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)

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FORM APPROVED OMB NO. 0579-0160

G32193

	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		
6	3251		X										X			X		
7	3252		X										X			X		
8	3253		X										X			X		
9	3254		X										X		X			
0	3110						X						X	X				
1	3301						X				X	X				X		
2	3302						X				X					X		
3	3304						X						X			X		
4	3305		X										X	X				
5	3306		X		X								X	X				
6	3307		X										X	X				
7	3308		X										X			X		
8	3309						X						X	X				
9	3310		X										X			X		
0	3465		X										X			X		
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GNATURE 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

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

G37191

TIME HORSES LOADED ON CONVEYANCE: 7:00pm

DATE: April 16/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND STATE: (b)(6)

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vanda Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USA	3379					X							X	X				
2	3380						X						X	X				
3	3381					X							X	X				
4	3382					X							X	X				
5	3383					X							X	X				
6	3384						X						X	X				
7	3385						X						X	[redacted]		X		
8	3386		X										X			X		
9	3387						X						X	X				
10	3388						X						X	X				
11	3389						X						X			X		
12	3390		X										X	X				
13	3391		X										X	X				
14	3392		X										X	X				
15	3393						X						X			X		

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

SIGNATUF (b)(6)

I HEREBY ... 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 l (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 40

DATE 4-15-2009

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.

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FORM APPROVED OMB NO. 0579-0160

G27191

	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	3394						X							X				
17	3395						X							X				
18	3376					X								X				
19	1893			X										X				
20	3143		X											X				
21	3141						X							X				
22	3319						X							X				
23	3132		X													X		
24	3397				X									X				
25	1838						X									X		
26	3141							Gint						X				
27	3343		X											X				
28	3136				X									X				
29	3338		X													X		
30	1888		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. Government Printing Office: 2004—616-624/99766

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

G29314

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 4/2019

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shipp PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veanda Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shipp PA 17257

CITY, STATE, ZIP CODE: Massville QC

AREA CODE & TELEPHONE NO.: 717-530-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USA	3421		X										X		X			
2	3422						X						X			X		
3	3423			X									X			X		
4	3424							Appy					X			X		
5	3425			X									X			X		
6	3426							Appy					X			X		
7	3427						X						X			X		
8	3428		X										X	X				
9	3429		X										X			X		
10	3430		X										X			X		
11	3431		X										X	X				
12	3432						X						X	X				
13	3433		X										X			X		
14	3434						X						X	X				
15	3435						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 A S 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. 76

DATE 21/04/2019

TIME 11Ro

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.

~~4370~~ 9
FORM APPROVED
OMB NO. 0579-0160
G29314

	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	3436							Appl						X				
17	3437							Appl						X				
18	3438							Appl						X				
19	3439						X									X		
20	3440						X							X				
21	3441						X						mul	X				
22	3442		X													X		
23	3443		X													X		
24	3444		X													X		
25	3445						X							X				
26	3446		X											X				
27	3447						X									X		
28	3448		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(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

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

G 29313

TIME HORSES LOADED ON CONVEYANCE: 7:00 PM RA9642K (b)(6)

DATE: April 21/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shipp PA

NAME OF AUCTION/MARKET: New Holland

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shipp PA 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3483						X						X			X		
2	3484					X							X			X		
3	3485						X						X	X				
4	3486		X										X	X				
5	3487						X						X			X		
6	3488		X										X	X				
7	3489		X										X	X				
8	3490						X						X	X				
9	3491		X										X	X				
10	3492		X										X	X				
11	3493							Appl					X			X		
12	3494						X						X	X				
13	3495						X						X			X		
14	3496		X										X			X		
15	3497		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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 22/04/2009

TIME 13h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS — Gouvernement du Canada

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.

139

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	3498						X						X			X		
17	3499		X										X	X				
18	3267		X										X	X				
19	3268		X										X	X				
20	3269						X						X	X				
21	3270		X										X	X				
22	3271		X										X	X				
23	3272		X										X	X				
24	3273						X						X			X		
25	3274						X						X	X				
26	3275					X							X			X		
27	3276						X						X	X				
28	3278						X						X	X				
29	3279			X									X		X			
30	3399		X										X			X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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. Government Printing Office: 2004—616-624/99766

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)

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140

FORM APPROVED OMB NO. 0579-0160

G29315

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 4/21/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shipp PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Olivade Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shipp PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE	3449						X						X	X				
2	3450					X							X		X			
3	3451						X						X			X		
4	3452						X						X	X				
5	3453						X				X			X				
6	3454						X						X			X		
7	3455		X										X	X				
8	3456						X				X		X	X				
9	3457						X						X	X				
10	3458			X									X	X				
11	3459						X						X			X		
12	3460					X							X			X		
13	3461		X										X			X		
14	3462							Roan					X	X				
15	3463		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 23/04/2009

TIME 9 Pm

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

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.

141
FORM APPROVED
OMB NO. 0579-0160

G29315

	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	3464						X						X			X		
17	3465					X							X			X		
18	3466						X						X			X		
19	3467							Roan					X			X		
20	3468							Roan					X			X		
21	3469		X										X			X		
22	3470					X							X	X				
23	3471							Roan					X			X		
24	3472						X						X	X				
25	3473						X						X	X				
26	3474		X										X			X		
27	3475		X										X			X		
28	3250						X						X	X				
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
CFIA ACIA

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

(b)(6)

VS
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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)

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FORM APPROVED OMB NO. 0579-0160

G29311

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 4/22/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rotz

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viandes Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450 788-2667

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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USED	3557		X										X			X		
2	3558		X										X			X		
3	3559							Appa					X			X		
4	3560						X						X	X				
5	3561				X								X			X		
6	3562		X										X	X				
7	3563				X								X			X		
8	3564		X										X	X				
9	3565							Appa					X			X		
10	3566		X										X	X				
11	3567		X										X	X				
12	3568					X		Play					X	X				
13	3569							Play					X	X				
14	3570		X										X			X		
15	3481		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 A[illegible] 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. 76

DATE 24/04/2019

TIME 13h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

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.

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FORM APPROVED
OMB NO.
0579-0160
G29311

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3476							Plm					X			X		
17	3479		X										X			X		
18	3477						X						X	X				
19	3556		X										X	X				
20	3554						X						X	X				
21	3553						X						X	X				
22	3555						X						X	X				
23	3552						X						X			X		
24	3551		X										X		X			
25	3482						X						X			X		
26	3480						X						X	X				
27	3571		X										X			X		
28	3572		X										X			X		
29																		
30																		
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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

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: 7:00AM L443342QC
DATE: April 23/09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

(b)(6)

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock
STREET ADDRESS: 457 Airport Rd
CITY, STATE, ZIP CODE: Shippensburg PA 17257
AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Linda Reeby
STREET ADDRESS: 595 rue Royale
CITY, STATE, ZIP CODE: Massueville
AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	Sorrel ~~Palomin~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
45CX	3144						n	Appa					X	X				
2	3401						X						X	X				
3	3402		X										X			X		
4	1887							Buckskin					X	X				
5	3139						X						X	X				
6	3404					X							X	X				
7	1840		X										X			X		
8	3405				X								X	X				
9	3403					X							X			X		
10	3406		X										X			X		
11	3147						X						X			X		
12	3407			X									X	X				
13	3140		X										X	X				
14	3408						X						X	X				
15	1842					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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 76
DATE 26/04/2009
TIME 14h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

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.

OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3313		X										X	X				
17	3135					X							X			X		
18	3307		X										X	X				
19	3409						X						X	X				
20	3410					X							X	X				
21	3411		X										X		X			
22	3412						X						X			X		
23	3413						X						X	X				
24	3414						X						X	X				
25	3415					X							X	X				
26	3416						X						X	X				
27	3417		X										X	X				
28	3418		X										X			X		
29	3419		X										X			X		
30	3420		X										X			X		
31																		
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S (that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

V

(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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.

146

FORM APPROVED OMB NO. 0579-0160

G29319

TIME HORSES LOADED ON CONVEYANCE: 900 BM

DATE: 4/27/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shipp PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rotz

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz (Rotz Livestock)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vinda Richely

STREET ADDRESS: 457 Angel Rd

STREET ADDRESS: 595 Rue Rayale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massuville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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		
USEX 1	3701		X										X		X			
2	3702		X										X			X		
3	3703						X						X	X				
4	3704		X										X	X				
5	3705		X										X			X		
6	3706						X						X	X				
7	3707						X						X	X				
8	3708		X										X	X				
9	3709						X						X			X		
10	3710		X										X			X		
11	3711					X							X			X		
12	3712				X								X	X				
13	3713						X						X			X		
14	3714				X						X					X		
15	3715		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).

SIGNA[illegible] at the information contained in this form is true and correct to the bes

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #79

DATE 27/04/2019

TIME 10:15

CFIA

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.

147
FORM
APPROVED
OMB NO.
0579-0160

G29319

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3716				X								X			X		
17	3717				X								X	X				
18	3718						X						X			X		
19	3719		X										X			X		
20	3720		X										X	X				
21	3721		X										X			X		
22	3722		X										X			X		
23	3723						X						X	X				
24	3724		X										X			X		
25	3725		X										X			X		
26	3726		X										X			X		
27	3727		X										X	X				
28	3728		X										X			X		
29																		
30																		
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Canadian Food Inspection Agency
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

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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. Government Printing Office: 2004—616-624/99766

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)

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FORM APPROVED OMB NO. 0579-0160

G29320

TIME HORSES LOADED ON CONVEYANCE: 7:00 PM

DATE: 04-28-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shipp PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rozz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roz Rozz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viand Richelieu

STREET ADDRESS: 457 Angel Rd

STREET ADDRESS: 595 Rue Rayale

CITY, STATE, ZIP CODE: Shipp PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3651						X						X	X				
2	3652		X										X			X		
3	3653						X						X			X		
4	3654		X										X			X		
5	3655		X										X	X				
6	3656		X										X			X		
7	3657		X										X			X		
8	3658		X										X			X		
9	3659						X						X	X				
10	3660		X										X	X				
11	3661						X						X	X				
12	3662						X						X	X				
13	3663						X						X	X				
14	3664						X						X			X		
15	3665						X						X	X				

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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 knowl (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 75

DATE 29/04/2009

TIME 9:50 AM

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.

149
FORM
APPROVED
OMB NO.
0579-0160

G29320

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Cheein~~ Ecy	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3666						X						X	X				
17	3667		X										X			X		
18	3668						X						X	X				
19	3669						X						X	X				
20	3670						X						X	X				
21	3671					X							X			X		
22	3672						X						X		X			
23	3673		X				/						X	X				
24	3674		X										X	X				
25	3675						X						X	X				
26	3676		X										X	X				
27	3677		X										X	X				
28	3678						X						X	X				
29	3679		X										X			X		
30	3694		X										X	X				
31																		
32																		
33																		
34																		
35																		
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Canada

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).

SIGN tify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

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)

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150

FORM APPROVED OMB NO. 0579-0160

G29312

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 4/29/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roff

NAME OF AUCTION/MARKET: Roff & Lunsek

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roff Roff & Lunsek

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717 532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USED	3507							Buck					X	X				
2	3512		X										X	X				
3	3519		X										X	X				
4	3520						X						X			X		
5	3525		X										X			X		
6	3534						X						X	X				
7	3690		X										X	X				
8	3684						X						X		X			
9	3548							Play					X			X		
10	3549						X						X			X		
11	3550		X										X	X				
12	3746						X						X	X				
13	3747					X							X	X				
14	3748		X										X	X				
15	3749						X						X	X				

(28 horses)

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

SIGNATUR (b)(6)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 30/04/2009

TIME 11:30AM

Canadian Food Inspection Agency — Government of Canada — Canada — Gouvernement du Canada — Agence canadienne d'inspection des aliments

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.

151
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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3250							Pin					X			X		
17	3536		X										X	X				
18	3537					X							X	X				
19	3538							Dun					X	X				
20	3539		X										X	X				
21	3540						X						X	X				
22	3541						X						X	X				
23	3542		X										X			X		
24	3543		X										X	X				
25	3544		X										X	X				
26	3545		X										X			X		
27	3546		X										X			X		
28	3547		X										X			X		
29	3670		X										X	X				
30	3684						X						X		X			
31																		
32																		
33																		
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SIG r information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS
(SE

U.S. Government Printing Office: 2004—616-624/99766

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)

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152

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:30 pm

DATE: 4/29/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: TK PA AF35669 TK PA XCY3844 Curtis L Hostetter

NAME OF AUCTION/MARKET: Rogs Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rogs Livestock

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veanda Rechelin

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA	3751						X						X			X		
2	3752		X										X			X		
3	3753		X										X			X		
4	3754						X						X			X		
5	3755		X										X			X		
6	3756						X						X	X				
7	3757						X						X			X		
8	3758						X						X	X				
9	3759		X										X	X				
10	3760		X										X	X				
11	3761				X								X			X		
12	3762						X						X	X				
13	3763						X						X			X		
14	3764						X						X	X				
15	3765		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. # 76

DATE 30/04/2009

TIME 11:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Agence canadienne d'inspection des aliments Gouvernement du Canada

VS FOR

Previous editions are obslete

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.

153
FORM APPROVED
OMB NO.
0579-0160

C 27312.

	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	3766						X						mult	X				
17	3767						X						mult	X				
18	3768				X								X	X				
19	3769						X						X			X		
20	3770						X						X	X				
21	3771						X				X			X				
22	3772				X								X	X				
23	3773		X										X			X		
24	3774		X										X			X		
25	3775		X										X			X		
26	3776						X						X			X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Government of Canada

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).

S y that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

154

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)

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FORM APPROVED OMB NO. 0579-0160

G29323

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM

DATE: 01/30/09

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

NAME OF AUCTION/MARKET: Roy's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roy Roy's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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~~ Sorg	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE 1	3501					X							X	X				
2	3502						X						X	X				
3	3503						X						X	X				
4	3504					X							X			X		
5	3505		X										X			X		
6	3506				X								X			X		
7	3508						X						X	X				
8	3509					X							X	X				
9	3510					X							X	X				
10	3511						X						X	X				
11	3513		X										X	X				
12	3514							pl					X	X				
13	3515		X										X			X		
14	3516		X										X	X				
15	3517						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 c

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 01/05/2009

TIME 9:55 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM

Previous editions are obsolete

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

G29323

	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	3518					X							X	X				
17	3521						X						X			X		
18	3522			X									X			X		
19	3523				X								X			X		
20	3524		X										X			X		
21	3526						X						X	X				
22	3527					X							X			X		
23	3528		X										X	X				
24	3529			X									X	X				
25	3530						X				X		X	X				
26	3531		X										X	X				
X	3532	3328	New Tat				X						X		X			
28	3533		X										X	X				
29	3535		X										X	X				
30	3692						X						X			X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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. Government Printing Office: 2004—616-624/99766

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)

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FORM APPROVED OMB NO. 0579-0160

G29310

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippen PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Angel Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717/532/5691

AREA CODE & TELEPHONE NO.: 450/788/2667

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	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3281						X							X				
2	3282			X										X				
3	3283		X											X				
4	3284						X							X				
5	3285						X							X				
6	3286						X									X		
7	3287		X											X				
8	3288		X													X		
9	3289		X													X		
10	3290		X											X				
11	3291		X													X		
12	3292							Appa								X		
13	3293		X													X		
14	3294					X										X		
15	3601		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.

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FORM APPROVED OMB NO. 0579-0160

629310

	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	3602					X							X	X				
17	3603		X										X	X				
18	3604						X						X			X		
19	3605		X										X			X		
20	3606			X									X			X		
21	3607		X										X	X				
22	3608						X						X	X				
23	3609						X						X	X				
24	3610		X										X	X				
25	3611						X						X			X		
26	3612			X									X			X		
27	3613		X										X			X		
28	3614						X						X	X				
29																		
30																		
31																		
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SIGNATURE ... information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada

*U.S. Government Printing Office: 2004—616-624/99766

(SEP 2002)

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)

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FORM APPROVED OMB NO. 0579-0160

G29326

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 5/4/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

F AUCTION/MARKET: Rob's Livestock

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rob Rob's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg PA 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
(b)(6)	3688		X										X	X				
2	3295							Pal					X			X		
3	3296		X										X	X				
4	3297						X						X	X				
5	3298						X						X	X				
6	3299		X										X			X		
7	3687				X								X	X				
8	3685						X						X	X				
9	3329				X								X	X				
10	3330			X	X								X	X				
11	3334			X									X	X				
12	3335		X										X	X				
13	3336		X										X	X				
14	3337						X						X	X				
15	3338						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 AU[illegible]SE 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 b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 05/05/2009

TIME 13h00

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)

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FORM APPROVED OMB NO. 0579-0160

G 29326

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chesin~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3339		X										X			X		
17	3340						X						X			X		
18	3341						X						X			X		
19	3343		X										X			X		
20	3342			X									X	X				
21	3344						X				X			X				
22	3345						X				X			X				
23	3346					X							X	X		X		
24	3347												X	X		X		
25	3348			X									X			X		
26	3349				X								X	X				
27																		
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SIGN/ ormation 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

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.

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FORM APPROVED OMB NO. 0579-0160

G29327

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 5/4/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO.: (b)(6)

DRIVER'S NAME: Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA	3331			X										X				
2	3332		X											X				
3	3333						X									X		
4	3777						X								X			
5	3778						X							X				
6	3779						X							X				
7	3780		X											X				
8	3781		X											X				
9	3782							Palm						X				
10	3783						X							X				
11	3784						X							X				
12	3785		X											X				
13	3786		X											X				
14	3787				X									X				
15	3788						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)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the best

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 05/05/2009

TIME 13h15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

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.

161

FORM APPROVED
OMB NO.
0579-0160

G 29327

	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	3789		X										X	X				
17	3790						X						X			X		
18	3791		X										X	X				
19	3792		X										X	X				
20	3793					X							X			X		
21	3794					X							X	X				
22	3795					X							X	X				
23	3796		X										X	X				
24	3797						X						X	X				
25	3798		X										X			X		
26	3799		X										X	X				
27	3800		X										X	X				
28	3545							2/4					X	X				
29																		
30																		
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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. Government Printing Office: 2004—616-624/99766

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

G29333

TIME HORSES LOADED ON CONVEYANCE: 9:00pm

DATE: 5/5/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

USDA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3851		X										X			X		
2	3852						X						X			X		
3	3853		X										X	X				
4	3854						X						X	X				
5	3855						X						X	X				
6	3856							BKSN					X	X				
7	3857		X										X	X				
8	3858				X								X	X				
9	3859						X						X	X				
10	3860						X						X	X				
11	3861					X							X	X				
12	3862				X								X	X				
13	3863		X										X	X				
14	3864		X										X			X		
15	3865			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. 076

DATE 7/05/2009

TIME 14h.50

CANADIAN FOOD INSPECTION AGENCY Government of Canada

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)

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FORM APPROVED OMB NO. 0579-0160

629333

	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	~~3865~~			X									X			X		
17	3866			X									X	X				
18	3867			X									X	X				
19	3868			X									X	X				
20	3869			X									X	X				
21	3870						X						X	X				
22	3871						X						X	X				
23	3872			X									X	X				
24	3873			X									X	X				
25	3874						X						X			X		
26	3875						X						X			X		
27	3876			X									X			X		
28	3877				X								X			X		
29	2546			X									X		X			
30																		
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Agence canadienne d'inspection des aliments Canada F.B.

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SIG ...rmation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

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)

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FORM APPROVED OMB NO. 0579-0160

G29329

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 5/6/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3615				X								X	X				
2	3616		X										X			X		
3	3617						X						X	X				
4	3618						X						X			X		
5	3619						X						X			X		
6	3620		X										X	X				
7	3621			X									X			X		
8	3622						X						X	X				
9	3623		X										X			X		
10	3624		X										X	X				
11	3625						X						X			X		
12	3626		X										X			X		
13	3627		X										X	X				
14	3628		X										X			X		
15	3629		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 AUT[illegible]OCUMENT 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 bes[illegible] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 07/05/2009

TIME 14h20

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

G49329

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cheetn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3630							N/A					X			X		
17	3631				X								X	X				
18	3632				X								X	X				
19	3633		X										X	X				
20	3634						X				X					X		
21	3587		X										X	X				
22	3588		X										X	X				
23	3589							N/A					X	X				
24	3590						X						X	X				
25	3591		X										X	X				
26	3592		X										X	X				
27	3593						X						X	X				
28	3594		X										X		X			
29																		
30																		
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)

VS FOR
(SEP 20..)

*U.S. Government Printing Office: 2004—616-624/99766

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)

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FORM APPROVED OMB NO. 0579-0160

G29330

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 5/11/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Brian Rot

NAME OF AUCTION/MARKET: Roger Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Rot

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Angel Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueller QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Chesn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3954						X						X	X				
2	3955						X						X	X				
3	3956			X									X	X				
4	3957		X										X	X				
5	3958		X										X	X				
6	~~3959~~		~~X~~										X	~~X~~				
7	3959		X										X	X				
8	3960					X							X	X				
9	3961					X							X			X		
10	3962		X										X			X		
11	3963						X						X	X				
12	3964						X						X	X				
13	3965						X						X			X		
14	3966						X						X	X				
15	3967						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 AUTH[illegible] 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 5-5-2019

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

629330

	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	3968						X							X				
17	3969						X							X				
18	3970						X							X				
19	3971						X									X		
20	3972						X							X				
21	3973					X										X		
22	3974						X							X				
23	3975						X							X				
24	3976		X											X				
25	3977			X												X		
26	3979		X											X				
27	3982		X					Plum						X				
28	3981					X								X	X			
29																		
30																		
31																		
32																		
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SIGN ... rmation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

PAGE ____ OF ____

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

G29332

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 5/13/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2662

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
USEX			Bay	Grey	Blk.	Pinto	~~Chestn~~ SORR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3945						X			X				X				
2	3946						X			X				X				
3	3947						X			X				X				
4	3948		X							X				X				
5	3949						X			X				X				
6	3950						X			X						X		
7	6001		X							X				X				
8	6002						X			X				X				
9	6003							APPLY		X				X				
10	6004		X							X				X				
11	6005		X							X				X				
12	6006		X							X				X				
13	6007				X					X				X				
14	6008		X							X				X				
15	6009									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 A[illegible] IIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED [illegible] 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 b[illegible] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE 5 MAY - 2009

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.

5/13/19
FORM APPROVED
OMB NO.
0579-0160
G29332

	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	6010		X							X						X		
17	6011		X							X						X		
18	6012						X			X				X				
19	6013		X						X					X				
20	6014		X						X							X		
21	6015						X				X			X				
22	6016						X			X				X				
23	6017		X							X				X				
24	6018					X				X					X			
25	3912		X						X							X		
26	3910				X					X				X				
27	3901						X			X						X		
28	6019							Appaloosa		X				X				
29																		
30																		
31																		
32																		
33																		
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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. Government Printing Office: 2004—616-624/99766

(SEP 2002)

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

G29342

TIME HORSES LOADED ON CONVEYANCE: 6:00 PM

DATE: 05-14-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

(b)(6)

NAME OF AUCTION/MARKET: Roy's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roy Roy's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viandes Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6020					X				X					X			
2	6021		X							X						X		
3	6022						X			X				X				
4	6023						X			X				X				
5	6024		X							X				X				
6	6025			X						X				X				
7	6026						X			X				X				
8	6027						X			X						X		
9	6028			X						X						X		
10	6029						X			X				X				
11	6030		X	X						X						X		
12	6031		X							X				X				
13	6032		X							X				X				
14	6033				X					X						X		
15	6034		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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 26

DATE 15-5-2009

TIME 2:00

5/1/19

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

629342

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Black~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6035				X					X				X				
17	6036						X			X				X				
18	6037						X			X				X				
19	6038		X							X				X				
20	6039						X			X				X				
21	6040						X			X				X				
22	6041					X				X				X				
23	6042						X			X				X				
24	6043				X					X				X				
25	6044							Blk		X						X		
26	6045		X							X						X		
27	6046		X							X				X				
28	6047		X							X				X				
29	3993		X										ST/B			X		
30	3994		X										ST/B			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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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172

FORM APPROVED OMB NO. 0579-0160

G29343

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 5/18/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE [illegible] NAME: Bruce Roff

NAME OF AUCTION/MARKET: Roff's Livestock

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roff Roff's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Aupal Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USED

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cream~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3930		X							X				X				
2	3931				X					X						X		
3	3932		X							X				X				
4	3933					X				X				X				
5	3934						X			X				X				
6	3935		X							X				X				
7	3936					X				X						X		
8	3937					X				X				X				
9	3938		X							X				X				
10	3939							Black Sorr		X				X				
11	3940						X			X						X		
12	3941						X			X				X				
13	3942				X					X				X				
14	3943							Plum		X						X		
15	3944		X										ST/B			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 AU[illegible]S DOCUMENT AND THE INFORMATION IN IT AS COMPLETED [illegible] 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. 26

DATE

TIME 19 05 2009

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

629343

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chest~~ S-1	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1 U946	3586		X						X							X		
17	3587				X				X					X				
18	3588						X		X					X				
19	3926		X										ST/B	X				
20	3913			X						X				X				
21	3922				X					X				X				
22	3921						X			X				X				
23	3927		X										ST/B	X				
24	3915		X										X	X				
25	3914		X										ST/B			X		
26	3916		X										ST/B	X				
27	3917		X										ST/B	X				
28	6072						X			X			G		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)

174

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)

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5/19/19
FORM APPROVED
OMB NO. 0579-0160
G 29344

TIME HORSES LOADE: 7:00 pm (b)(6)

DATE: 5/19/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

(b)(6)

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

STREET ADDRESS: 457 Ampad Rd.

CITY, STATE, ZIP CODE: Shippensburg PA 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 450-788-2667

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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEX	6050				X					X				X				
2	6051		X							X				X				
3	6052						X			X				X				
4	6053				X					X				X				
5	6054		X							X				X				
6	6055					X				X						X		
7	6056		X							X				X				
8	6057							Pay		X				X				
9	6058		X										X	X				
10	6059				X								X			X		
11	6060						X						X	X				
12	6061		X										X			X		
13	6062				X								X	X				
14	6063							Buckskin		X						X		
15	6064						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 20-05-2019

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)

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5/19/19

FORM APPROVED OMB NO. 0579-0160

G29344

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6065					X				X						X		
17	6066		X							X				X				
18	6067						X			X				X				
19	6068						X			X				X				
20	6069		X							X						X		
21	6070						X			X				X				
22	6071						X			X				X				
23	6073		X							X				X				
24	6074					X							X	X				
25	6075		X										X			X		
26	6076		X										X	X				
27	3920						X						X	X				
28	3919						X			X						X		
29	3924		X										X			X		
30	6077						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

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

G29345

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 5/2019

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rotz

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viada Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royall

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.

45EX

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chstn~~ SR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3998		X						X					X				
2	3999		X										ARAB			X		
3	4000		X						X					X				
4	3983		X						X					X				
5	3990		X						X					X				
6	3991		X						X					X				
7	3992		X						X					X				
8	3995		X						X					X				
9	3992		X						X					X				
10	3993						X			X				X				
11	6089		X						X					X				
12	6090		X						X							X		
13	6091		X						X							X		
14	6092						X		X							X		
15	6093						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME 21-5-2019

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

G29345

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Ghost~~ S-7	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6094				X				X					X				
17	6083		X							X					X			
18	3986		X							X				X				
19	3989		X							X				X				
20	3984						X			X				X				
21	3894	3894					X						ST/B	X				
22	3887	3987	X										ST/B	X				
23	3895		X										ST/B			X		
24	3896		X										ST/B			X		
25	3897		X										ST/B			X		
26	3988						X						ST/B			X		
27	3898		X										ST/B			X		
28	3985						X			X						X		
29																		
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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) 5/20/9

V
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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

G 29346

TIME HORSES LOADE: 7:00pm

DATE: May 21/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO.: (b)(6)

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock (b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carole Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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~~ SZ	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE 1	3891		X							X					X			
2	3996		X										X	X				
3	3997		X										ST/B			X		
4	3899		X										ST/B			X		
5	3900						X						ST/B			X		
6	3635						X			X				X				
7	3636		X										ST/B			X		
8	3637				X					X						X		
9	3638				X				X					X				
10	3639						X				X					X		
11	3640		X							X	X			X				
12	3641				X					X	X			X				
13	3642						X			X	X			X				
14	3643				X								X			X		
15	3644		X										ST/B	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 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME 22-5-2009

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

629346

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Sheln~~ S-1	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USA 16	3646						X			X				X				
17	3647		X							X						X		
18	3648			X						X				X				
19	3649				X					X				X				
20	3650						X			X				X				
21	6301						X			X				X				
22	6302						X			X				X				
23	6303		X							X				X				
24	6304			X						X				X				
25	6305					X				X						X		
26	6078				X					X						X		
27	6306				X					X				X				
28	6307							APPA		X				X				
29	6308		X							X				X				
30	6309			X					X							X		
31	6095						X							X				
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) 5/21/9

*U.S. Government Printing Office: 2004—616-624/99766

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

G29334

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

(b)(6) NAME: Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth's Livestock

CONSIGNEE(RECEIVER/DESTINATION) NAME: Uranda Ruchelin

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massuevill QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE1 1	3643				X								X		X			
2	6084						X			X						X		
3	6151						X			X				X				
4	6152						X			X				X				
5	6153						X			X				X				
6	6154						X			X				X				
7	6155			X					X							X		
8	6156		X						X					X				
9	3645						X			X						X		
10	6080						X				X					X		
11	6079				X					X						X		
12	6082						X			X						X		
13	6086		X							X				X				
14	6157		X										ST/B			X		
15	6158						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. X6

DATE 25-8-2009

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

629334

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16 used	6159		X										X	X				
17	6160		X							X						X		
18	6161						X			X				X				
19	6162			X						X						X		
20	6163						X			X				X				
21	6164						X			X				X				
22	6165						X			X				X				
23	6166						X			X						X		
24	6167					X				X						X		
25	6168							Buckskin		X						X		
26	6169				X					X				X				
27	6170				X					X						X		
28	6171						X				X			X				
29																		
30																		
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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. Government Printing Office: 2004—616-624/99766

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.

182
FORM APPROVED
OMB NO. 0579-0160
629341

TIME HORSES LOADED ON CONVEYANCE: 7:00PM

DATE: 05-27-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippenburg PA

NAME OF AUCTION/MARKET: Roger Lunsteck

(b)(6)

Bruce Koz Roger Lunsteck

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg PA

AREA CODE & TELEPHONE NO.: 717 532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vanda Richelu

STREET ADDRESS: 595 Rue Rayale

CITY, STATE, ZIP CODE: Massuiville QC

AREA CODE & TELEPHONE NO.: 450-788-2667

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	~~Sorrel~~ Sorry	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USA	6251		X						X					X				
2	6252			X					X					X				
3	6253		X						X					X				
4	6254							Appl		X						X		
5	6255		X										ST/B			X		
6	6256		X						X					X				
7	6258						X						mull			X		
8	6259						X			X						X		
9	6260		X						X					X				
10	6261		X						X					X				
11	6262		X										ST/B			X		
12	6263		X						X					X				
13	6264		X										X	X				
14	6265						X			X				X				
15	6266					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 AU[illegible]OCUMENT 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. 76

DATE 29 05 09

TIME

Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FITNESS TO TRAVEL TO A

(CONTINUATION SHEET)

(Please type or print in ink)

maintaining the data needed, and completing and
collection of information.

$24541

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USA 16	6267		X						X							X		
17	6268		X						X							X		
18	6269						X			X						X		
19	6270						X			X						X		
20	6271						X			X				X				
21	6272		X										X			X		
22	6273						X						X	X				
23	6274		X										5/8			X		
24	6275							Appa		X						X		
25	6276			X									X			X		
26	6101						X						X	X				
27	6102						X			X					X			
28	6103					X							X	X				
29	6104					X							X	X				
30	6210		X										mull	X				
31																		
32																		
33																		
34																		
35																		
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SIGI information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

5/27/8

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

PAGE ____ OF ____

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

G29338

TIME HORSES LOADED ON CONVEYANCE: 7400 PM

DATE: 27-05-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Roy's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roy Roy's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veranda Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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~~ Sty	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE	6105						X						mull			X		
2	6106		X										mull			X		
3	6107						X			X				X				
4	6108					X				X						X		
5	6109						X			X				X				
6	6110				X					X				X				
7	6111		X							X				X				
8	6112				X					X				X				
9	6113						X			X				X				
10	6114		X							X				X				
11	6115				X					X				X				
12	6116		X							X				X				
13	6117						X			X				X				
14	6118						X			X				X				
15	6119		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 27-05-09

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

G29338

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6120		X							X				X				
17	6121		X				X			X				X				
18	6122		X							X				X				
19	6123						X			X				X				
20	6124		X							X				X				
21	6125		X							X						X		
22	6126		X							X				X				
23	6127							Roan			X			X				
24	6128							Roan			X					X		
25	6129			X							X					X		
26	6130		X						X							X		
27	6131						X		X					X				
28	6132						X			X						X		
29	6133						X			X						X		
30	6134				X								ST/S	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)

V
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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

G29339

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 5/28/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rot

NAME OF AUCTION/MARKET: Robert Leinstak

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rot Rotzbaksta

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vanda Richelieu

STREET ADDRESS: 45 P Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueille QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-288-2667

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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEX	6172		X						X						X			
2	6173		X							X						X		
3	6174						X			X						X		
4	6175						X			X				X				
5	6176						X			X				X				
6	6177		X							X				X				
7	6178						X			X						X		
8	6179		X							X				X				
9	6180						X				X			X				
10	6181						X				X					X		
11	6182		X							X						X		
12	6183					X				X						X		
13	6184						X						S/B	X				
14	6185		X								X					X		
15	6186		X								X					X		

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

SIGNATU (b)(6)

I HEREB 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).

SIG rmation contained in this form is true and correct to the

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME 26-5-2019

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

Previous editions are obsolete

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

G29339

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sy	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA 16	6187		X							X						X		
17	6188		X							X						X		
18	6189		X							X						X		
19	6190		X							X						X		
20	6191		X										X			X		
21	6192		X						X					X				
22	6193		X						X							X		
23	6194		X						X					X				
24	6195		X						X					X				
25	6196		X						X					X				
26	6197		X						X							X		
27	6198		X						X							X		
28	6199		X						X							X		
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SIGNA[illegible] he information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

5/25/9

VS FO[illegible]
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

PAGE ____ OF ____

188

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

G29340

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg PA 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Jeanda Richelieu

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA	6135						X			X				X				
2	6136		X							X						X		
3	6137						X			X				X				
4	6138		X							X						X		
5	6139						X			X						X		
6	6140				X					X				X				
7	6141						X			X				X				
8	6142		X							X				X				
9	6143		X							X				X				
10	6144			X						X				X				
11	6312		X						X					X				
12	6145		X							X				X				
13	6146		X							X				X				
14	6147							Plum		X						X		
15	6148					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 AU[illegible] MENT AND THE INFORMATION IN IT AS COMPLETED [illegible] CATION 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 [illegible] ontained in this form is true and correct to the bes[illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 29-05-09

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

B29340

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorry	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6149							Appx		X				X				
17	6150		X							X						X		
18	6201						X			X				X				
19	6311		X							X				X				
20	6310						X			X				X				
21	6202			X									X	X				
22	6203						X			X				X				
23	6204		X							X						X		
24	6205						X			X				X				
25	6206						X			X				X				
26	6207		X							X				X				
27	6208				X								X	X				
28	6209				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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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190
FORM APPROVED
OMB NO.
0579-0160

G29337

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 6/1/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	~~Chest~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE	6351		X							X				X				
2	6352				X					X				X				
3	6353		X							X				X				
4	6354		X							X						X		
5	6355				X					X				X				
6	6356		X							X				X				
7	6357		X							X						X		
8	6358		X							X				X				
9	6359						X			X				X				
10	6360						X			X				X				
11	6361		X							X						X		
12	6362		X							X				X				
13	6363						X			X				X				
14	6364						X							X				
15	6365		X							X						X		

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

SIGNATUF (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. 76

DATE 2019-06-28

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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Previous editions are obslete

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.

191
FORM APPROVED
OMB NO. 0579-0160

629337#

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA	6366						X			X				X				
17	6367		X							X				X				
18	6368		X							X						X		
19	6369						X			X				X				
20	6370						X			X				X				
21	6371		X							X						X		
22	6372						X			X				X				
23	6373						X			X						X		
24	6374		X							X						X		
25	6375			X						X						X		
26	6376				X					X				X				
27	6377						X			X				X				
28	6378					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) 6/1/9

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

PAGE ____ OF ____

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)

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FORM 92
APPROVED
OMB NO.
0579-0160

G28751

TIME HORSES LOADED ON CONVEYANCE: 7:00PM

DATE: 06/02/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Jeanda Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USED 1	6379						X			X				X				
2	6380						X			X				X				
3	6381				X					X				X				
4	6382						X			X				X				
5	6383						X			X				X				
6	6384							None			X					X		
7	6385						X			X				X				
8	6386		X							X				X				
9	6387				X					X				X				
10	6388		X							X				X				
11	6389						X			X				X				
12	6390				X					X						X		
13	6391						X			X				X				
14	6392		X							X				X				
15	6393						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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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Previous editions are obslete

PART 2 - OWNER/SHIPPER

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

G28757

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA 16	6394							Appa		X						X		
17	6395		X							X						X		
18	6396						X			X				X				
19	6397				X					X				X				
20	6398					X				X				X				
21	6399				X					X				X				
22	6400						X			X				X				
23	6401		X							X						X		
24	6402					X				X						X		
25	6403						X						X	X				
26	6404		X										X			X		
27	6405		X										X	X				
28	6406		X										X	X				
29	6407		X										X	X				
30	6408					X				X				X				
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SIGNATURE nation 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

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.

194

FORM APPROVED
OMB NO.
0579-0160

G28775

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 6/3/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Rayale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Sorrel ~~Palomin~~	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	6441		X						X					X		X		
2	6443				X				X							X		
3	6439						X			X				X				
4	6440						X											
5	6444						X		X							X		
6	6442						X		X					X				
7	6445						X		X							X		
8	6446		X						X						X			
9	6278		X							X				X				
10	6279						X			X				X				
11	6280						X			X				X				
12	6281				X					X						X		
13	6282		X							X				X				
14	6283						X			X				X				
15	6284						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 4 JUN 2009

TIME 10:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO

Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

(Please type or print in ink)

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

628775

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/B	Other	Mare	Stal	Geld		
USDA 16	6285		X									X				X		
17	6286					X				X				X				
18	6287		X									X		X				
19	6288		X									X				X		
20	6289		X									X				X		
21	6290						X			X						X		
22	6291						X			X						X		
23	6292		X							X						X		
24	6293						X			X						X		
25	6294		X							X						X		
26	6295		X							X						X		
27	6296						X			X				X				
28	6297						X						S/B			X		
29																		
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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).

SIGNA

he information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

6/3/9

VS FOI
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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.

196

FORM APPROVED OMB NO. 0579-0160

G29347

TIME HORSES LOADED ON CONVEYANCE: 7:00PM

DATE: 06-04-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Roy's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Jeanda Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	~~Sheets~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USED	6096							Appl		X				X				
2	6097						X			X						X		
3	6098	✓						Dun		X				X				
4	6099		X							X				X				
5	6100						X			X				X				
6	6250	✓					X			X				X				
7	6233						X			X						X		
8	6234	✓						BSKN		X				X				
9	6235		X							X				X				
10	6236				X					X				X				
11	6237	✓						Appo		X				X				
12	6238							Appo		X				X				
13	6239						X			X				X				
14	6240			X					X					X				
15	6241	✓					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 AUTHOI CUMENT 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 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 5 Juin 2009

TIME 9:00 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada — Agence canadienne d'inspection des aliments — Gouvernement du Canada

VS FORM

Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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)

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197
FORM APPROVED
OMB NO.
0579-0160
G29350

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 6/8/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viandes Richelieu

STREET ADDRESS: 857 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are able to walk unassisted.
- [x] 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	~~Sheetn~~ Sorr	Other	TB	QT	Draft	~~Poly~~ ST/B	Other	Mare	Stal	Geld		
USE-A 1	6229		X									X		X				
2	6220						X		X							X		
3	6226						X			X				X				
4	6228					X				X				X				
5	6232						X			X				X				
6	6227		X						X							X		
7	6224		X						X					X				
8	6223			X					X					X				
9	6225		X						X							X		
10	6219		X						X							X		
11	6218						X		X							X		
12	6217		X						X					X				
13	6221		X						X					X				
14	6231		X						X					X				
15	6222		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 AUTH[illegible] 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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. [illegible]

DATE 9-8-2006

TIME [illegible]

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(Please type or print in ink)

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

629350

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chesn~~ SORR	Other	TB	QT	Draft	~~Pony~~ STLB	Other	Mare	Stal	Geld		
USDA 16	6501				X				X					X				
17	6502		X						X							X		
18	6503		X							X				X				
19	6504						X			X				X				
20	6605		X						X							X		
21	6506		X						X					X				
22	6507		X						X					X				
23	6508		X						X					X				
24	6509				X				X					X				
25	6213		X						X							X		
26	6211		X						X							X		
27	6279		X						X							X		
28	6212		X						X							X		
29																		
30																		
31																		
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SIGNATURE OF OWNER ... on contained in this form is true and correct to the best of my knowledge.)

(b)(6)

6/8/9

VS FORM 10-13
(SEP 2002)

Government Printing Office: 2004—616-624/99766

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)

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199

FORM APPROVED OMB NO. 0579-0160

G29349

TIME HORSES LOADED ON CONVEYANCE: 7:00PM

DATE: 06/09/07

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO.: (b)(6)

NAME OF AUCTION/MARKET: Rotz Livestock

OWNER/SHIPPER NAME: Bruce Rotz Rotz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
USET 1	6321		X							X				X				
2	6322						X						null			X		
3	6323						X			X				X				
4	6324		X					~~Appl~~		X				X				
5	6325							Appln		X				X				
6	6326		X							X						X		
7	6327						X			X						X		
8	6328						X			X						X		
9	6329						X			X						X		
10	6330						X			X						X		
11	6331						X			X				X				
12	6332		X							X				X				
13	6333		X							X						X		
14	6334							AMH		X				X				
15	6335						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)

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SIGNATURE OF OWNER/SHIPPER [illegible] formation contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 26

DATE 12-6-2009

TIME [illegible]

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS Form 10-13 (AUG 2004) Previous editions are obslete

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	Geld		
16	6336						X			X				X				
17	6337		X							X				X				
18	6338						X			X				X				
19	6339		X							X				X				
20	6340			X					X					X				
21	6341						X			X				X				
22	6342		X							X				X				
23	6343		X						X					X		X		
24	6344				X				X							X		
25	6345				X				X							X		
26	6346		X						X					X				
27	6347						X					X				X		
28	6535		X						X			X		X				
29	6539			X					X					X				
30	6533							AM	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)

VS
(SEP 2002)

U.S. Government Printing Office: 2004—616-624/99766

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)

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201

FORM APPROVED OMB NO. 0579-0160

G29348

TIME HORSES LOADED ON CONVEYANCE: 900 pm

DATE: 6/10/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roz

NAME OF AUCTION/MARKET: Roz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roz Roz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Uganda Rickelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450 788-2667

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	Sorry ~~Sorrel~~	Other	TB	QT	Draft	ST/B ~~Roan~~	Other	Mare	Stal	Geld		
USA 1	6527						X			X				X				
2	6528		X							X				X				
3	6529					X				X						X		
4	6530						X			X						X		
5	6531						X			X						X		
6	6532					X				X						X		
7	6534				X					X						X		
8	6536						X			X				X				
9	6537				X					X				X				
10	6538		X							X				X				
11	6540						X			X						X		
12	6541						X			X				X				
13	6542				X					X				X				
14	6543						X			X				X				
15	6545						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 [illegible] d in this form is true and correct to the b[illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME 12-6-2004

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

C29348

	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	C544						X			X				X				
17	C546						X			X				X				
18	C547						X			X						X		
19	C548				X					X				X				
20	C549				X					X				X				
21	C550					X				X						X		
22	C551		X							X				X				
23	C552					X				X						X		
24	C313						X			X						X		
25	C314						X			X				X				
26	C348						X		X					X				
27	C349		X						X							X		
28	C350			X					X							X		
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CANADIAN FOOD INSPECTION AGENCY

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SIGNATUR ... 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

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.

203
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 06/11/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE [illegible]

(b)(6)

NAME OF AUCTION/MARKET: Kotz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vivard Ruhler

STREET ADDRESS: Bruce Kotz Kotz Livestock 457 Airport Rd.

STREET ADDRESS: 595 Rue Taylor

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	~~Sheln.~~ Sorr	Other	TB	QT	Draft	~~Pony~~ STB	~~Other~~	Mare	Stal	Geld		
1	6214		X						X							X		
2	6300						X		X					X				
3	6215		X						X					X				
4	6298						X		X							X		
5	6510		X						X							X		
6	6511						X		X					X				
7	6512			X					X					X				
8	6513		X						X					X				
9	6514		X						X					X				
10	6515							Pky		X						X		
11	6516					X				X				X				
12	6517					X				X						X		
13	6518						X			X						X		
14	6519						X			X				X				
15	6520					X				X						X		

HORSES HAVE HA[illegible] IMUM OF 6 CONSECUTIVE HOURS IMMEDIATE[illegible]

SIGNATURE (b)(6)

I HEREBY AUTHOR[illegible] 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).

SIGNATUF[illegible] n this form is true and correct to the best of [illegible] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME 12-06-2018

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.

204

FORM APPROVED OMB NO. 0579-0160

628759

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SLM	Other	TB	QT	Draft	~~Pony~~ STB	Other	Mare	Stal	Geld		
16	6520						X			X				X				
17	6522						X			X				X				
18	6523		X							X						X		
19	6524						X			X				X				
20	6525							Buckskin		X				X				
21	6526		X							X				X				
22	6315						X			X				X				
23	6316							Pony		X				X				
24	6317						X			X						X		
25	6318						X			X				X				
26	6319		X							X				X				
27	6320						X			X						X		
28	6447						X			X					X			
29	6449							Buckskin		X						X		
30	6448				X				X					X				
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada CFIA ACIA

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S ertify 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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205

FORM APPROVED
OMB NO.
0579-0160

G28760

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 6/15/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Linda ~~Raybe~~ Rishon

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Rough

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massewell SC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ SR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USED 1	6625		X							X				X				
2	6626						X			X				X				
3	6627		X							X				X				
4	6628						X			X				X				
5	6629							AMH		X				X				
6	6630						X			X				X				
7	6631		X							X				X				
8	6632						X			X				X				
9	6633						X			X				X				
10	6634						X			X				X				
11	6635		X							X						X		
12	6636						X			X						X		
13	6637		X							X				X				
14	6638		X							X				X				
15	6639		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIA[illegible]E.

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 (b)(6)

[illegible]n contained in this form is true and correct to the best of my

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

628760

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6640						X			X						X		
17	6641		X							X				X				
18	6642		X				X			X						X		
19	6643						X			X				X				
20	6644		X							X				X				
21	6645		X							X				X				
22	6646		X							X				X				
23	6647		X							X						X		
24	6648		X							X				X				
25	6650		X							X				X				
26	6573						X			X						X		
27	6583						X			X					X			
28	6575							Appy		X				X				
29																		
30																		
31																		
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ify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

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.

207

FORM APPROVED OMB NO. 0579-0160

G28756

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 6/17/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veronda Richelin

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717/532/5691

AREA CODE & TELEPHONE NO.: 450/788/2667

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.

USE ST/B

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE: TB	QT	Draft	~~Pony~~	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	6581						X				X					X		
2	6564						X			X				X				
3	6567						X			X						X		
4	6570						X			X				X				
5	6582		X						X							X		
6	6583		X							X						X		
7	6562		X							X						X		
8	6566		X							X						X		
9	6557		X							X				X				
10	6584						X			X				X				
11	6585						X			X						X		
12	6586		X							X				X				
13	6587						X			X				X				
14	6588		X							X						X		
15	6561						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 AUTHORI[illegible] 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

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.

208

FORM APPROVED OMB NO. 0579-0160

628756

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SLB	Other	TB	QT	Draft	~~Pony~~ SLB	Other	Mare	Stal	Geld		
16	6558				X					X						X		
17	6559		X							X				X				
18	6569							PIM		X						X		
19	6559		X							X						X		
20	6568						X			X						X		
21	6580						X			X				X				
22	6576		X							X						X		
23	6577		X							X				X				
24	6578		X							X				X				
25	6579		X							X				X				
26	6556		X						X							X		
27	6459		X									X		X				
28	6571		X							X					X			
29																		
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S[illegible] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

V[illegible]
(S[illegible])

*U.S. Government Printing Office: 2004—616-624/99766

PAGE ___ OF ___

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)

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209

FORM APPROVED OMB NO. 0579-0160

G28755

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 06/18/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND STATE: (b)(6)

NAME OF AUCTION/MARKET: Rot Lunstedt

OWNER/SHIPPER (FULL) NAME: Bruce Rot Rotz Lunstedt

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vanden Pickard

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.

USEA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	ST/B ~~Pony~~	Other	Mare	Stal	Geld		
1	6601						X			X				X				
2	6604						X			X				X				
3	6605							Appl		X				X				
4	6606						X			X				X				
5	6607						X			X				X				
6	6608		X							X						X		
7	6609						~~Ap~~	Appl		X				X				
8	6610		X							X				X				
9	6612				X					X				X				
10	6613		X							X				X				
11	6615						X			X				X				
12	6616			X						X				X				
13	6618					X				X						X		
14	6620						X			X				X				
15	6621						X			X				X				

HORSES HAVI ... T FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME... ICE.

SIGNATURE (b)(6)

I HEREBY AUT... 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 FA... MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR ... S OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE ... n contained in this form is true and correct to the best of m...

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. ...

DATE ...

TIME 19-6-2009

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10...

Previous editions are obslete

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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210
FORM APPROVED
OMB NO. 0579-0160
628755

	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	~~5671~~						~~X~~						~~X~~	~~X~~				
17	6672						X						X			X		
18	6673					X							X	X				
19	6674						X						X	X				
20	6574					X							X	X				
21	6553						X						X	X				
22	6462					X							X			X		
23	6463					X							X	X				
24	6464						X						X	X				
25	6465				X								X	X				
26	6468		X										X	X		X		
27	6469		X										X	X		X		
28	6471		X										X		X	X		
29	6565							Appl~					X	X				
30	6476						X						X	X				
31	6478						X						X	X				
32	6475				X								X	X				
33	6477		X										X	X				
34	6480						X						X	X				
35	6479				X								X	X				
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S t the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

The certificate is authorized by law 21 U.S.C 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

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): Rotz's Livestock,Bruce

2. CERTIFICATE NO: G 28758

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/19/9

5. U.S. PORT OF EMBARKATION (City and State): Shippensburg,Penna.

6. STATE CODE: 426

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 457 Airport Rd.

8. CONSIGNOR'S CITY (or Town): Shippensburg

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17257

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Vianda Richlieu Meat Inc. 595 Rue Royale Massueville

DESTINATION COUNTRY: Quebec

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
DATE M	DATE N	DATE O

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)

CERTIFIED BRUCELLOSIS FREE AREA

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
6590	8	N	Mix Breed Saddle Horses											
6591	8	N												
6592	8	N												
6593	8	N												
6656	9	F												
6665	9	F												
6657	9	N												
6663	9	F												
6653	7	N												
6594	7	N												
6659	6	F												
6664	5	N												
6595	5	F												
6596	10	F												
6597	10	F												
6598	10	N												
6599	5	N												
6600	6	F												

Rotz's Livestock,Bruce USEX
57 Airport Rd.Shbg.Pa. 17257
.During the previous twenty one
ays the animals in this shipment
as/have not been in the state of
exas or Missouri.
.The animals being presented
ust have been either resident in
he USA for at least sixty days
mmediately prior to the date of
xportation or resident since
irth.
.The animals were inspected by
ames S. Holt within thirty days
receding the date of importation.
.The animals were found by James
.Holt to be free from any
ommunicable disease.

5.The animals were to be best of the know ledge 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.
7.The exporter has been advised that any deterioration in healthy or physical condition of the animals that may render animals unfit for tranport may result in the shipment to be refused entry to Canada.
8.Fit to be tranported means that on the day of inspection no animals has an infumity illness injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

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: 6/19/09

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): (9)(q)

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): 29 Horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ED BROWN JR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: (9)(q) 2N070322 Acct #5204

(9)(q)

211

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 – PORT 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)*: Rotz Bruce K.

16. CONSIGNEE'S NAME: Vianda Richelieu Meat Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: G28758

3. PAGE NO.: 2-2

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
DATE M	DATE N	DATE O

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) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

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
USEX	6666	8	N									
	6661	8	N									
	6655	7	F									
	6658	7	F									
	6667	7	N									
	6668	7	F									
	6662	6	N									
	6654	6	F									
	6652	10	F									
	6572	10	M									
	6669	10	N									

Rotz's Livestock
Bruce K. Rotz
457 Airport Rd.
Shippensburg Pa. 17257

Mix Breed Saddle Horses

1.During the previous twenty one days the animals in this shipment has/have not been in the state of Texas or Missouri.
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 fo found healthy and in a physical condition fit to be tranported.
7.The exported has been advised that any deterioration in healthy or physical condition of the animals that may render animals unfit for tranport may result in the shipment to be refused entry to Canada.
8.Fit to be tranported means that on the day of inspection no animal has an infumity illness injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

212

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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.

213

FORM APPROVED OMB NO. 0579-0160

G28758

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 6/20/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rotz

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	~~Cheste~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6590						X			X				X		X		
2	6591						X			X						X		
3	6592		X							X						X		
4	6593							Plom		X						X		
5	6656		X							X				X				
6	6665		X						X					X				
7	6657						X									X		
8	6663		X							X				X				
9	6653						X			X						X		
10	6594						X			X						X		
11	6659		X							X				X				
12	6664						X			X						X		
13	6595						X			X				X				
14	6596						X			X				X				
15	6597						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. 76

DATE 21-6 9

TIME 11:00

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

628758

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6578						X			X						X		
17	6579		X							X						X		
18	6600		X							X				X				
19	6666		X							X						X		
20	6661		X							X						X		
21	6655		X							X				X				
22	6658				X					X				X				
23	6667		X							X						X		
24	6668						X			X				X				
25	6662		X							X						X		
26	6654		X							X				X				
27	6652		X							X				X				
28	6572				X					X					X			
29	6669						X				X					X		
30																		
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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

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

L060826

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9862		X							X				X				
17	9863					X				X						X		
18	9864						X			X						X		
19	9865		X										MIX	X		X		
20	9866					X				X				X				
21	9868						X						S/B	X				
22	9870		X							X						X		
23	9875						X			X						X		
24	9880					X				X				X				
25	9882					X				X						X		
26	9888						X			X						X		
27	9894		X						X							X		
28	9895		X						X							X		
29	9896		X						X					X				
30	9897		X						X							X		
31																		
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SI erify that the information contained in this form is true and correct to the best of my knowledge.).

(b)(6)

PAGE ___ OF ___

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)

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2
FORM APPROVED
OMB NO.
0579-0160
L060830

TIME HORSES LOADED ON CONVEYANCE: 7pm

DATE: 5-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9898		X						X					X				
2	9900						X			X						X		
3	9951		X							X				X				
4	9952					X				X				X				
5	9953						X						CIB			X		
6	9954					X				X				X				
7	9955					X				X						X		
8	9956					X				X				X				
9	9957		X							X				X				
10	9958		X							X				X				
11	9959					X	X			X				X				
12	9960						X			X				X				
13	9961		X							X						X		
14	9962			X						X						X		
15	9963		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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the bes

(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)

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FORM APPROVED
OMB NO.
0579-0160

L060830

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		9964			X					X				X				
17		9965		X						X				X				
18		9966				X				X				X				
19		9892	X							X						X		
20		9893				X				X				X				
21		9967		X					X					X				
22		9968		X					X					X				
23		9969		X									S/N			X		
24		9970					X		X					X				
25		9971		X									S/N			X		
26		9972		X									S/N			X		
27		8998	X						X						X			
28		9973	X										S/N	X				
29																		
30																		
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(that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 16-13A

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)

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4
FORM APPROVED
OMB NO. 0579-0160
L060831

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 5/24/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532=5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorr ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9901		X						X							X		
2	9902					X				X				X				
3	9905							X		X						X		
4	9906		X							X						X		
5	9909		X							X				X				
6	9910						X			X				X				
7	9911		X							X				X				
8	9912		X							X				X				
9	9913							X		X						X		
10	9978		X							X				X	X			
11	9979						X			X						X		
12	9980						X			X				X				
13	9981							X		X				X				
14	9983						X			X				X				
15	9984						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

PART 1 - OWNER/SHIPPER

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

L060831

USFP	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	9985				X					X				X				
17	9986						X			X				X				
18	9987		X							X						X		
19	9988					X				X				X				
20	9989		X							X						X		
21	9990						X			X						X		
22	9991						X			X				X				
23	9992						X			X				X				
24	9993						X			X				X				
25	9994						X			X						X		
26	9995						X			X				X				
27	9996						X			X						X		
28	9997		X							X				X				
29	9998				X					X				X				
30																		
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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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6
FORM APPROVED
OMB NO. 0579-0160
G29790

TIME HORSES LOADED ON CONVEYANCE: 11:00pm	DATE: 5/25/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9901		X							X					X			
2	9902						X			X				X				
3	9903		X							X						X		
4	9904		X							X						X		
5	9905		X							X						X		
6	9906		X							X						X		
7	9907		X							X				X				
8	9908		X							X				X				
9	9909		X							X						X		
10	9910						X			X						X		
11	9911					X				X				X				
12	9912						X			X						X		
13	9913								Rnet	X				X				
14	9914		X							X				X				
15	9915		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).

SIGNA[illegible] [illegible]mation contained in this form is true and correct to the be[illegible]

(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

G 29790

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Gray	Blk.	Pinto	Sorrel Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9916		X							X				X				
17	9918		X							X				X				
18	9919		X							X						X		
19	9920						X			X						X		
20	9921						X			X						X		
21	9922				X								SN			X		
22	9923		X										SN			X		
23	9924		X										SN	X				
24	9925		X										SN			X		
25	9926			X						X				X				
26	9927		X							X				X				
27	9928		X										SN			X		
28	9929						X						mul	X				
29																		
30																		
31																		
32																		
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S ... rtify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-133A

PAGE ___ OF ___

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)

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8
FORM APPROVED
OMB NO. 0579-0160

1060836

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 5/27/16

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheek~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9903		X						X							X		
2	9908						X			X				X				
3	9938			X						X				X				
4	9939		X							X				X				
5	9940						X			X				X				
6	9941		X							X						X		
7	9942					X				X				X				
8	9943				X					X				X				
9	9944				X					X						X		
10	9945		X							X						X		
11	9946				X					X				X				
12	9947							PAL		X				X				
13	9948		X							X				X				
14	9949		X							X						X		
15	9851					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

L060836

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn.	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9852							BS.		X				X				
17	9853						X			X					X			
18	9854						X		X							X		
19	9855		X						X					X				
20	9856		X						X							X		
21	9857		X						X					X				
22	9858		X						X					X				
23	9859		X						X					X				
24	9860		X						X					X				
25	9861						X		X					X				
26	9862		X						X					X				
27	9863		X							X				X				
28	9864		X							X						X		
29																		
30																		
31																		
32																		
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S [illegible] at the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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)

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10
FORM
APPROVED
OMB NO.
0579-0160
E060835

TIME HORSES LOADED ON CONVEYANCE: 7:15 AM

DATE: 05-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	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	9863		X						X						X			
2	9914		X						X							X		
3	9915		X						X							X		
4	9916							X	X							X		
5	9917						X		X							X		
6	9918			X					X					X				
7	9919		X							X				X				
8	9920		X										X	X				
9	9921		X							X				X				
10	9922		X							X				X				
11	9923		X							X				X				
12	9924				X					X				X				
13	9925		X							X				X				
14	9926						X			X				X				
15	9927				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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

OWNER/SHIPPER

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

L060835

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9928						X			X						X		
17	9929							X		X				X				
18	9930					X				X				X				
19	9931				X					X				X				
20	9932				X					X				X				
21	9933						X						X	X				
22	9934				X					X				X				
23	9935				X					X				X				
24	9936							X		X				X				
25	9937					X				X				X				
26	9974		X						X					X				
27	9975						X		X							X		
28	9976		X							X						X		
29	9977						X		X							X		
30	9982					X				X				X				
31																		
32																		
33																		
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SIGNATUR (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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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12
FORM
APPROVED
OMB NO.
0579-0160

L060833

TIME HORSES LOADED ON CONVEYANCE: 7 PM	DATE: 5-31-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9865		X							X				X				
2	9866						X		X							X		
3	9867						X			X						X		
4	9869						X			X						X		
5	9870				X					X						X		
6	9871		X							X				X				
7	9872		X							X				X				
8	9873		X							X						X		
9	9874		X							X						X		
10	9875						X			X				X				
11	9876		X							X				X				
12	9877				X					X				X				
13	9878		X							X				X				
14	9879					X				X						X		
15	9880		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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

L060833

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE SIN					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Rang	Other	Mare	Stal	Geld		
16	9881		X							X				X				
17	9885		X						X					X				
18	9886							APPI		X				X				
19	9887		X									X				X		
20	9888		X									X		X				
21	9889		X									X		X				
22	9890		X									X		X				
23	9891		X									X				X		
24	9892		X									X				X		
25	9893		X									X				X		
26	9894		X									X				X		
27	9895		X									X		X				
28	9883				X							X			X			
29	9884		X							X				X				
30																		
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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)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
Agence canadienne d'inspection des aliments

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)

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FORM APPROVED OMB NO. 0579-0160

L060833

TIME HORSES LOADED ON CONVEYANCE: 7 PM	DATE: 5-31-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9865		X							X				X				
2	9866						X		X							X		
3	9867						X			X						X		
4	9869						X			X						X		
5	9870				X					X						X		
6	9871		X							X				X				
7	9872		X							X				X				
8	9873		X							X						X		
9	9874		X							X						X		
10	9875						X			X				X				
11	9876		X							X				X				
12	9877				X					X				X				
13	9878		X							X				X				
14	9879					X				X						X		
15	9880		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
L060833

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Dairy	Other	Mare	Stal	Geld		
16	9881		X							X				X				
17	9885		X						X					X				
18	9886							APPI		X				X				
19	9887		X									X				X		
20	9888		X									X		X				
21	9889		X									X		X				
22	9890		X									X		X				
23	9891		X									X				X		
24	9892		X									X				X		
25	9893		X									X				X		
26	9894		X									X				X		
27	9895		X									X		X				
28	9883				X							X			X			
29	9884		X							X				X				
30																		
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I HEREBY CERTIFY that the information contained in this form is true and correct to the best of my knowledge.

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

(b)(6)

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

L060832

TIME HORSES LOADED ON CONVEYANCE: 10:30 P.M.

DATE: 6/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat inc.

STREET ADDRESS: 457 Airport rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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~~ S/N	Other	Mare	Stal	Geld		
1	9801		X									X				X		
2	9802				X							X		X				
3	9803				X							X		X				
4	9804		X									X		X				
5	9805		X									X		X				
6	9806				X							X				X		
7	9807		X									X				X		
8	9808		X									X				X		
9	9809		X									X		X				
10	9810						X						mul			X		
11	9811		X									X				X		
12	9812		X									X				X		
13	9814					X				X				X				
14	9815							Roan		X						X		
15	9816					X				X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDI

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 mation contained in this form is true and correct to the best of my kn

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

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

L060832

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9817			X						X						X		
17	9896			X					X					X				
18	9897		X										SN			X		
19	9898					X				X						X		
20	9899		X						X					X				
21	9900		X				X		X					X				
22	9820		X							X				X				
23	9821		X							X				X				
24	9822		X							X				X				
25	9823		X							X						X		
26	9824		X							X				X				
27	9825		X							X				X				
28	9826						X			X						X		
29	9827			X						X				X				
30	9828		X							X				X				
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CANADIAN FOOD INSPECTION AGENCY Government of Canada

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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18
FORM
APPROVED
OMB NO.
0579-0160
L060837

TIME HORSES LOADED ON CONVEYANCE: 10:30 P.m

DATE: 6-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Bany~~ S/N	Other	Mare	Stal	Geld		
1	9701		X							X				X				
2	9703						X			X				X				
3	9704							APPI		X						X		
4	9705						X			X				X				
5	9708		X							X				X				
6	9752					X				X						X		
7	9753					X				X				X				
8	9754		X							X				X				
9	9757							Roan		X				X				
10	9760		X						X							X		
11	9762					X				X						X		
12	9763							APPI		X				X				
13	9769						X			X				X				
14	9770						X			X						X		
15	9771							Roan		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).

SIGN rmation contained in this form is true and correct to the b

(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

L 060837

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ SHN	Other	Mare	Stal	Geld		
16	9725							Appl		X				X				
17	9792		X						X					X				
18	9793		X									X				X		
19	9794			X						X						X		
20	9795			X						X				X				
21	9796						X			X						X		
22	9798		X							X						X		
23	9799						X			X				X				
24	9800						X			X				X				
25	9829		X							X				X				
26	9831						X			X						X		
27	9834		X							X				X				
28	9843						X			X				X				
29	9845						X			X				X				
30	9848				X					X						X		
31	9819		X						X						X			
32																		
33																		
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35																		
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(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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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20
FORM
APPROVED
OMB NO.
0579-0160

L060841

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 6/9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Candda

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9702						X			X				X				
2	9705		X							X						X		
3	9709				X								C/B	X				
4	9710		X										S/B	X				
5	9711						X				X			X				
6	9712					X				X						X		
7	9713						X			X				X				
8	9714						X			X						X		
9	9715						X			X				X				
10	9758						X		X							X		
11	9764		X							X				X				
12	9765		X							X						X		
13	9766									X				X				
14	9767					X				X				X				
15	9768		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)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the bes

(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

L060841

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9772			X						X				X				
17	9774		X							X				X				
18	9776							App		X				X				
19	9797					X				X				X				
20	9828		X							X				X				
21	9833		X							X				X				
22	9837					X				X						X		
23	9836						X			X				X				
24	9840				X					X				X				
25	9842					X				X				X				
26	9846						X			X				X				
27	9847						X			X				X				
28	9849						X			X						X		
29	9721						X		X						X			
30	9722		X						X						X			
31																		
32																		
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34																		
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SIG[illegible] certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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.

22
FORM
APPROVED
OMB NO.
0579-0160
L060838

TIME HORSES LOADED ON CONVEYANCE: 7:15	DATE: 06-09-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USER

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheste~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9813							App		X					X			
2	9651		X							X						X		
3	9652						X			X				X				
4	9653			X						X				X				
5	9654		X							X				X				
6	9655						X			X				X				
7	9656						X			X						X		
8	9657				X					X						X		
9	9658		X							X						X		
10	9659		X							X						X		
11	9660			X						X						X		
12	9661							Brdt		X						X		
13	9662						X			X						X		
14	9663					X				X						X		
15	9664						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)

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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)

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

L060838

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9665		X							X				X				
17	9666		X							X				X				
18	9667						X			X						X		
19	9668						X			X				X				
20	9669			X						X						X		
21	9670			X						X						X		
22	9671		X							X						X		
23	9672		X							X				X				
24	9673						X			X				X				866
25	9674		X							X						X		
26	9905							ASP		X				X				
27	8944						X			X				X				
28	9930		X							X						X		
29	9773		X							X				X				
30	9707		X							X				X				
31																		
32																		
33																		
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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

(b)(6)

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

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)

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24
FORM
APPROVED
OMB NO.
0579-0160
L060839

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 6/13/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USEA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9601				X					X				X				
2	9603						X			X				X				
3	9606		X							X						X		
4	9607						X			X				X				
5	9608		X							X				X				
6	9609		X							X						X		
7	9610						X			X				X				
8	9611						X			X				X				
9	9612		X							X						X		
10	9613							Appl		X						X		
11	9614		X							X				X				
12	9615						X			X				X				
13	9616		X							X				X				
14	9617		X							X				X				
15	9618		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 th

(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)

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FORM APPROVED OMB NO. 0579-0160

L060839

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn.	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	9619							PAI		X						X		
17	9620		X							X				X				
18	9621							Bnk		X				X				
19	9622		X							X				X				
20	9716							BKS		X				X				
21	9717							BKS		X				X				
22	9718							BKS		X				X				
23	9728						X			X						X		
24	9741		X							X				X				
25	9743						X			X				X				
26	9819		X						X						X			
27	9836									X						X		
28	9868				X					X					X			
29																		
30																		
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)

VS FORM 10-13A

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)

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26
FORM
APPROVED
OMB NO.
0579-0160

L060842

TIME HORSES LOADED ON CONVEYANCE: 10=30 p.m.

DATE: 6/14/10

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Roan	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9602						X			X				X				
2	9604							Roan		X				X				
3	9605							Pal		X				X				
4	9623		X							X				X				
5	9633						X			X				X				
6	9635			X						X				X				
7	9636					X				X						X		
8	9644		X							X				X				
9	9645		X							X				X				
10	9646		X						X					X				
11	9647		X						X					X				
12	9719					X				X				X				off.
13	9725		X			X				X				X		X		
14	9726						X						S/B			X		
15	9727						X						S/B			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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to th

(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)

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FORM APPROVED OMB NO. 0579-0160

L060842

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9731		X								X					X		
17	9732							Roan		X						X		
18	9733		X							X						X		
19	9735		X						X							X		
20	9736						X			X				X			off	
21	9737							PHL		X						X		
22	9738						X			X				X				
23	9739				X					X				X				
24	9745						X			X				X				
25	9746						X			X				X				
26	9747							PHL		X				X			off.	
27	9750		X							X						X		
28	9751						X			X						X		
29	9752		X										HF			X		
30	9847		X							X				X				
31																		
32																		
33																		
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(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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28
FORM APPROVED
OMB NO. 0579-0160

L060844

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 6/15/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Rotz's Livestock ~~Shippensburg Pa.~~

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airpot Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9560						X			X						X		
2	9561		X							X						X		
3	9562		X										S/N			X		
4	9563						X						C/B			X		
5	9564						X			X						X		
6	9565					X				X						X		
7	9566						X			X						X		
8	9567						X			X						X		
9	9568							APP		X				X				
10	9569						X			X						X		
11	9570						X			X						X		
12	9571						X			X				X				
13	9572		X							X				X				
14	9573					X				X				X				
15	9574		X							X				X				

HORSES HAVE H[illegible] REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIA[illegible]ANCE.

SIGNATURE (b)(6)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the [illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 2 - OWNER/SHIPPER

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

L060844

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QH	Draft	Pony	Other	Mare	Stal	Geld		
16	9575						X			X						X		
17	9576		X							X				X				
18	9577						X			X				X				
19	9578						X			X				X				
20	9579						X			X						X		
21	9580						X			X				X				
22	9581						X			X						X		
23	9582					X				X						X		
24	9583		X							X						X		
25	9584		X							X				X				
26	9585		X							X				X				
27	9586									X						X		
28	9587						X			X						X		
29																		
30																		
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33																		
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SIGN[illegible] ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

PAGE 2 OF 2

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)

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30
FORM
APPROVED
OMB NO.
0579-0160
L060843

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 06/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9623		X							X				X				
2	9624		X							X						X		
3	9625					X				X				X				
4	9626		X							X				X				
5	9627		X							X				X				
6	9628		X							X				X				
7	9629		X							X						X		
8	9630						X			X				X				
9	9631						X			X				X				
10	9632		X							X				X				
11	9634					X	[illegible]			X				X				
12	9635			X						X				X			offers	
13	9639		X							X				X				
14	9640						X			X						X		
15	9641							PA		X				X				

HORSES HAVE HAD ACCESS TO FOOD. WATER. AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIA NCE.

SIGNATURE (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 13/06/2010

TIME 7:50 AM

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

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)

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89

FORM APPROVED OMB NO. 0579-0160

L060843

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9647			X						X				X				
17	9643			X						X				X				
18	9648		X						X					X				
19	9649		X						X							X		
20	9650		X						X					X				
21	9720					X				X						X		
22	9734		X							X						X		
23	9740		X							X				X				
24	9742		X							X				X				
25	9744						X			X				X				
26	9749							PA		X				X				
27	9553					X				X				X				
28	9554					X				X				X				
29	9556						X			X				X				
30	9557					X				X				X				
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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).

SIGNATU[illegible] is contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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

L060845

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 6/21/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorr Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9555		X							X				X				
2	9559		X							X						X		
3	9587		X						X							X		
4	9588		X							X				X				
5	9637						X			X				X				
6	9638						X			X				X				
7	9719									X						X		
8	9723						X				X					X		
9	9736						X			X				X				
10	9747							PAL		X				X				
11	6751		X										C/B	X				
12	6752		X										S/B			X		
13	6753		X										SN			X		
14	6754						X		X					X				
15	6755		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

L060845

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6757						X			X				X				
17	~~6758~~	UFF	X							X				X				
18	6759		X							X				X				
19	6760		X						X							X		
20	6761			X									CB			X		
21	6762				X								CB	X				
22	6763		X										SN			X		
23	6764		X										SN	X				
24	6765						X						CB	X				
25	6766		X							X				X				
26	6766						X			X						X		
27	6767		X							X				X				
28	6768						X			X				X				
29																		
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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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91#34

FORM APPROVED
OMB NO. 0579-0160

L060846

TIME HORSES LOADED ON CONVEYANCE: 9:00 Pm

DATE: 06-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND S

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

(CONSIGNOR/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Shippensburg Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6790		X						X							X		
2	6791		X						X					X				
3	6792		X							X				X				
4	6793			X							X			X				
5	6794						X			X						X		
6	6795		X						X							X		
7	6796						X			X				X				
8	6797			X						X						X		
9	6798						X			X				X				
10	6799							Appl		X						X		
11	6800						X			X				X				
12	6801						X			X				X				
13	6802						X			X				X				
14	6803						X			X						X		
15	6804		X										S/N			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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to th

(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)

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9/16

FORM APPROVED OMB NO. 0579-0160

L060846

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Calf Brown	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	6805							BKS					SIN	X				
17	6806		X							X				X				
18	6807					X				X				X				
19	6808		X							X						X		
20	6809							APP		X						X		
21	6810							BKS		X				X				
22	6811						X			X				X				
23	6812		X							X				X				
24	6813					X				X						X		
25	6814						X			X						X		
26	6815					X				X				X				
27	6816						X			X						X		
6817 28	6817							PAL		X				X				
29	6818							BKS		X				X				
30	6819						X			X						X		
31																		
32																		
33																		
34																		
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S ertify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

Canadian Food Inspection Agency
Government of Canada

VS FORM 10-13A

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)

9:00pm

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.

92 #

FORM APPROVED
OMB NO.
0579-0160

L060847

TIME HORSES LOADED ON CONVEYANCE

DATE 6/28/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn (Sorr)	Other	TB	QT	Draft	Pony (Stl)	Other	Mare	Stal	Geld		
1	6823						X			X						X		
2	~~6838~~ GPP						X		X						X			
3	6831						X			X						X		
4	6848						X		X					X				
5	6850		X						X					X				
6	6851		X						X					X				
7	6852		X						X							X		
8	6853		X						X						X			
9	6854		X									X		X				
10	6855		X						X							X		
11	6856						X		X							X		
12	6857		X						X							X		
13	6858		X									X		X				
14	6859				X							X				X		
15	6860		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)

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

(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)

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92#

FORM APPROVED OMB NO. 0579-0160

L060847

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Beef	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	6861		X									X				X		
17	6862			X								X				X		
18	6863		X									X				X		
19	6864		X									X		X				
20	6865		X							X						X		
21	6866		X									X		X				
22	6867		X								X					X		
23	6868		X									X		X				
24	6869					X				X						X		
25	6870							App		X				X				
26	6871		X									X		X				
27	6872		X									X				X		
28	6873		X									X				X		
29	6847		X									X			X			
30																		
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33																		
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SIGNAT [illegible] hat the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

PAGE 2 OF 2

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)

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38
FORM APPROVED
OMB NO.
0579-0160

1061801

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	8536		X							X						X		
2	8538					X				X				X				
3	8539		X							X						X		
4	8541					X				X						X		
5	8544					X				X				X				
6	8547							X		X						X		
7	8564							X		X					X			
8	8565							X		X						X		
9	8572		X							X				X				
10	8574							X		X				X				
11	8583							X		X				X				
12	8587		X						X							X		
13	8588			X					X							X		
14	8591		X							X				X				
15	8592							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)

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SIGNATU ne information contained in this form is true and correct to the best o

(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)

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FORM APPROVED OMB NO. 0579-0160

L060801

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Gleen~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8593						X			X						X		
17	8594						X			X				X				
18	8595		X						X					X				
19	8596						X		X					X				
20	8597						X			X						X		
21	8598						X			X						X		
22	8599		X							X						X		
23	8600		X							X						X		
24	8601							P&L		X						X		
25	8602							P&L		X				X				
26	8603		X										SN	X				
27	8604		X										SN	X				
28	8606		X										SN	X				
29																		
30																		
31																		
32																		
33																		
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SIGN ify 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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935 40

FORM APPROVED OMB NO. 0579-0160

L060848

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 7/4/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. ... DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6769							APP		X				X				
2	6770		X							X						X		
3	6772						X			X				X				
4	6774						X			X						X		
5	6776						X			X				X				
6	6780		X							X				X				
7	6782						X			X						X		
8	6784		X							X						X		off
9	6786		X							X						X		
10	6788			X						X				X				
11	6789			X					X					X				
12	6822		X						X					X				
13	6826						X		X							X		
14	6828						X			X					X			
15	6830							APP		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

(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.

93

FORM APPROVED OMB NO. 0579-0160

L060848

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Sorrel	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	6833						X			X						X		
17	6834		X							X						X		
18	6835							APP		X				X				
19	6837					X				X				X				
20	6840				X					X				X				
21	6842						X			X				X			offer	
22	6843			X						X				X				
23	6845		X	X					X					X				
24	6846		X						X							X		
25	6874		X						X					X				
26	6875					X				X				X				
27	6876							APP		X				X				
28	6877		X										SN	X				
29	6878		X										SN	X				
30	6879		X						X					X				
31																		
32																		
33																		
34																		
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I, [illegible] certify that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

VS FORM 10-138 1/

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)

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42
94th
FORM APPROVED
OMB NO. 0579-0160

L060849

TIME HORSES LOADED ON CONVEYANCE: 11:30 p.m.

DATE: 7/6/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

VEHICLE LICENSE NO.: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	6771		X							X				X				
2	6775						X			X				X				
3	6777			X						X						X	off	
4	6779		X							X				X				
5	6781		X							X						X		
6	6783		X							X				X				
7	6785		X										mule			X		
8	6820					X				X				X				
9	6821							All		X				X				
10	6824						X			X				X				
11	6825			X					X					X			off	
12	6827			X					X					X			off	
13	6829		X							X				X				
14	6832						X			X						X		
15	6836		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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 376

DATE 8/07/2010

TIME 6 hor

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)

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94

FORM APPROVED
OMB NO. 0579-0160

L060849

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Grey	Other	Mare	Stal	Geld		
16	6838						X			X				X				
17	6839						X			X				X			off	
18	6841						X			X				X				
19	6849		X									X		X				
20	6880						X			X						X		
21	6881						X			X				X				
22	6882					X				X						X		
23	6883		X							X				X				
24	6884					X				X				X				
25	6885		X							X				X				
26	6901					X				X				X				
27	6902						X			X						X		
28	6903		X						X							X		
29	6904						X			X						X		
30	6905		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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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44
95
FORM APPROVED
OMB NO. 0579-0160

L060850

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sheen~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6777			X						X						X		
2	6778		X							X						X		
3	6784		X							X						X		
4	6825			X					X					X				
5	6839						X			X				X				
6	6842						X			X						X		
7	6887				X					X				X				
8	6888					X				X				X				
9	6889						X			X				X				
10	6894		X							X				X				
11	6895							PAI		X				X				
12	6896					X				X				X				
13	6897		X							X				X				
14	6898		X							X						X		
15	6899						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) (b)(6)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 8 Juillet 2010

TIME 8h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Previous editions are obslete

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

L060850

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Black	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include preconditioning
16	6900		X							X				X				
17	6908					X				X				X				
18	6911						X			X						X		
19	6912					X				X						X		
20	6913		X							X				X				
21	6914						X			X				X				
22	6915						X			X				X				
23	6916		X							X				X				
24	6917		X							X				X				
25	7003		X							X				X				
26	7004							BS		X				X				
27	7005							PAL		X				X				
28	7006			X					X							X		
29	7007		X						X					X				
30	7008		X							X						X		
31																		
32																		
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34																		
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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)

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96
FORM APPROVED
OMB NO.
0579-0160
L060451

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 7/11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

VEHICLE NUMBER / DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, bruge

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa

CITY, STATE, ZIP CODE: Massueville Qu. Candda

AREA CODE & TELEPHONE NO.: 717-5691 5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	USFP TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	6880						X			X						X		
2	6886					X				X				X				
3	6891				X					X						X		
4	6906					X				X				X				
5	6907		X							X				X				
6	6909					X				X				X				
7	691[illegible]		X							X				X				
8	7001		X						X							X		
9	7009							PAI						X				
10	7010							API								X		
11	7011							PAI						X				
12	7012					X								X				
13	7013						X								X			
14	7014						X			X				X				
15	7015						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)

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Si ormation contained in this form is true and correct to the

(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)

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96 #

FORM APPROVED OMB NO. 0579-0160

L060451

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Beef	Other	Hero	Stal	Geld		
16	7016		X							X						X		
17	7017		X							X						X		
18	7018		X							X								
19	7019		X									X				X		
20	7020						X						Mul	X				
21	7021						X						Mul	X				
22	7022							Dun		X				X				
23	7023		X							X						X		
24	7024							Roan		X				X				
25	7025							Dun		X				X				
26	7026						X			X				X				
27	7027						X			X				X				
28	7028						X			X				X				
29																		
30																		
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)

VS FORM 10-13A

48

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)

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FORM APPROVED OMB NO. 0579-0160

L060452

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m.

DATE: 7/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND STATE: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

SHIPPER (SELLER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/H	Other	Mare	Stal	Geld		
1	7029						X			X				X			offi	
2	7030						X			X						X		
3	7031		X									X				X	offi	
4	7032					X				X				X				
5	7033					X				X						X		
6	7034		X							X				X				
7	7035						X			X				X				
8	7036							BSW		X				X				
9	7037					X				X				X				
10	7038				X							X				X	offi	
11	7039					X				X				X				
12	7040		X							X				X				
13	7041					X				X						X		
14	7042						X			X				X			offi	
15	7043		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

VS FOR

Previous editions are obslete

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.

97

FORM APPROVED OMB NO. 0579-0160

L060452

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

(Please type or print in ink)

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cremo	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7044		X							X						X		
17	7045		X						X							X		
18	7046		X							X						X		
19	7047						X			X				X				
20	7048		X							X				X				
21	7049						X			X				X				
22	7050						X			X				X				
23	7051							PAI		X				X				
24	7052							PAI		X				X				
25	7053						X			X				X				
26	7054						X			X						X		
27	7055						X			X				X				
28	7056		X							X				X				
29	7057		X							X				X				
30	7058						X			X						X		
31																		
32																		
33																		
34																		
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SIGN [illegible] 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

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

L060453

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 07-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

SHIPPER NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7029						X			X				X				
2	7031		X							X						X		
3	7038				X					X						X		
4	7042						X			X				X				
5	7059		X						X							X		
6	7060		X							X				X				
7	7061		X						X					X		X		
8	7062		X						X							X		
9	7090		X							X						X		
10	7091		X							X						X		
11	7092		X							X				X				
12	7093						X			X				X				
13	7094					X				X				X				
14	7095						X			X						X		
15	7096						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)

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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)

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.

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FORM APPROVED OMB NO. 0579-0160

L060453

JSFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Choc Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7098					X				X						X		
17	7099					X				X						X		
18	7100		X							X						X		
19	7101		X							X				X				
20	7102						X				X					X		
21	7103					X										X		
22	7104						X			X				X				
23	7105		X							X				X				
24	7106		X							X						X		
25	7107		X							X						X		
26	7108		X							X				X				
27	7109						X			X				X				
28	7110		X							X				X				
29	7111						X			X				X				
30	7112					X				X					X			
31																		
32																		
33																		
34																		
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[illegible] 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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106#
FORM APPROVED
OMB NO.
0579-0160
L060455

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 7/19/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Gheln~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	7132		X									X				X		
2	7133		X									X		X				
3	7134		X									X				X		
4	7135						X			X						X		
5	7136		X									X				X		
6	7137							Roan		X						X		
7	7138						X			X						X		
8	7139						X			X				X				
9	7140						X			X						X		
10	7141		X							X					X			
11	7142		X								X			X				
12	7143						X			X						X		
13	7144		X							X						X		
14	7145		X							X				X				
15	7146						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY [illegible]EYANCE.

SIGNATURE (b)(6)

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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)

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)

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100 #

FORM APPROVED OMB NO. 0579-0160

L060454

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Poay	Other	Mare	Stal	Geld		
16	7147						X			X				X				
17	7148			X						X				X				
18	7149						X			X				X				
19	7150						X			X				X				
20	7152		X							X				X				
21	7153		X							X				X				
22	7154							PA1		X						X		
23	7155		X							X						X		
24	7156		X							X				X				
25	7157		X							X				X				
26	7158		X							X						X		
27	7151		X							X				X				
28	7114							AC1		X					X			
29																		
30																		
31																		
32																		
33																		
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S [illegible] certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

54
101 #

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 pm.

DATE: 7/20/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz'S Livestock Buyer

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu meat INC.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: MASSUEVILLE Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] 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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USFP 1	7115			X						X				X				
2	7116		X							X						X		
3	7117		X							X				X				
4	7120		X						X					X				
5	7121		X						X					X				
6	7122		X						X					X				
7	7124		X							X						X		
8	7125							PAI		X				X				
9	7126						X			X				X				
10	7127						X			X						X		
11	7128						X			X				X				
12	7129							Rone		X						X		
13	7130		X							X				X				
14	7131							Rone		X						X		
15	7160						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)

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S ... ify that the information contained in this form is true and correct to th

(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)

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1/1 #

FORM APPROVED OMB NO. 0579-0160

L060456

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sorrel Gleste	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	7161			X					X					X				
17	7165			X						X						X		
18	7166						X			X				X				
19	7169		X							X						X		
20	7170					X				X						X		
21	7171		X							X				X				
22	7172						X			X				X				
23	7173							App		X						X		
24	7174							App		X				X				
25	7175						X			X				X				
26	7176							App		X				X				
27	7177							App		X				X				
28	7178						X			X						X		
29	7179						X			X						X		
30	7180					X				X				X				
31	8890							App		X				X				
32																		
33																		
34																		
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SI [illegible] that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY Government of Canada / Agence canadienne d'inspection des aliments Gouvernement du Canada

VS FORM 10-13A

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)

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102

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock Bmc

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu meat Inc

STREET ADDRESS: 457 Airport d

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueille Canada

AREA CODE & TELEPHONE NO.: 717-532-3691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

usfp	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorr ~~Chestn~~	Other	TB	QT	Draft	SIN ~~Pony~~	Other	Mare	Stal	Geld		
1	7851					X				X					X			
2	7852		X							X				X				
3	7853		X									X				X		
4	7854				X				X							X		
5	7855		X									X		X				
6	7856		X							X						X		
7	7857		X									X				X		
8	7858					X				X						X		
9	7859		X						X							X		
10	7860						X		X					X				
11	7861						X			X			mull	X				
12	7862				X					X						X		
13	7863				X					X						X		
14	7864				X					X				X				
15	7865						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)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 26/07/2006

TIME 11:15 AM

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.

1024

FORM APPROVED OMB NO. 0579-0160

L060455

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chesln	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	7866						X			X						X		
17	7867					X				X				X				
18	7868		X						X							X		
19	7869				X					X						X		
20	7870		X							X				X				
21	7871							APP		X				X				
22	7872						X			X						X		
23	7873		X							X				X				
24	7874		X										X	X				
25	7875		X						X					X				
26	7876					X				X				X				
27	7877			X						X				X				
28	7113			X						X					X			
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

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).

SIG [illegible] at 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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103 #
58
FORM APPROVED
OMB NO. 0579-0160
L060458

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 7/25/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Soc ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7118		X							X						X		
2	7159		X							X						X		
3	7163		X						X							X		
4	7167		X						X					X				
5	7169		X							X						X		
6	7181		X						X					X				
7	7182						X			X				X				
8	7184			X						X				X				
9	7186		X							X						X		
10	7187		X							X				X				
11	7188			X						X				X				
12	7190							PA	[redacted]	X				X				
13	7193		X							X				X				
14	7195		X							X				X				
15	7197						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. #76

DATE 26/07/2010

TIME 13:50 HR

CANADIAN FOOD INSPECTION AGENCY Government of Canada — Agriculture Canada — Agence canadienne d'inspection des aliments

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM

Previous editions are obslete

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.

103 th

FORM APPROVED
OMB NO. 0579-0160

L060458

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7198		X							X				X				
17	7200					X				X				X				
18	7201		X							X				X				
19	7263		X							X						X		
20	7204		X							X				X				
21	7205		X							X				X				
22	7206		X							X				X				
23	7209					X				X					X			
24	7210					X				X					X			
25	7211			X					X					X				
26	7212					X			X					X				
27	7801							PAL		X				X				
28	7802						X			X				X				
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Canadian Food Inspection Agency
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

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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)

VS FORM 10-138

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)

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FORM APPROVED OMB NO. 0579-0160

L060459

TIME HORSES LOADED ON CONVEYANCE: 10:00 P.M.

DATE: 7/26/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel [redacted]	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7162						X		X					X				
2	7185		X							X				X				
3	7199		X							X						X		
4	7202						X			X				X				
5	7207						X			X						X		
6	7213		X						X							X		
7	7214			X						X				X				
8	7215		X						X					X				
9	7216		X							X						X		
10	7217						X			X				X				
11	7218						X						null			X		
12	7219						X						null	X				
13	7220						X			X						X		
14	7221						X			X						X		
15	7222						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)

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SIGN[illegible] hat the information contained in this form is true and correct to the b[illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 27/07/2010

TIME 10:25 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

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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104

FORM APPROVED OMB NO. 0579-0160

L060459

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Sex						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Gleska	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald		
16	7224						X			X				X				
17	7225		X							X						X		
18	7226						X			X						X		
19	7227						X			X				X				
20	7228					X				X				X				
21	7229						X			X						X		
22	7230						X			X						X		
23	7231			X					X							X		
24	7232					X			X					X				
25	7234		X						X							X		
26	7235						X			X				X				
27	7236						X			X						X		
28	7237						X			X				X				
29	7239		X							X						X		
30	7240			X						X						X		
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Canadian Food Inspection Agency — Government of Canada — Agence canadienne d'inspection des aliments — Gouvernement du Canada — Canada

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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)

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62045

FORM APPROVED OMB NO. 0579-0160

L060460

TIME HORSES LOADED ON CONVEYANCE: 3:00pm

DATE: 7/27/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7803						X						S/B	X				
2	7804						X			X				X				
3	7805		X										S/N			X		
4	7806		X										SN			X		
5	7807				X								SN			X		
6	7808				X					X						X		
7	7809						X			X				+				
8	7810		X							X				X				
9	7811						X			X				X				
10	7812						X			X				X				
11	7813						X			X						X		
12	7814		X							X				X				
13	7815					X				X				X				
14	7816						X			X								
15	7817		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)

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SIGNATURE OF OWNER/SHIPPER: (b)(6) on contained in this form is true and correct to the b

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 23/07/2010

TIME 10:25 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

VS F((AUG 2004) Previous editions are obslete

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

L060832

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sheets	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9817			X						X						X		
17	9896			X					X					X				
18	9897		X										SN			X		
19	9898					X				X						X		
20	9899		X						X					X				
21	9900		*				X		X					X				
22	9820		X							X				X				
23	9821		X							X				X				
24	9822		X							X				X				
25	9823		X							X						X		
26	9824		X							X				X				
27	9825		X							X				X				
28	9826						X			X						X		
29	9827			X						X				X				
30	9828		X							X				X				
31																		
32																		
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
Agence canadienne d'inspection des aliments

(b)(6)

64

106#

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)

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FORM APPROVED OMB NO. 0579-0160

L060461

TIME HORSES LOADED ON CONVEYANCE: 6:45 Am

DATE: 07 29 10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SGT	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6827			X					X					X				
2	7123		X						X					X				
3	7168						X		X							X		
4	7192							BAI		X				X				
5	7194		X							X				X				
6	7242		X							X						X		
7	7243						X			X						X		
8	7244							APP		X				X				
9	7245		X							X						X		
10	7246		X							X						X		
11	7247						X						S/D	X				
12	7248		X						X					X				
13	7249		X										S/P			X		
14	7250		X										SN			X		
15	7251		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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #75

DATE 30/07/2010

TIME 7:15 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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106 A

FORM APPROVED OMB NO. 0579-0160

L060461

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Cheste	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Gald	BRANDS Tattoos, etc.	REMARKS Include precaution
16	7252		X						X							X		
17	7253		X						X							X		
18	7254						X		X							X		
19	7255		X						X					X				
20	7256		X										S/N			X		
21	7257		X										S/N			X		
22	7258		X								X			X				
23	7259						X				X					X		
24	7260						X				X					X		
25	7261		X										S/N			X		
26	7262		X										S/N			X		
27	7263		X										S/N			X		
28	7264		X										S/N			X		
29	7265						X			X				X				
30	7266						X			X				X				
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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).

(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

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 0579-0180. 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.

66

FORM APPROVED OMB NO. 0579-0180

L060482

TIME HORSES LOADED ON CONVEYANCE: 7:15 am	DATE: 8/2/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	7516		X										S/N	X				
2	7517		X										S/N			X		
3	7518							Roan		X						X		
4	7519					X				X				X				
5	7520							Sorrel		X						X		
6	7531		X							X						X		
7	7532		X							X				X				
8	7533		X							X				X				
9	7535							Sorrel		X				X				
10	8001							Sorrel		X				X				
11	8005		X										S/N			X		
12	8006			X					X							X		
13	8007							Sorrel		X				X				
14	8008		X						X					X				
15	8009		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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCIONES FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

2060482

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8010		X						X					X				
17	8011		X						X					X				
18	8012					X				X				X				
19	8013							GM		X						X		
20	8014		X							X				X				off
21	8015		X							X				X				
22	8016		X							X				X				
23	8017		X							X				X				
24	8047		X							X				X				
25	8048		X							X						X		
26	8049		X										SV			X		
27	8075					X				X					X			
28	8076		X							X					X			
29	8046		X							X						X		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada
HB

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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107

FORM APPROVED OMB NO. 0579-0160

L060462

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock, Bruce

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville, Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7751	1481					X			X						X		
2	7752	1482			X					X				X				
3	7753	1483						PAL		X				X				
4	7754	1484					X			X				X				
5	7755	1485				X				X						X		
6	7270		X						X						X			
7	7274		X							X					X			
8	7756	8232					X			X				X				
9	7757	680					X			X						X		
10	7758	1367	X							X				X				
11	7759	679				X				X						X		
12	7760	635			X					X				X				
13	7761	637			X					X				X				
14	7762	631						PAL		X				X				
15	7763	1368					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. #76

DATE 4 AUG 2010

TIME 11:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Agence canadienne d'inspection des aliments Gouvernement du Canada

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.

107

FORM APPROVED OMB NO. 0579-0160

L060462

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sheen	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	7764	632			X					X				X				
17	7765	663		X						X						X		
18	7766	619					X			X				X				
19	7767	1373				X				X						X		
20	7768	1372	X							X						X		
21	7776	1369	X							X				X				
22	7769	633	X							X				X			offer	
23	7770	630	X								X			X				
24	7771	409	X										S/N	X				
25	7772	271	X							X				X				
26	7773	434					X			X				X				
27	7774	429					X			X				X				
28	7775	405	X										S/N			X	offer	
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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108
FORM APPROVED
OMB NO. 0579-0160
2060463

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am
DATE: 08-04-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Rotz's Livestock Bruce

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's LiveStock Bruce
CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu meat Inc
STREET ADDRESS: 457 Airport Rd.
STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg PA 17257
CITY, STATE, ZIP CODE: Macsueville qc Canada
AREA CODE & TELEPHONE NO.: 717/532/5691
AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] 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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7267	1475	X							X						X		
2	7268	1475					X			X				X				
3	7269	1476	X							X				X				
4	7271	1478					X			X						X		
5	7272	1829	X							X						X		
6	7275	1834					X			X						X		
7	7276	1863					X			X						X		
8	7277		X							X	X		X	X	X			
9	7278	1480	X	X						X	X		X	X		X		
10	7279	1891					X			X				X				
11	7280	1857					X			X						X		
12	7282							AP		X						X		
13	7283	1856					X			X				X				
14	7284	1833					X			X				X		X		
15	7285		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. FF76
DATE 5 AUG 2010
TIME 9:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Agence canadienne d'inspection des aliments Gouvernement du Canada

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.

108

FORM APPROVED OMB NO. 0579-0160

L060463

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sorrel Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	7286		X							X				X				
17	7288	1888					X			X						X		
18	7289	1826						Appl		X				X		X	it	
19	7777	1832				X				X						X		
20	7778	1864					X			X				X				
21	7779	468	X										S/N	X				
22	7780	348	X										S/N					
23	7781	289				X				X						X		
24	7782	346	X										S/N	X				
25	7783	383	X										S/N			X		
26	7784	343	X										S/N			X		
27	7785	344	X										S/N			X		
28	7786	324	X										S/N	X				
29	7906		X							X				X				
30	7902		X							X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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109/2
FORM APPROVED
OMB NO.
0579-0160
2060464

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 8/5/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. / DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	7878	915	X										S/N	X				
2	7879	342	X										S/N	X				
3	7880	227	X										S/N	X				
4	7881	407	X										S/N	X				
5	7882	447	X										S/N			X		
6	7883	449						Sorr					S/N	X				
7	7884	409	X										S/N	X				
8	7885	226	X							X				X				
9	7776		X							X				X				
10	7904	710	X						X					X				
11	7886	364	X										S/B			X		
12	7887	247				X				X						X		
13	7888	336						Sorr		X						X		
14	7901	712	X						X	X				X		X		
15	7905	718	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)

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SIGNATURE OF OWNER/SHIPPER/... ...nation contained in this form is true and correct to the best

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 6 AUG 2010

TIME 11:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORI

Previous editions are obslete

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.

109

FORM APPROVED OMB NO. 0579-0160

L060464

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7889				X								S/N	X				
17	7903	045						Buckskin		X						X		
18	7907		X							X				X				
19	7890	933			X						X					X		
20	7891	301	X										S/N			X		
21	7892	452						Spot		X				X				
22	7725	405	X										S/B			X		
23	7893							Spot		X						X		
24	7894	651						PM		X						X		
25	7895	1488	X							X						X		
26	7896	1378	X							X				X				
27	7897	1380						Spot		X						X		
28	7898	1383						Spot		X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

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

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.

1/8 ±

FORM APPROVED
OMB NO.
0579-0160

L060465

TIME HORSES LOADED ON CONVEYANCE: 8:00am	DATE: 3/9/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	7899							Sorr		X				X				
2	7900					X				X						X		
3	7701							PAL		X				X				
4	7702							Sorr		X						X		
5	7703		X							X				X				
6	7704							Sorr		X				X				
7	7705							Sorr		X				X				
8	7706		X							X				X				
9	7707		X							X				X				
10	7708							Appl		X						X		
11	7709							Sorr		X				X				
12	7710		X							X				X				
13	7711	669				X				X				X				
14	7712	670						Sorr		X				X				
15	7713	660		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.

110

FORM APPROVED OMB NO. 0579-0160

L060465

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7714	658						Dun		X						X		
17	7715	662		X						X						X		
18	7716	656		X						X						X		
19	7717	671				X				X				X				
20	7718	657				X				X						X		
21	7719	668			X					X				X				
22	7720	655				X				X						X		
23	7721	659				X				X						X		
24	7723	663				X				X						X		
25	7724	665						Scrn		X				X				
26	7725	668		X						X						X		
27	7726	664						Appl		X						X		
28	7734	1488	X							X					X			
29																		
30																		
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

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

I.060467

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 8/11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	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	7743							Apl		X				X				
2	7744		X							X				X				
3	7745							PAl		X				X				
4	7746							Soy		X						X		
5	7747		X							X				X				
6	7748		X											X				
7	7749			X							X			X				
8	7750						X							X				
9	7651		X							X				X				
10	7652		X							X				X				
11	7653						X		/	X				X				
12	7654						X			X				X				
13	7655		X							X				X				
14	7656		X							X				X				
15	7657					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)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to the best

(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)

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111

FORM APPROVED
OMB NO. 0579-0160

2060467

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7658						X			X				X				
17	7659		X							X				X				
18	7660		X							X						X		
19	7661		X							X				X				
20	7740							SM	X							X		
21	7741		X						X							X		
22	7738							SM	X					X				
23	7736		X						X					X				
24	7735		X						X					X				
25	7737							SM		X				X				
26	7730		X							X				X				
27	7731		X						X					X				
28	7732		X							X				X				
29																		
30																		
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SIGI ...tion contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

112 L060466

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 08-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	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	7662							Sorr		X				X				
2	7663							Pinto		X						X		
3	7664							Roan		X						X		
4	7665				X					X						X		
5	7666							Sorr		X				X				
6	7667			X						X				X				
7	7668							Sorr		X				X				
8	7669							Sorr		X						X		
9	7670		X							X				X				
10	7671					X				X						X		
11	7672							Sorr		X				X				
12	7673		X							X				X				
13																		
14	7675							Sorr		X						X		
15	7676		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-75 (AUG 2004) Previous editions are obsolete

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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112

FORM APPROVED OMB NO. 0579-0160

L060466

USFP	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	7677					X				X						X		
17	7678							SM		X				X				
18	7679		X							X						X		
19	7680							SM		X				X				
20	7681		X							X				X				
21	7682							SM		X				X				06 TRUCK
22	7683							SM		X						X		
23	7684		X							X						X		
24	7685			X						X						X		
25	7686							PA		X						X		
26	7687							SM		X				X				
27	7688		X							X				X				
28	7728					X				X				X				
29	7729		X						X					X				
30	7733		X						X							X		
31	7742		X						X						X			
32																		
33																		
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35																		
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SI 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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1180
FORM APPROVED
OMB NO. 0579-0160

L060471

TIME HORSES LOADED ON CONVEYANCE: 9:00 pm	DATE: 8/15/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO.: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	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	7680							SOT		X				X				
2	7692							SOT		X						X		
3	7693					X				X				X				
4	7694		X							X				X			off	
5	7695		X							X				X				
6	7696							AP		X					X			
7	7697							IAI		X				X				
8	7698				X					X				X				
9	7699							DUN		X					X			
10	7700		X										SN	X				
11	7601		X										SN			X		
12	7602		X							X				X				
13	7603		X							X				X				
14	7604		X							X				X				
15	7605		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)

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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)

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)

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113

FORM APPROVED OMB NO. 0579-0160

L060471

USFP

	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	7606							Sor		X				X				
17	7607		X							X				X				
18	7608		X							X				X				
19	7609		X							X				X				
20	7610							Sor		X						X		
21	7611		X							X						X		
22	7612		X							X						X		
23	7613		X							X				X				
24	7614			X						X						X		
25	7615							App		X				X				
26	7691				X					X				X				
27	7689					X				X						X		
28	7722				X					X				X				
29	7733	7737							App	X				X				
30																		
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

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 0579-0180. 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.

1142

82FORM
APPROVED
OMB NO.
0579-0180

5,050453

TIME HORSES LOADED ON CONVEYANCE: 10:30 pm.

DATE: 8/16/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. AND [illegible]

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

[illegible] NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	7616		X							X				X				
2	7617							Sorl		X						X		
3	7618							Sorl		X						X		
4	7619							Sorl		X						X		
5	7620		X							X				X				
6	7621							Sorl		X						X		
7	7622							Sorl		X						X		
8	7623							Sorl		X						X		
9	7624							Sorl		X				X				
10	7625							Sorl		X						X		
11	7626							Sorl		X				X				
12	7627							Sorl		X				X				
13	7628							Sorl		X				X				
14	7629							Sorl			X			X				
15	7630							Sorl		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

PART 1 - INSPECTOR

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.

114

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	7631					X				X				X				
17	7632					X				X				X				
18	7633					X				X				X				
19	7634	off				X				X			null	X				
20	7635				X					X			null	X				
21	7636					X				X				X				
22	7637							null					null	X				
23	7638					X				X				X				
24	7639							null		X				X				
25	7640	off				X				X				X				
26	7641					X				X				X				
27	7642		X							X				X				
28	7643					X				X				X				
29	7644	off	X							X				X				
30	7645	off	X							X				X				
31	7646	off	X							X				X				
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.)

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.

115
84

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	7572		X										SN			X		
2	7573		X						X					X				
3	7574							Sorr		X				X				
4	7575							Sorr		1			CIB			X		
5	7576							Sorr	X							X		
6	7577							Sorr		X				X				
7	7578							Sorr		X				X				
8	7579		X							X				X				
9	7580		X							X				X				
10	7581		X						X					X				
11	7582							Sorr	X					X				
12	7583							Dun		X				X				
13	7584							Sorr	X	X				X				
14	7585							Sorr	X					X				
15	7586		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)

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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)

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.

115

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7587							SM	X							X		
17	7588							SM		X				X				
18	7589		X						X					X				
19	7590							SM		X				X				
20	7591		X						X							X		
21	7592		X										SM			X		
22	7593							SM				X		X				
23	7594							SM		X						X		
24	7595		X						X					X				
25	7596			X					X					X				
26	7597							SM		X				X				
27	7598		X							X						X		
28	7739							SM	X						X			
29																		
30																		
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Canada

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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116

FORM APPROVED OMB NO. 0579-0180

2060469

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 8/19/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. / DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	7567		[illegible]					AM		X			[illegible]	X		[illegible]		
2	7453							Sorr		X						X		
3	7454					X				X				X				
4	7456							Sorr		X				X				
5	7457							Roan		X						X		
6	7458					X				X						X		
7	7461			X						X				X				
8	7462							AM		X						X		
9	7463		X							X				X				
10	7464			X						X				X				
11	7466		X							X				X				
12	7467							Sorr		X				X				
13	7469							Sorr		X				X				
14	7470		X							X				X				
15	7471		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)

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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)

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.

116

FORM APPROVED OMB NO. 0579-0160

2060469

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7472		X							X						X		
17	7473					X				X				X				
18	7474				X								SIN	X				
19	7475		X							X				X				
20	7476		X										SIN	X				
21	7477		X							X						X		
22	7478		X							X				X				
23	7479							SOM		X				X				
24	7480							SOM					SIB			X		
25	7481		X										CB			X		
26	7482							SOM		X						X		
27	7451							[illegible]	X						X			
28	7571		X						X						X			
29																		
30																		
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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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88 FORM APPROVED OMB NO. 0579-0180

TIME HORSES LOADED ON CONVEYANCE: 6:00 Pm	DATE: 08-19-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	[illegible]							[illegible]		X						X		
2	[illegible]							AP		X				X				
3	[illegible]		X							X						X		
4	[illegible]							[illegible]	X					X				
5	[illegible]		X										[illegible]			X		
6	[illegible]		X										[illegible]			X		
7	[illegible]							AP		X						X		
8	[illegible]							[illegible]		X				X				
9	[illegible]		X							X						X		
10	[illegible]		X										[illegible]			X		
11	[illegible]		X						X							X		
12	[illegible]		X						X							X		
13	[illegible]		X						X					X				
14	[illegible]							[illegible]	X					X				
15	[illegible]		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)

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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

PART 1 - INSPECTOR

117

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

060477

		(b)(6)								BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other		Mare	Stal	Geld		
16	2566		X						X						X				
17	2568			X						X					X				
18	2569							Bay		X							X		
19	2570					X				X					X				
20	2634					X							Grey		X				
21	2640					X				X					X				
22	2644		X							X					X				
23	2645		X							X					X				
24	2646		X										Bay				X		
25	2647		X										Bay		X				
26	2648		X										Bay		X				
27	2649							AP		X							X		
28	2650		X							X					X				
29	2650							Bay		X						X			
30	2694		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.)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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 0579-0180. 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. 0579-0180

L060472

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	7301		X							X						X		
2	7302		X										SN	X				
3	7303		X										SN			X		
4	7304		X										SN			X		
5	7305			X						X						X		
6	7306							Sor		X						X		
7	7307							AP		X				X				
8	7308							AP		X				X				
9	7309							Sor		X						X		
10	7310							AP		X				X				
11	7311							Sor					CB			X		
12	7312		X										CB	X				
13	7313							Sor		X						X		
14	7314		X								X					X		
15	7315		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. 423
DATE
TIME

PART 1 - INSPECTOR

118

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

L060472

USFP

	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	7316		X							X				X				
17	7317							Scr		X				X				
18	7318		X							X						X		
19	7319							Scr		X				X				
20	7320		X							X						X		
21	7321							Scr		X						X		
22	7322		X							X				X				
23	7455							Scr		X						X		
24	7459		X							X				X				
25	7460							Scr		X				X				
26	7465							Scr		X						X		
27	7468		X							X				X				
28	7483		X							X				X				
29																		
30																		
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

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 0579-0180. 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. 0579-0180

#119

T.060473

TIME HORSES LOADED ON CONVEYANCE: 10:30

DATE: 8/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

(b)(6)

Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	7323						X			X						X		
2	7324							Sor		X				X				
3	7325							Sor		X				X				
4	7326									X						X		
5	7327				X					X				X				
6	7328		X						X					X				
7	7329					X				X				X				
8	7330			X						X				X				
9	7331		X							X						X		
10	7332			X						X						X		
11	7333		X							X				X				
12	7334							Sor		X				X				
13	7335							Sor		X				X				
14	7336			X						X				X				
15	7337					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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

#119

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

L060473

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7338							Sor		X						X		
17	7339									X				X				
18	7340					X				X				X				
19	7341				X					X				X				
20	7342							Sor		X						X		
21	7343							Sor		X				X				
22	7344		X							X						X		
23	7345		X										mule			X		
24	7346							Dun		X						X		
25	7347		X							X				X				
26	7348		X							X						X		
27	7349				X					X						X		
28	7350		X							X				X				
29	7351							Sor		X				X				
30	7352					X				X						X		
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada
UBB

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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1204
FORM APPROVED
OMB NO. 0579-0160
L060477

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2353		X							X				X				
2	2356							PAI		X				X				
3	2357							SOIL		X						X		
4	2360							BLK		X						X		
5	2361		X							X						X		
6	2362							PAI		X				X				
7	2367					X				X						X		
8	2368		X							X				X				
9	2371							SOIL		X						X		
10	2385							SOIL		X						X		
11	2389	326					SOIL						C/B			X		
12	2390	837		X						X						X		
13	2391	874					SOIL			X				X				
14	2392	884	X										SIN	X				
15	2393	996					SOIL			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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

PART 1 - INSPECTOR

120

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

L060477

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7394	839						Sorl		X				X			Off	
17	7395	466	X										SIN	X				
18	7396	937						Sorl		X						X		
19	7397	826						Sorl		X						X		
20	7398	881						Sorl		X				X				
21	7399		X										SIN			X		
22	7400	882						Sorl		X				X				
23	7401	829						Sorl		X						X		
24	7402		X						X							X		
25	7403		X							X				X				
26	7404	921	X						X					X				
27	7405	831	X							X				X				
28	7406	919			X				X						X			
29																		
30																		
31																		
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Canada

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S (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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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121
96ORM
APPROVED
OMB NO.
0579-0160
L060478

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	7354							PA		X				X				
2	7358				X					X				X				
3	7359				X					X				X				
4	7363		X							X				X				
5	7364							Appy		X				X				
6	7365							Roan		X						X		
7	7366		X							X				X				
8	7368							Sorr		X						X		
9	7370							Sorr		X				X				
10	7372					X				X						X		
11	7373							Sorr		X				X				
12	7374							Dun		X				X				
13	7375			X						X						X		
14	7376							Sorr		X						X		
15	7377							Sorr		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)

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SIGNATURE OF OWNER/SHIPPER ... ation contained in this form is true and correct to the be

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PAGE 1 OF

PART 1 - INSPECTOR

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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1718

FORM APPROVED OMB NO. 0579-0160

2060478

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7378						X			X						X		
17	7379					X				X				X				
18	7380		X							X						X		
19	7381							SOY		X						X		
20	7382		X					S		X				X				
21	7383							SOY		X						X		
22	7384							SOY		X						X		
23	7385							SOY		X						X	offi	
24	7386							SOY		X				X				
25	7387							SOY		X				X				
26	7388					X				X						X		
27	7394							SOY		X				X				
28	7428		X							X					X			
29	7353							SOY		X					X			
30																		
31																		
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Canadian Food Inspection Agency
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

MB

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S[illegible] certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

2-7.

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00PM	DATE: 08-26-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
(b)(6) Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	7407							Sor		X						X		
2	7408							Sor		X				X				
3	7409						X			X				X				
4	7410		X							X				X				
5	7411							Sor		X				X				
6	7412		X							X				X				
7	7413							Sor		X						X		
8	7414							Sor		X				X				
9	7415							Sor		X						X		
10	7416		X							X				X				
11	7417							Sor		X						X		
12	7419							Sor		X						X		
13	7420		X							X						X		
14	7421			X						X				X				
15	7422							Sor		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

PART 1 - INSPECTOR

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

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

08-26-10

(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.

122

FORM APPROVED OMB NO. 0579-0160

5060471

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Gray	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	7423		X													X		
17	7424		X							X					X			
18	7425		X							X				X				
19	7426							Sor		X				X				
20	7427		X							X				X				
21	7428							Sor		X						X		
22	7429					X				X				X				
23	7431		X										SM			X		
24	7432					X				X				X				
25	7433							AP		X				X				
26	7434							Sor		X				X				
27	7435		X							X				X				
28	7436		X							X				X				
29	7437							Sorl		X				X				
30	7438							Sorl		X				X				
31																		
32																		
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Canadian Food Inspection Agency — Government of Canada — Canada — Agence canadienne d'inspection des aliments — Gouvernement du Canada

1438

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.)

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)

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123 ✓
100 FORM APPROVED
OMB NO. 0579-0160
1060472

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 8/29/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	7439					X				X				X				
2	7440							Sorl		X				X				
3	7441					X				X				X				
4	7442		X							X						X		
5	7443							Sorl		X						X		
6	7444		X							X				X				
7	7445		X							X						X		
8	7446		X							X				X				
9	7447							Sorl		X				X				
10	7448		X							X				X				
11	7449		X							X				X				
12	7450							Sorl		X				X				
13	7501					X				X				X				
14	7502		X							X				X				
15	7503				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

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

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.

123 #

FORM APPROVED OMB NO. 0579-0160

L06047

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7504							Gold			X							
17	7505					X				X				X		X		
18	7506							Gold					CB			X		
19	7507							Gold		X						X		
20	7508		X							X				X				
21	7509							Gold		X				X				
22	7510							Dun		X				X				
23	7511							Dun		X						X		
24	7512		X							X								
25	7513							AP		X				X				
26	7418							AP		X					X			
27	7514		X							X								
28	7515							Gold		X				X				
29																		
30																		
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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

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

1022 44

L060481

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 8/31/16
VEHICLE LICENSE NO. / DRIVER'S NAME: (b)(6)	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8018				X								SN			X		
2	8019		X										SN	X				
3	8020		X										SN	X				
4	8021							Sorr		X				X				
5	8022					X				X				X				
6	8023					X				X						X		
7	8024		X										SN	X				
8	8025		X										SN			X		
9	8026					X				X				X				
10	8027		X							X						X		
11	8028		X										SN	X				
12	8029		X										SN			X		
13	8030		X							X				X				
14	8031		X										SN	X				
15	8032		X										SN	X				

HORSES HA[illegible] FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[illegible]CE.

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 [illegible] information contained in this form is true and correct to the [illegible] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

VS [illegible] (AUG 2004)

Previous editions are obsolete

PART 1 - INSPECTOR

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.

103 / 124

FORM APPROVED OMB NO. 0579-0160

L060481

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8033				X								CB	X				
17	8034		X										SN	X				
18	8035		X										SN	X				
19	8036							APP		X				X				
20	8037				X								SN			X		
21	8038		X										SN			X		
22	8039		X										SN			X		
23	8040		X										SN			X		
24	8041							PAI		X				X				
25	8042		X										SN	X				
26	8043							GOM		X						X		
27	8044		X										SN	X				
28	8045		X										SN			X		
29																		
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Canada

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

2-2

(b)(6)

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 0579-0180. 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.

1042 4H
FORM APPROVED
OMB NO. 0579-0180

L060481

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 8/31/06
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8018				X								SN			X		
2	8019		X										SN	X				
3	8020		X										SN	X				
4	8021							SOR		X				X				
5	8022					X				X				X				
6	8023					X				X						X		
7	8024		X										SN	X				
8	8025		X										SN			X		
9	8026					X				X				X				
10	8027		X							X						X		
11	8028		X										SN	X				
12	8029		X										SN			X		
13	8030		X							X				X				
14	8031		X										SN	X				
15	8032		X										SN	X				

HORSES HAV
HOURS IMME
E.

FOR A MINIMUM OF 6 CONSECUTIVE

SIGNATURE (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

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DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the b

(b)(6)

PART 1 - INSPECTOR

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.

1248

FORM APPROVED OMB NO. 0579-0160

L060481

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8033				X								CIB	X				
17	8034		X										SN	X				
18	8035		X										SN	X				
19	8036							APP		X				X				
20	8037				X								SN			X		
21	8038		X										SN			X		
22	8039		X										SN			X		
23	8040		X										SN			X		
24	8041							PAL		X				X				
25	8042		X										SN	X				
26	8043							GOM		X						X		
27	8044		X										SN	X				
28	8045		X										SN			X		
29																		
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Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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

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 0579-0180. 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. 0579-0180

10 L060483

TIME HORSES LOADED ON CONVEYANCE: 10:00 p.m.

DATE: 9/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VENDOR LICENSE NO. (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8014		X							X				X				
2	8050		X										SN	X				
3	8051		X						X					X				
4	8052		X					[redacted]	X					X				
5	8053							SN	X					X				
6	8054		X						X					X				
7	8055							SN	X					X				
8	8056							SN	X					X				
9	8057		X						X					X				
10	8058		X										SN			X		
11	8059		X						X					X				
12	8060		X						X							X		
13	8061		X						X					X				
14	8062							APP	X					X				
15	8063							SN	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 ... that the information contained in this form is true and correct to the

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

206483

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8064							Pink		X						X		
17	8065							Spt		X						X		
18	8066		X							X						X		
19	8067					X				X						X		
20	8068		X							X				X				
21	8069		X							X				X				
22	8070		X										SN			X		
23	8071					X				X						X		
24	8072							Spt		X						X		
25	8073							Spt		X				X				
26	8074		X							X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGN[illegible] 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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108/28 FORM APPROVED OMB NO. 0579-0160

5050481

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 9/6/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. AND DRIVER NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8084		X							X				X				
2	8085							Pace		X				X				
3	8086							Sorr		X				X				
4	8087		X							X				X				
5	8088							PAI		X				X				
6	8089				X					X				X				
7	8090		X							X						X		
8	8091							DUN		X				X				
9	8092							AP		X						X		
10	8093							Sorr		X						X		
11	8094							Sorr		X				X				
12	8095		X							X				X				
13	8096							Sorr		X				X				
14	8097							AP		X				X				
15	8098							Sorr		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)

(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.

128 A

FORM APPROVED OMB NO. 0579-0160

(b)(6)

	DESCRIPTION								BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3099							CBY		X						X		
17	3100							DAH		X						X		
18	3101							Sorr		X				X				
19	3102							Sorr		X						X		
20	3103		X							X				X				
21	3104					X				X				X				
22	3077		X						X					X				
23	3078		X						X					X				
24	3079		X						X						X			
25	3080		X						X					X				
26	3081							SW		X				X				
27	3082		X						X					X				
28	3083					X							CB			X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
CENTRE CANADIEN DE L'INSPECTION DES ALIMENTS
Gouvernement du Canada

1135

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.)

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)

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110 129 #

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:45 p.m. — DATE: 9/6/10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	3105					X				X				X				
2	3106		X							X				X				
3	3107		X							X				X				
4	3108		X			X				X				X				
5	3109					X				X						X		
6	3110							Spot		X				X			off	
7	3111		X							X				X				
8	3112		X							X				X				
9	3113					X				X				X				
10	3114							Spot		X				X				
11	3115					X				X						X		
12	3116					X				X				X				
13	3117							Pt		X				X				
14	3118		X							X						X		
15	3119		X										Blk	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. MGB

DATE

TIME

PART 1 - INSPECTOR

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.

1294

FORM APPROVED OMB NO. 0579-0160

060175

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	5120					X				X				X				
17	5121					X				X				X				
18	5122					X				X					X		off	
19	5123				X					X				X				
20	5124					X				X				X				
21	5125					X				X				X				
22	5126							App		X				X				
23	5127							Sorl		X						X		
24	5128		X							X				X				
25	5129				X					X				X				
26	5130							Sorl		X						X	off	
27	5131							Sorl		X						X		
28	5132							Sorl		X				X				
29	5133		X							X						X	off	
30	5134							Sorl		X				X			off	
31	5135		X							X				X			off	
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Agroalimentaire du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

MB

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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.)

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)

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112

FORM APPROVED OMB NO. 0579-0160 (b)(6)

TIME HORSES LOADED ON CONVEYANCE: 10:00 PM

DATE: 9/7/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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		
USDA	4671		X							X						X		
2	4672			X		X				X				X				
3	4673			X						X				X				
4	4674		X						X							X		
5	4675		X										X	X				
6	4676		X						X					X				
7	4677		X						X						X			
8	4678		X						X							X		
9	4679	4679					X		X					X				
10	4680		X							X				X				
11	4681						X			X				X				
12	4682		X										X	X				
13	4683		X							X				X				
14	4684					X				X						X		
15	4685						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE 9/9

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE 9-9-9

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 Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4686		X							X				X				
17	4687						X			X						X		
18	4688						X			X				X				
19	4689						X			X				X				
20	4690			X						X				X				
21	4691				X					X				X				
22	4692				X					X				X				
23	4693						X			X				X				
24	4694																	
25	4695							Pal		X				X				
26	4696						X				X					X		
27	4697						X				X					X		
28	4698						X			X						X		
29																		
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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)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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 0579-0180. 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.

114 FORM APPROVED OMB NO. 0579-0180

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am

DATE: 09-0-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO.: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] 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.

USFP

	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	2521		X										SIN			X		
2	2522							Sorl		X						X		
3	2523							HP		X						X		
4	2524					X				X				X				
5	2525							HP		X				X				
6	2526					X				X						X		
7	2527							Sorl		X						X		
8	2528							HP		X				X				
9	2529							HP		X						X		
10	2530					X				X				X				
11	2531				X								CIB	X				
12	2532					X				X						X		
13	2533		X										CIB			X		
14	2534					X				X				X				
15	2535					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)

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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

PART 1 - INSPECTOR

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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126

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7540					X				X				X				
17	7541					X				X				X				
18	7542					X				X						X		
19	7543							SOL					SIB	X				
20	7544		X										SIN	X				
21	7545		X										SIN	X				
22	7546							SOL					SIB	X				
23	7547							SOL		X				X				
24	7548					X				X				X				
25	7549		X										SIN		/	X		
26	7550		X							X			SIN			X		
27	8001							SOL					CIB	X				
28	8002					X				X				X				
29	8003		X										SIN			X		
30	8556		X						X						X			
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Souvenir du Canada

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

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 0579-0180. 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.

130 H
116 FORM APPROVED
OMB NO. 0579-0180
2050 125

TIME HORSES LOADED ON CONVEYANCE: 3:00pm	DATE: 9/8/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 8 months of age.
- [ ] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

USFP

	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	[illegible]					X				X					X			
2	[illegible]							[illegible]		X						X		
3	[illegible]							[illegible]		X				X				
4	[illegible]					X				X						X		
5	[illegible]				X					X						X		
6	[illegible]		X							X						X		
7	[illegible]		X							X						X		
8	[illegible]							[illegible]		X				X				
9	[illegible]		X							X						X		
10	[illegible]							[illegible]		X				X				
11	[illegible]							[illegible]		X				X				
12	[illegible]							[illegible]		X				X				
13	[illegible]			X						X				X				
14	[illegible]		X							X			BN			X		
15	[illegible]							[illegible]		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. 1433
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.

117

1304

FORM APPROVED OMB NO. 0579-0160

0060185

USDA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	3160							Col		X						X		
17	3162		X							X				X				
18	3163							Col		X						X		
19	3164							Col		X						X		
20	3165							Col		X				X				
21	3166							Col		X				X				
22	3167		X							X						X		
23	3168							Col		X						X		
24	3169							Col		X				X				
25	3170							Col		X						X		
26	3171		X							X				X				
27	3172							Col		X				X				
28	3161		X							X				X				
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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.)

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)

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FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00AM	DATE: 09-09-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND PRINTING NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	[illegible]							Sor		X				X				
2	[illegible]		X							X				X				
3	[illegible]				X					X				X				
4	[illegible]		X							X				X				
5	[illegible]							Sor		X				X				
6	[illegible]		X							X				X				
7	[illegible]							Pal		X						X		
8	[illegible]					X				X				X				
9	[illegible]							Sor		X				X				
10	[illegible]							Sor		X						X		
11	[illegible]							Sor		X				X				
12	[illegible]							Bay		X				X				
13	[illegible]		X							X				X				
14	[illegible]							Sor		X				X				
15	[illegible]		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

PART 1 - INSPECTOR

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

L060486

(b)(6)

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16			X							X				X			(b)(6)	
17			X							X				X				
18									X							X		
19			X						X					X				
20			X						X							X		
21			X						X							X		
22			X						X									
23			X													X		
24							X			X						X		
25			X						X					X				
26			X						X					X				
27									X					X				
28			X						X							X		
29									X					X				
30			X							X						X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

HBB

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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.)

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)

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132 #
120
FORM APPROVED
OMB NO.
0579-0160
L060487

TIME HORSES LOADED ON CONVEYANCE: 8:00am

DATE: 9/12/06

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

[illegible]ER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8217				X					X						X		
2	8218				X					X				X				
3	8219				X					X						X		
4	8220				X					X				X				
5	8221				X					X				X				
6	8222				X					X						X		
7	8223		X							X				X			off	
8	8224		X							X				X				
9	8225		X							X				X			off	
10	8226				X					X						X		
11	8227							Sor		X				X				
12	8228							Sor		X						X		
13	8229							Sor		X						X		
14	8230							Sor		X				X				
15	8231							Sor		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)

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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)

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.

121 /32

FORM APPROVED OMB NO. 0579-0160

L060487

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	CB	Dark	Poup	Other	Mare	Stal	Geld		
16	8232					X				X					X			
17	8233		X							X						X		
18	8234				X					X				X				
19	8235							SM		X						X		
20	8236		X							X						X		
21	8237						X			X						X	off	
22	8238		X							X						X		
23	8239						X			X				X				
24	8240				X					X				X				
25	8241							SM		X				X				
26	8242							SM		X				X				
27	8243		X							X				X				
28	8244				X					X				X				
29	8245							DW		X				X				
30	8246		X							X				X				
31	8247				X					X				X				
32																		
33																		
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35																		
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Canada

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

(b)(6)

2-2

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.

122933 H

FORM APPROVED OMB NO. 0579-0160

L060488

TIME HORSES LOADED ON CONVEYANCE: 9-30 p.m.

DATE: 9/13/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8223		X							X				X				
2	8225		X							X				X				
3	8237						X			X						X		
4	8274							Dun		X						X		
5	8276					X				X				X				
6	8278							Sor		X						X		
7	8279							Sor		X				X		X		
8	8280							Sor		X				X				
9	8281			X					X					X				
10	8282			X					X					X				
11	8283		X						X					X				
12	8284		X						X					X				
13	8285		X						X					X				
14	8286		X						X					X				
15	8287		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)

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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)

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)

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133

FORM APPROVED OMB NO. 0579-0160

2060488

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8288							Sorr	X					X				
17	8289		X						X					X				
18	8290		X						X					X				
19	8291		X						X					X				
20	8292		X						X					X				
21	8293							Sorr		X				X				
22	8294		X							X						X		
23	8295					X				X						X		
24	8296							Sorr		X				X				
25	8297					X				X				X				
26	8298							Sorr		X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
ANADEMIE DIPS

PB

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 [illegible] on is true and correct to the best of my knowledge.)

2-2

(b)(6)

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.

134
124 FORM APPROVED
OMB NO. 0579-0160
L060480

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 9/14/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE / REGISTRATION NO. / NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8175		X							X				X				
2	8176							Sorl		X						X		
3	8177					X				X						X		
4	8178					X				X						X		
5	8202							Sorl		X					X			
6	8206			X						X				X				
7	8255					X				X				X				
8	8258							Sorl		X				X				
9	8259							Sorl		X				X				
10	8260							Roan		X				X				
11	8261		X							X						X		
12	8262		X							X				X				
13	8263		X							X				X				
14	8264		X							X				X				
15	8266					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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

134

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 precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	5270				X					X						X		
17	5271		X							X						X		
18	5272							Sor		X				X				
19	5273							Sor		X				X				
20	5275		X							X				X				
21	5277		X							X				X				
22	5279							Sor		X						X		
23	5300				X					X				X				
24	5301							Bay		X				X				
25	5302							Sor		X				X				
26	5303		X						X					X				
27	5304							Sor		X				X				
28	5268							Sor		X						X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

MDB

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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.)

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)

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126 / 135 #
FORM APPROVED
OMB NO. 0579-0160
2060490

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8170							Sor		X						X		
2	8174							Sor		X				X				
3	8175							Sor		X						X		
4	8204							Pal		X				X				
5	8205					X				X				X				
6	8210							Sor					SB			X		
7	8211							Sor	X					X				
8	8214		X										SN	X				
9	8216							Sor					SB			X		
10	8247		X						X							X		
11	8251		X						X							X		
12	8256					X				X						X		
13	8257							Pal		X						X		
14	8261				X					X				X				
15	8264		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

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.

135

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	8305							SOM		X				X				
17	8306				X					X				X				
18	8307		X							X						X		
19	8308							SOM		X						X		
20	8309							CHOP		X				X				
21	8310		X							X						X		
22	8311			X						X				X		X		
23	8312							SOM		X				X				
24	8313		X							X				X				
25	8314					X							LIB	X		X		
26	8315					X				X				X				
27	8315				X					X	X					X		
28	8316							SOM		X						X		
29	8317		X							X						X		
30	8324							DUN		X					X			
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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.)

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)

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1286 ✓

FORM APPROVED
OMB NO.
0579-0160

L060491

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 9/19/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8191							Sorr		X				X				
2	8192		X							X				X				
3	8200		X							X				X				
4	8203							Sorr		X				X				
5	8207					X				X				X				
6	8212		X										SN			X		
7	8213		X										SN			X		
8	8215					X				X						X		
9	8248		X						X							X		
10	8250		X						X							X		
11	8252		X						X							X		
12	8253		X							X						X		
13	8254		X							X						X		
14	8265							Sorr		X				X				
15	8314							Sorr					SB			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)

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SIGNATURE OF OWNER/SHIPPER [illegible] formation contained in this form is true and correct to the be

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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.

136 H

FORM APPROVED OMB NO. 0579-0160

L060491

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8318		X						X							X		
17	8319							Sor			X					X		
18	8320							Sor		X				X				
19	8321		X							X						X		
20	8322		X							X						X		
21	8323		X							X				X				
22	8325					X				X					X			
23	8326							Sor		X				X				
24	8327							Sor		X				X				
25	8328		X							X						X		
26	8329							Sor		X						X		
27	8330		X							X				X				
28	8331		X							X				X				
29																		
30																		
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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.)

2 - 2

(b)(6)

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)

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130/31/1
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 9/21/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8333		X							X						X		
2	8333					X				X				X				
3	8334							Col		X				X				
4	8335					X				X						X		
5	8336							Col		X				X				
6	8337					X				X						X		
7	8338					X				X					X			
8	8339		X					Appy		X				X				
9	8340							Appy		X						X		
10	8341		X							X						X		
11	8342							Dun		X				X				
12	8343		X							X				X				
13	8344				X					X				X				
14	8345							Col		X						X		
15	8346							Col		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)

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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. MEB
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.

1374

FORM APPROVED OMB NO. 0579-0160

0050492

(b)(6)

	PREFIX	NO.	DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Poney	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	8347							Buck		X						X		
17	8348		X							X						X		
18	8349							Grey		X						X		
19	8350							Grey		X				X				
20	8351							Grey		X				X				
21	8352		X							X						X		
22	8353		X							X				X				
23	8354							Dun		X				X				
24	8355			X						X				X				
25	8356							Grey		X				X				
26	8357				X					X				X				
27	8358					X				X				X				
28	8359		X							X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

MGB

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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.)

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.

132/38

FORM APPROVED
OMB NO. 0579-0160

060493

TIME HORSES LOADED ON CONVEYANCE: 9:30 p.m.

DATE: 9/21/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

(PA)

VEHICLE LICENSE NO. AND REGISTRATION: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	8360							PAI		X				X				
2	8361				X					X				X				
3	8362							Sorl		X				X				
4	8363		X							X				X				
5	8364							Sorl		X				X				
6	8365		X							X						X		
7	8366							Sorl		X				X				
8	8367							Sorl		X				X				
9	8368							Sorl		X				X				
10	8369							Sorl		X				X				
11	8370							Sorl		X				X				
12	8371					X				X				X				
13	8372				X					X				X				
14	8373			X						X						X		
15	8374				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 MEB

TIME

PART 1 - INSPECTOR

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

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

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.

138

FORM APPROVED OMB NO. 0579-0160

5060493

(b)(6)

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include preconditioning
16	8375					X				X				X				
17	8376					X				X				X				
18	8377							Sorl		X						X		
19	8378			X						X				X				
20	8379					X				X				X				
21	8380					X				X				X				
22	8381					X				X				X				
23	8382					X				X				X				
24	8383							Sorl		X				X				
25	8384		X							X				X				
26	8385							Sorl		X				X				
27																		
28																		
29																		
30																		
31																		
32																		
33																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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.)

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)

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134 FORM APPROVED OMB NO. 0579-0160

L060494

TIME HORSES LOADED ON: 7:30 am (b)(6)

DATE: [illegible]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

[illegible] NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREEDING/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8388		X							X				X				
2	8389		X							X						X		
3	8390		X							X				X				
4	8391							SM		X				X				
5	8392							SM		X						X		
6	8393							SM		X				X				
7	8394		X							X				X				
8	8395					X				X				X				
9	8396					X				X				X				
10	8397		X							X				X				
11	8398					X				X				X			Offer	
12	8399							APPI		X						X		
13	8400							SM		X						X		
14	8401		X							X				X				
15	8402		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.

135 139

FORM APPROVED OMB NO. 0579-0160

L060494

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8403							SM		X				X				
17	8404		X						X							X		
18	8405		X						X							X		
19	8406		X						X					X				
20	8407		X						X					X				
21	8408		X						X					X				
22	8409					X				X				X				
23	8410		X										SIN			X		
24	8411							SM	X					X				
25	8412							SM					SIB	X				
26	8413		X										SIN	X				
27	8414				X								SN	X			off	
28	8415				X								SN	X			off.	
29	7911		X						X							X		
30	7912		X						X					X				
31	7909					A		APPI		X				X				
32	7910		X							X						X		
33	7908					X				X				X				
34																		
35																		
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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.)

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)

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1404
136 FORM APPROVED
OMB NO. 0579-0160
5050405

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 9/26/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE ... 'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	8193							Sorl		X				X				
2	8414				X								SW	X				
3	8415				X								SW	X				
4	8558					X		[redacted]		X				X				
5	8423							Sorl		X						X		
6	8424		X							X				X				
7	8425							Sorl		X				X				
8	8426		X							X						X		
9	8427							Sorl		X	X			X				
10	8428					X				X				X			off	
11	8429							Sorl		X				X				
12	8430							Sorl		X				X				
13	8431					X				X				X				
14	8432							Sorl		X				X				
15	8433		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)

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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

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	8434		X							X				X				
17	8435		X							X								
18	8436									X				X				
19	8437							50%		X				X				
20	8438		X					50%			X			X				
21	8439		X							X						X		
22	8440		X							X						X		
23	8441					X				X				X				
24	8442									X				X				
25	8443							50%		X						X		
26	8444		X					50%		X				X				
27	8445		X			X				X						X		
28	8446		X							X				X				
29										X				X				
30																		
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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

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: 8:00 pm	DATE: 9/28/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE OWNER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	8478							PAI		X				X				
2	5922					X				X						X		
3	[illegible]							Sorl		X						X		
4	5922							Sorl		X				X				
5	5430					X				X						X		
6	5921							Sorl		X				X				
7	5954					X				X				X				
8	5953							Sorl		X				X				
9	0454							Sorl		X				X				
10	8455							Sorl		X				X			off	
11	8456							Sorl		X						X		
12	5921				X					X				X				
13	5958					X				X				X				
14	5962							Sorl		X				X				
15	[illegible]							Sorl		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) MB3
EST.
DATE
TIME

PART 1 - INSPECTOR

141

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

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

9/12/10

(Name (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

5060498

(b)(6)

	PREFIX	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	8491		X							X				X				
17	8492					X				X				X				
18	8493							BSOR		X				X				
19	8494		X										S/N			X		
20	8495							SOR					C/B			X		
21	8496							SOR		X				X				
22	8497							AP		X				X				
23	8498		X							X				X				
24	8499							SOR		X						X		
25	8500		X							X						X		
26	8501		X							X				X				
27	8466							SOR			X					X		
28	8467		X							X					X			
29																		
30																		
31																		
32																		
33																		
34																		
35																		MEB
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		MEB
45																		

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENT VÉTÉRINAIRE
Veterinary Officer

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/[illegible]ly 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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142
140 FORM APPROVED
OMB NO. 0579-0160
L060497

TIME HORSES LOADED ON CONVEYANCE: 11:30 A.m.

DATE: 9/29/05

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	8447							AP		X				X				
2	8448							Sorrel		X				X				
3	8449				X					X				X				
4	8450					X				X						X		
5	8451							Sorrel		X				X				
6	8452		X										SIN	X				
7	8453							Sorrel	X					X				
8	8454		X							X				X				
9	8455		X										SIN	X				
10	8456		X										SN	X				
11	8457		X										SN			X		
12	8458		X										SN	X				
13	8459							Sorrel		X				X				
14	8460		X							X						X		
15	8461		X										SN			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 1123

PART 1 - INSPECTOR

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

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

(Please fill out ...)

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.

142

FORM APPROVED OMB NO. 0579-0160

USE

(b)(6)

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include preconditior
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8462		X										SIN			X		
17	8463							SOM		X				X				
18	8464		X										SIN			X		
19	8465												SIN			X		
20	8473							SOM		X				X				
21	8474							AP		X						X		
22	8468			X						X						X		
23	8469		X							X				X				
24	8470		X							X				X				
25	8471		X							X				X				
26	8472							SOM		X				X				
27																		
28																		
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30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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

2-2

(b)(6)

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)

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143
142 FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:30 P.M.

DATE: 9/28/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO.: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

OWNER/SHIPPER (FIRM) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	5386					X				X						X		
2	5387							Sorl		X						X		
3	5316		X						X					X				
4	5417		X						X					X				
5	5418					X				X				X				
6	5419							Sorl		X				X				
7	5420							Sorl		X						X		
8	5421					X				X						X		
9	5422							Sorl		X				X				
10	5423							Sorl		X						X		
11	5504							Sorl		X				X				
12	5503		X							X						X		
13	5504		X										SN			X		
14	5505		X										SN	X				
15	5506		X										SN	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

PART 1 - INSPECTOR

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

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

9/28/10

(Please type or print)

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

0060493

(b)(6)

	1		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include preconditioning
			BREED/TYPE											SEX				
16	8507		X										SN			X		
17	8508		X							X				X				
18	8509							AB		X				X				
19	8510				X					X						X		
20	8511		X							X				X				
21	8512		X										C/B	X				
22	8513			X						X				X				
23	8514							SN		X				X				
24	8515				X					X				X				
25	8516		X										SN			X		
26	8517							SN		X				X				
27																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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

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 0579-0180. 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.

#144

FORM APPROVED OMB NO. 0579-0180

TIME HORSES LOADED: 7:30am (b)(6)

DATE: Sept. 30/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] 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.
- [x] Horses are able to walk unassisted.

USFP

	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	3519							SOM		X						X		
2	3520		X						X					X				
3	3521		X							X				X				
4	3527							DUN		X						X		
5	3530							[illegible]		X				X				
6	3531		X							X				X				
7	3532		X							X				X				
8	3533		X							X						X		
9	3534					X				X						X		
10	3535							[illegible]					CPB	X				
11	3536							[illegible]		X						X		
12	3537			X						X				X				
13	3538							[illegible]		X				X				
14	3539							[illegible]		X				X				
15	3540							DUN		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

144

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

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRA ... ER FACILITY

(b)(6)

(b)(6)

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

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8541					X				X						X		
17	8542			X						X				X				
18	8543							SM					CB	X				
19	8544							SM					HF	X				
20	8545					X				X						X		
21	8546		X						X					X				
22	8547		X						X					X				
23	8548							SM	X							X		
24	8549							SM	X					X				
25	8550		X						X					X				
26	8554		X						X					X				
27	8555		X						X					X				
28	8556		X						X					X				
29	8557					X			X					X				
30	8558							SM	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.)

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.

145
146 FORM APPROVED
OMB NO. 0579-0160
0060500

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 10/4/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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			X													X		
2			X										CB	X				
3				X						X				X				
4										X								
5					X					X				X				
6			X							X				X				
7								X		X						X		
8										X						X		
9																X		
10					X					X				X				
11			X							X				X				
12					X					X				X				
13					X					X				X				
14								X		X				X				
15										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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. MBB
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.

145

FORM APPROVED OMB NO. 0579-0160

0060500

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16								OR		X				X				
17								OR		X				X				
18								OR		X						X		
19						X				X				X				
20			X							X				X				
21			X							X						X		
22								OR		X				X				
23			X							X				X				
24			X							X				X				
25			X							X						X		
26						X				X				X				
27			X							X				X				
28	8626					X				X				X				
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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.)

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.

148/116
FORM APPROVED
OMB NO. 0579-0160
1060251

TIME HORSES LOADED ON CONVEYANCE: 10:30 a.m

DATE: 1/11/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	8428					X				X				X				
2	8485							[illegible]		X				X				
3	8513							[illegible]					[illegible]			X		
4	8520							LR		X				X				
5	8524		X							X				X				
6	8525							LR		X				X				
7	8526							LR		X						X		
8	8527		X						X							X		
9	8528							LR	X							X		
10	8551		X						X					X				
11	8552							LR	X					X				
12	8552			X						X						X		
13	8588			X						X						X		
14	8589									X								
15	8590							LR		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. MBB

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(CONTINUATION SHEET)

(b)(6)

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.

146

FORM APPROVED OMB NO. 0579-0160

LOU0251

	PREFIX	TAG NO.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Poney	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	2011						X			X				X				
17	2012		X						X					X				
18	2013		X										N			X		
19	2017							B		X						X		
20	2013					X				X				X				
21	2019					X				X				X				
22	2020							R		X						X		
23	2021							W		X						X		
24	2022				X					X				X				
25	2023							W		X				X				
26	2024							W		X				X				
27																		
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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.)

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 0579-0180. 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.

150 147 FORM APPROVED OMB NO. 0579-0180

1060252

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 10/6/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	8592		X							X						X		
2	8593					X				X						X		
3	8594		X							X								
4	8595					X								X				
5	8596							COR		X						X		
6	8597							CR					CB	X				
7	8598		X							X				X				
8	8599							COR		X				X				
9	8600				X									X				
10	8601		X							X								
11	8602							CR			X							
12	8603					X				X								
13	8604							CR										
14	8605							CR	X					X				
15	8606					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)

(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.

147

FORM APPROVED OMB NO. 0579-0160

(b)(6)

	PREFIX	NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Cheetn	Other	BREED/TYPE TB	QT	Draft	Poay	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8607					X				X						X		
17	8608							BR		X						X		
18	8609		X						X							X		
19	8610							BR	X							X		
20	8611		X													X		
21	8612		X											X				
22	8613		X											X				
23	8614		X													X		
24	8625		X							X						X		
25	8630		X							X						X		
26	8627			X						X				X				
27	8628							Roan		X				X				
28	8629							Sorl		X						X		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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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.)

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)

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152

FORM APPROVED
OMB NO. 0579-0160

5060255

TIME HORSES LOADED ON CONVEYANCE: 9:45 p.m.

DATE: 18/10/15

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE [illegible]

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

[illegible] (SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	8665				X					X						X		
2	8669					X				X						X		
3	8681							[illegible]		X						X		
4	8689		X							X						X		
5	8696		X							X						X		
6	8697				X					X				X				
7	8699							[illegible]	X					X				
8	8701							[illegible]		X				X				
9	8703							[illegible]		X						X		
10	8704		X							X						X		
11	8705					X				X								
12	8707		X							X								
13	8708							[illegible]		X								
14	8709							[illegible]		X				X				
15	87[illegible]							[illegible]		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)

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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

PART 1 - INSPECTOR

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

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

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53

FORM APPROVED OMB NO. 0579-0160

5060258

(b)(6)

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8718							OR		X						X		
17	8719		X							X						X		
18	8751		X							X				X				
19	8753					X				X				X				
20	8754							OR		X						X		
21	8756							AP		X						X		
22	8757					X				X				X				
23	8759		X							X				X				
24	8760		X						X					X				
25	8761							OR	X					X				
26	8762		X						X					X				
27																		
28																		
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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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.)

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)

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149
154
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 10/10/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	8631							DOR	X	X				X				
2	8632		X							X				X				
3	8633					X				X						X		
4	8634				X					X				X				
5	8636																off.	
6	8667							DOR		X				X				
7	8668					X				X						X		
8	8670							DOR		X				X				
9	8671							DOR		X				X				
10	8672					X				X				X				
11	8682		X							X				X				
12	8683							PI		X				X				
13	8684							DOR		X				X				
14	8685							DOR		X						X		
15	8686		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)

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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

PART 1 - INSPECTOR

149

155

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 preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8687				X					X						X		
17	8688					X				X						X		
18	8690					X				X				X				
19	8691							OR		X				X				
20	8692		X							X				X				
21	8693				X					X						X		
22	8694				X					X				X				
23	8695							OR		X						X		
24	8698		X							X						X		
25	8712					X				X				X				
26	8716									X				X				
27	8715							AP		X						X		
28																		
29																		
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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.)

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)

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153
156 FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED C: 7:00pm

(b)(6)

DATE: Oct 11/16

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

VE

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CO: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	8854		X							X						X		
2	8855							Sorr		X						X		
3	8856							Sorr		X						X		
4	8857							Bay		X						X		
5	8858							Sorr		X				X				
6	8859					X				X						X		
7	8860		X							X						X		
8	8861					X				X				X				
9	8862							Bay		X						X		
10	8863		X							X						X		
11	8864							Sorr		X				X				
12	8865					X				X				X				
13	8866		X							X				X				
14	8867					X				X				X				
15	8868							Sorr		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CON (b)(6) ET)

IPIn

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153

FORM APPROVED OMB NO. 0579-0160

(b)(6)

	PI		BREED/TYPE												SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Gray	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	5869		X							X						X		
17	5870					X				X				X				
18	5871					X				X				X				
19	5872					X				X				X				
20	5873					X				X				X				
21	5874							Sorl		X				X				
22	5875		X							X				X				
23	5876		X							X						X		
24	5877			X						X				X				
25	5878				X					X						X		
26	5700			X						X				X				
27	5706			X						X				X				
28	5711							Sorl		X						X		
29	5717					X				X				X				
30	5833					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.)

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.

15 FORM APPROVED OMB NO. 0579-0160

L060253

TIME HORSES LOADED O: 7:30am (b)(6)

DATE: 7/1/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8637							Sorr		X						X		
2	8638							Sorr		X						X		
3	8639							Palo		X						X		
4	8640							Sorr		X				X				
5	8641		X										S/B			X		
6	8642							APP		X				X		X		
7	8643					X				X				X		X		
8	8644							APP		X						X		
9	8645							Sorr		X				X				
10	8646							Sorr		X						X		
11	8647		X										SN			X		
12	8648		X							X				X				
13	8649		X							X				X				
14	8650							Sorr		X				X				
15	8651		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 [illegible] ation contained in this form is true and correct to th

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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 precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8652				X					X						X		
17	8653							Appl		X						X		
18	8654					X				X				X				
19	8655							SM		X				X				
20	8656							SM		X						X		
21	8657		X							X				X				
22	8658		X							X				X				
23	8659		X							X						X		
24	8660							SM		X				X				
25	8661		X							X				X				
26	8662							SM		X				X				
27	8663		X							X				X				
28	8664							SM		X				X				
29	8665							SM		X			SB			X		
30	8666		X							X						X		
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that [illegible] is true and correct to the best of my knowledge.)

2-2

(b)(6)

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 0579-0180. 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.

160 FORM APPROVED OMB NO. 0579-0180

L060256

TIME HORSES LOADED ON CONVEYANCE: 8:00am	DATE: 10/12/16
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
TS NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8636		X							X						X		
2	8702							SOL					SLB	X				
3	8710				X					X				X				
4	8714							APPL		X						X		
5	8717							KAN		X				X				
6	8730					X				X						X		
7	8737				X					X				X				
8	8746					X				X				X				
9	8761					X				X				X				
10	8765		X							X				X				
11	8766				X					X								
12	8767					X				X				X				
13	8768					X				X				X				
14	8769							[illegible]		X				X				
15	8770					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 m[illegible]

(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

USDA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	[illegible]							[illegible]		X						X		
17	[illegible]				X					X						X		
18	[illegible]							[illegible]	X							X		
19	[illegible]		X							X				X				
20	[illegible]				X					X						X		
21	[illegible]							[illegible]		X				X				
22	[illegible]		X						X						X			
23	[illegible]		X						X							X		
24	[illegible]				X				X					X				
25	[illegible]		X						X							X		
26	[illegible]							[illegible]	X							X		
27	[illegible]							[illegible]		X				X				
28	[illegible]		X						X					X				
29																		
30																		
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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.)

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)

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162FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED C: 8:00 am

(b)(6)

DATE: Oct.13/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	[illegible]			X						X						X		
2	[illegible]					X				X				X				
3	[illegible]				X					X						X		
4	[illegible]				X					X				X				
5	[illegible]		X							X						X		
6	[illegible]		X							X				X				
7	[illegible]									X						X		
8	[illegible]		X							X				X				
9	[illegible]					X				X						X		
10	[illegible]		X							X				X				
11	[illegible]									X				X				
12	[illegible]		X							X						X		
13	[illegible]									X				X				
14	[illegible]									X				X				
15	[illegible]		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)

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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

PART 1 - INSPECTOR

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

L060257

USDA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	[illegible]		X							X				X				
17	[illegible]		X							X						X		
18	[illegible]		X							X						X		
19	[illegible]				X					X				X				
20	[illegible]		X							X						X		
21	[illegible]			X						X				X			off	
22	[illegible]							Sm		X				X				
23	[illegible]		X							X						X		
24	[illegible]									X						X		
25	[illegible]		X							X				X				
26	[illegible]							Sm		X				X				
27	[illegible]		X							X				X				
28	[illegible]		X							X				X				
29	[illegible]		X							X						X		
30	[illegible]					X				X						X		
31	8680																	
32								Sor		X					X			
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CANADIAN FOOD INSPECTION Government of Canada

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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.)

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.

15/16
164 FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 10/17/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE ... ER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
... (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	3679		X						X					X			off	
2	3772		X							X					X			
3	3805							SOR	X					X				
4	3807		X						X					X				
5	3808							SOR	X							X		
6	3809		X						X							X		
7	3813							SOR		X				X				
8	3817					X				X				X				
9	3818							BAY		X				X				
10	3819							SOR		X				X				
11	3820							BAY		X				X				
12	3821							SOR		X				X				
13	3822							SOR		X				X				
14	3824							SOR		X				X				
15	3826							BAY		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)

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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

PART 1 - INSPECTOR

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.

154

FORM APPROVE
OMB NC
0579-016

L060258

USED	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARK Include preconditi
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8828		X							X				X				
17	8829							PL		X						X		
18	8830							SOR		X				X				
19	8831							APP		X				X				
20	8834							SOR		X						X		
21	8835					X				X				X				
22	8836					X				X				X				
23	8841				X					X						X		
24	8842		X										SB			X		
25	8847							PL		X				X				
26	8848		X							X				X			off	
27	8852				X					X				X				
28	8853				X					X				X				
29	8885					X				X				X			off	
30	8886				X					X				X				
31	8887		X							X				X				
32																		
33																		
34																		
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SIGNATURE OF OWNER ... certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

(b

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: 8:00pm	DATE: 10/14/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] 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.
- [X] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	5385					X				X				X				
2	8887		X							X				X			Offr	
3	[illegible]							Pal	X							X		
4	[illegible]			X						X				X				
5	[illegible]		X							X				X				
6	[illegible]		X							X				X				
7	[illegible]							Pal		X				X				
8	5394							Pal		X				X				
9	[illegible]				X					X						X		
10	[illegible]							Pal		X						X		
11	[illegible]							Pal		X				X				
12	[illegible]							Pal		X						X		
13	[illegible]							Pal		X				X				
14	[illegible]		X							X				X				
15	[illegible]		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

PART 1 - INSPECTOR

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

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

(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

USFP	(b)(6)		COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Poney	Other	Mare	Stal	Geld		
16										X				X				
17			X						X							X		
18										X				X				
19						X				X				X				
20			X							X				X				
21					X					X						X		
22			X							X				X				
23			X						X					X				
24			X							X				X				
25						X				X				X				
26						X				X						X		
27				X						X						X		
28			X							X						X		
29						X				X				X				
30										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.)

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 0579-0180. 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.

157 ✓
168 FORM APPROVED OMB NO. 0579-0180
L060262

TIME HORSES LOADED O: 9:00am (b)(6)

DATE: 1/1/

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

(b)(6)

Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	8679		X						X					X				
2	8722		X							X				X				
3	8726		X							X				X				
4	8727							Sor		X				X				
5	8728		X							X						X		
6	8744					X				X						X		
7	8745							Sor		X						X		
8	8763		X						X					X				
9	8888		X							X				X				
10	8919							Sor		X				X				
11	8920							Sor		X						X		
12	8921							PAL		X				X				
13	8922							APPI		X				X				
14	8923					X				X						X		
15	8924							Sor		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

137

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

L060262

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8925							SM		X						X		
17	8926							APPI		X				X				
18	8927							SM		X				X				
19	8928							SM		X						X		
20	8929							APPI		X				X				
21	8930							Cream		X						X		
22	8931					X				X						X		
23	8932		X							X						X		
24	8933							SM		X				X				
25	8934							SM		X				X				
26	8935							SM		X						X		
27	8936		X							X				X				
28	8937							SM	X							X		
29	8938			X					X							X		
30	8939		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)

2-2

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 0579-0180. 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.

158
170 FORM APPROVED
OMB NO. 0579-0180
EA 653 352

TIME HORSES LOADED ON CONVEYANCE: 8:30 pm	DATE: 10-21-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	8615		X							X				X				
2	8616							WP		X				X				
3	8623							SOT		X						X		
4	8721		X							X				X				
5	8728					X		RKT		X				X				
6	8730					X				X						X		
7	8736							SOT		X				X				
8	8744							APP		X						X		
9	8749		X							X						X		
10	8908		X							X				X		X		
11	8909		X							X				X				
12	8950		X							X						X		
13	8951							SOT		X						X		
14	[illegible]				X					X						X		
15	[illegible]							DW		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)

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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

PART 1 - INSPECTOR

158

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

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

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

(b)(6)

	T PR		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	BREED/TYPE QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	8954				X					X				X				
17	8955		X							X				X				
18	8956		X							X						X		
19	8957							BLK		X						X		
20	8958							Kiat		X				X				
21	8959							Sorr		X				X				
22	8960		X							X						X		
23	8961		X							X						X		
24	8962							Kiat		X				X				
25	8963							Sorr		X				X				
26	8964		X							X						X		
27	8952					X				X					X			
28	8745		X							X				X				
29																		
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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.)

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)

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172/59 FORM APPROVED OMB NO. 0579-0180

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm — DATE: 10/24/10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.
(b)(6) NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	8921					X				X				X				
2	8931							Sorl		X						X		
3	8951		X							X				X				
4	8940					X				X				X				
5	8941		X						X					X				
6	8942		X						X					X				
7	8943		X						X					X				
8	8946		X						X					X				
9	8947		X						X					X				
10	8965		X							X						X		
11	8966							Sorl		X		X				X		
12	8967									X		X		X				
13	8968							Dun		X						X		
14	8969							Sorl		X				X				
15	8970		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)

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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

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.

1596

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	Poney	Other	Mare	Stal	Geld		
16	8971							APP		X				X				
17	8972					X				X				X				
18	8973					X				X				X				
19	8974							Bay		X				X				
20	8975		X							X						X		
21	8976							Sorl		X						X		
22	8977							Bay		X				X				
23	8978		X							X				X				
24	8979					X				X						X		
25	8980		X							X						X		
26	8981		X							X				X				
27	8982		X							X				X				
28	8983		X						X									
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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.)

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.

174 FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 10/25/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. / S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] 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.

USFP

	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	0002				X				X					X				
2	0008							Col		X				X				
3	0010						X			X				X				
4	0011							Col		X				X				
5	0013							PL		X				X				
6	0015		X							X				X				
7	0016		X							X						X		
8	0019							Buff		X						X		
9	0022							Col		X				X				
10	0024		X					Col		X						X		
11	0025							PL		X				X				
12	0026		X							X						X		
13	0028		X							X				X				
14	0030				X								Lp	X				
15	0031		X							X				X				

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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.

2060.

FORM APPROVED OMB NO. 0579-0160

160th

	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	6754				X					X				X				
17	6758		X										S/N			X		
18	6772				X								C/B			X		
19	6773							Sol		X						X		
20	6747							Sol		X						X		
21	6748							Sol		X						X		
22	6749		X										S/N			X		
23	7911							Sol		X						X		
24	7915							PAI		X				X				
25	5983							Sol		X						X		
26	5981							Sol		X						X		
27	5983							Sol		X				X				
28	5989		X							X						X		
29																		
30																		
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.)

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 0579-0180. 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.

17661
FORM APPROVED
OMB NO. 0579-0180
E060266

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m.

DATE: 1/17/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	0001			X					X							X		
2	0006							Sl		X				X				
3	0009		X							X						X		
4	0012					X				X						X		
5	0014							Sl		X						X		
6	6920		X							X				X				
7	6921		/					Pieb		X						X		
8	6922		X							X				X				
9	6927			X						X						X		
10	6929			X						X						X		
11	6932		X										SN	X				
12	6935		X										SN			X		
13	6936		X										SN			X		
14	6937							Sl		X						X		
15	6939		X										SN	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)

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SIGNATURE OF OWNER/SHIPPER/ [illegible] is form is true and correct to the best [illegible]

(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

(b)(6)

										BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include preconditio
										JT	Draft	Pony	Other	Mare	Stal	Geld		
16	6940		X							X				X				
17	6941		X										SN			X		
18	6944							5/1		X						X		
19	6945		X							X			CB	X				
20	6946		X							X						X		
21	6950							5/1		X				X				
22	6973		X										SN			X		
23	7916		X										SN	X				
24	8576					X		5/1		X						X		
25	8578					X				X				X				
26	8583		X						X							X		
27	8590							5/1		X				X				
28	8591		X							X						X		
29	8595					X				X				X				
30	8597		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.)

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)

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162 #
178ORM
APPROVED
OMB NO.
0579-0160
5060267

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m.

DATE: 11/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	6919						X			X				X				
2	6923							Blsnk		X						X	off	
3	6933						X			X				X				
4	7917						X			X					X		off	
5	8912					X				X					X		off	
6	8983		X							X				X				
7	8984		X							X				X				
8	5985				X					X				X				
9	8987		X							X				X				
10	8990						X			X				X				
11	7000		X							X				X				
12	0003						X			X						X		
13	0004		X							X						X		
14	0005						X			X				X				
15	0007				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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

USFP	(b)(6)									BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include preconditio
										QT	Draft	Pony	Other	Mare	Stal	Geld		
16	C018		X							X				X				
17	C020		X							X						X		
18	C021						X			X						X		
19	C045		X							X				X				
20	C046						X			X				X			off	
21	C047				X					X				X				
22	C048		X							X				X				
23	C049				X					X				X				
24	C050						X			X						X		
25	C052		X							X				X		X		
26	C053				X					X				X				
27	C054		X							X				X				
28	C055		X							X						X		
29	C056						X			X				X				
30	C057		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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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180

FORM APPROVED OMB NO. 0579-0160

L060268

TIME HORSES LOADED: 7:30am (b)(6)

DATE: Oct 28/10

VEHICLE LICENSE NO.: (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

(SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sheen	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6523							B/S		X						X		
2	8998						X			X				X				
3	0025						X			X						X		
4	0026							APP		X						X		
5	0027		X							X						X		
6	0030		X							X				X				
7	0032		X							X				X				
8	0033						X			X						X		
9	0034		X							X						X		
10	0035					X				X						X		
11	0036						X			X						X		
12	0037		X							X				X				
13	0038		X							X						X		
14	0039		X							X				X				
15	0040		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)

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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)

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

L060268

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	CT	Draft	Pony	Other	Mare	Stal	Geld		
16	0046						X		X					X				
17	0057		X							X				X				
18	0058		X							X						X		
19	0059				X					X						X		
20	0060						X			X					X			
21	0061					X				X						X		
22	0062		X							X				X				
23	0063		X							X				X				
24	0064		X							X				X				
25	0065		X							X						X		
26	0066		X							X						X		
27	0067		X							X						X		
28	0068		X							X				X				
29	0069		X							X						X		
30	0070					X				X						X		
31																		
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SIGNATURE OF OWNER/SHIPPER [illegible] 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

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 0579-0180. 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.

182 FORM APPROVED OMB NO. 0579-0180

L060401

TIME HORSES LOADED ON CONVEYANCE: 6 PM	DATE: 10/31/1[illegible]
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Cremello	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7917						X			X					X			
2	8557		X						X							X		
3	0002		X							X				X			Aff	
4	0091		X							X				X				
5	0103				X					X				X				
6	0109						X			X				X				
7	0110		X							X						X		
8	0112		X							X				X				
9	0114		X							X				X				
10	0121						X			X				X				
11	0122						X			X				X				
12	0123						X			X				X			Glb	
13	0132						X		X					X				
14	0133		X						X					X				
15	0134		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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.

183

FORM APPROVED OMB NO. 0579-0160

L060401

	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	0135		X						X					X				
17	0136						X						CIB	X				
18	0137		X						X					X				
19	0138				X				X					X				
20	0139						X						CIB	X				
21	0140		X						X					X				
22	0141		X						X					X				
23	0142		X						X					X				
24	0143						X		X					X				
25	0144		X										CIB	X				
26	0145		X						X					X				
27	0146		X						X					X				
28	0147						X		X					X				
29																		
30																		
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.)

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.

165
184 FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 pm

DATE: 10-31-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

VE: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

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

PART 1 - INSPECTOR

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.

185

FORM APPROVED OMB NO. 0579-0160

(b)(6)

	TAG PREF.	----	Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	0101		X							X				X				
17	0104			X						X				X				
18	0105		X							X								
19	0107							Sor		X						X		
20	0108							Bal		X						X		
21	0113							Bal		X				X				
22	0116		X							X						X		
23	0117							Sor		X				X				
24	0120			X						X				X				
25	0123							Sor						X				
26	0126							Sor		X						X		
27																		
28																		
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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.)

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 0579-0180. 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.

186

FORM APPROVED
OMB NO. 0579-0180

L060284

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	0533		X					ST	X									
2	0649							P&L		X						X		
3	0657						X	Mule						X				
4	0658						X	Mule						X				
5	0663		X							X						X		
6	0665						X			X				X				
7	0666						X	W/H								X		
8	0673						X			X						X		
9	0674		X							X						X		
10	0676						X			X						X		
11	0678						X			X				X				
12	0680						X			X						X		
13	0681						X			X				X				
14	0683							Roan		X						X		
15	0685							Pinto		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 know

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

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

L060284

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Gray	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0687		X						X							X	off	
17	0688						X			X				X				
18	0689							PAINT		X				X				
19	0694							PAINT		X						X		
20	0700		X										SN			X		
21	0702		X							X						X		
22	0703							PAINT		X						X		
23	0705						X			X						X		
24	0706						X			X				X				
25	0707						X			X				X				
26	0712						X			X						X		
27	0716		X						X					X				
28	0720		X						X							X		
29	0721		X						X					X				
30	0722			X						X						X		
31	0723		X							X						X		
32																		
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(b)(6)

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)

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FORM APPROVED
OMB NO. 0579-0180
5060271

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 11/2/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE/LICENSE NO. ... 'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	0017		X							X				X				
2	0028				X					X						X		
3	0031				X								C18			X		
4	0044		X						X						X			
5	0078						X			X				X				
6	0079						X			X				X				
7	0081		X							X				X				
8	0083					X				X						X		
9	0084		X							X				X				
10	0106					X				X				X				
11	0118				X					X						X		
12	0119					X				X						X		
13	0127		X						X							X		
14	0128		X						X							X		
15	0130		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)

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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)

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)

(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

0060271

	PREFIX	(b)(6) NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0131		X						X					X				
17	0150		X										SN	X				
18	0152						X		X	X				X				
19	0162						X			X				X				
20	0163						X			X						X		
21	0164				X					X						X	off	
22	0167		X										SN	X				
23	0171		X										SN			X		
24	0174						X				X			X				
25	0175						X				X			X				
26	0176						X						2013	X				
27	0196						X			X				X				
28	5713					X				X					X			
29																		
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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.)

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)

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190
FORM APPROVED
OMB NO. 0579-0160
5060270

TIME HORSES LOADED ON CONVEYANCE: 10:30 p.m.	DATE: 11/2/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND STATE: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	0076						X			X						X		
2	0072		X							X				X				
3	0015						X			X				X				
off- 4	0076					X				X				X				
5	0085							DUN		X				X				
6	0086						X	/		X						X		
7	0088						X			X						X		
8	0093					X				X						X		
9	0096							APP		X				X				
10	0102		X							X				X				
11	0106					X				X				X				
12	0111			X						X						X		
13	0115					X				X				X				
14	0125				X					X				X				
15	0148		X										SIN			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)

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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)

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

(b)(6)

N SHEET

(b)(6)

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

			BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Sheep	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0149		X				17-						SN			X		
17	0151		X							X						X		
18	0153						X			X						X		
19	0154		X										SN			X		
20	0155		X										SN			X		
21	0156				X					X						X		
22	0157					X				X						X		
23	0158				X								HF			X		
24	0159		X							X				X				
25	0166		X										SN			X		
26	0168		X										SN			X		
27	0169				X								SN	X				
28	0170		X										SN	X				
29	0172		X										SN	X				
30	0173		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.)

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.

192
FORM APPROVED
OMB NO. 0579-0160
5050271

TIME HORSES LOADED: 8:00am (b)(6)

DATE: Nov 4/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [ ] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	0199						X			X				X				
2	0200						X						CB	X				
3	0201						X						HF	X				
4	0202						X				X			X				
5	0203		X							X				X				
6	0204		X						X							X		
7	0205							AP		X				X				
8	0206		X							X				X				
9	0207					X				X						X		
10	0208					X				X						X		
11	0209		X							X				X				
12	0210					X				X				X				
13	0211							AP		X						X		
14	0212		X							X				X				
15	0213		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

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	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0214						X						HF	X				
17	0215					X				X				X				
18	0216		X							X				X				
19	0217		X							X				X				
20	0218				X					X				X				
21	0219		X							X				X				
22	0220		X							X				X				
23	0221						X			X				X				
24	0222		X							X				X				
25	0223		X							X				X				
26	0224						X			X						X		
27	0225				X					X				X				
28	0226						X			X				X				
29	0227		X							X					X			
30	7781		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.)

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 0579-0180. 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.

194 FORM APPROVED OMB NO. 0579-0180

5060275

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 11/9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

VEHICLE LICENSE: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	0023							Cur		X					X			
2	0024		X			X				X					X			
3	0076					X				X				X			off	
4	0182		X							X				X				
5	0192		X										SN			X		
6	0229				X				X							X		
7	0230		X						X							X		
8	0231		X						X							X		
9	0232		X						X					X				
10	0233						X		X					X				
11	0235		X										SN	X				
12	0236		X										SN	X				
13	0237		X										SN			X		
14	0240		X										SN			X		
15	0241		X										SN			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 bes

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

406027

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Cream	Other	TB	QT	Draft	Poney	Other	Mare	Stal	Geld		
16	0242						X			X				X				
17	0243						X			X				X				
18	0244						X			X						X		
19	0245					X				X						X		
20	0246						X			X				X				
21	0247							AP		X						X		
22	0248		X							X						X		
23	0249							AP		X				X				
24	0250		X							X						X		
25	0251		X							X				X				
26	0252		X							X						X		
27	0253			X						X				X				
28	0254		X							X				X				
29																		
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SIGNATURE OF OWNER/[illegible] (I/we 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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196121
FORM APPROVED
OMB NO. 0579-0160
0050277

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 11/8/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NUMBER: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestnut	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0164				X					X						X		
2	0183				X					X						X		
3	0184			X						X						X		
4	0185		X										GB	X				
5	0187						X			X				X				
6	0189		X							X						X		
7	0248		X						X					X				
8	0238		X										SIN			X		
9	0255			X						X				X				
10	0256						X			X				X				
11	0257				X					X				X				
12	0258		X							X				X				
13	0259						X			X				X				
14	0260		X							X				X				
15	0261						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)

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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

PART 1 - INSPECTOR

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

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

(Print in Ink) 11/8/10

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.

171

FORM APPROVED OMB NO. 0579-0160

L060277

USDA

	(b)(6)		DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Poor	Other	Mare	Stal	Geld		
16	0262						X			X						X		
17	0263							PAL		X						X		
18	0264			X						X				X				
19	0265		X							X						X		
20	0266		X							X						X		
21	0267						X			X						X		
22	0268							DUN		X				X				
23	0269					X				X						X		
24	0270					X				X				X				
25	0271					X				X						X		
26	0272					X	X				X			X				
27	0280						X			X				X				
28	0281					X				X				X				
29																		
30																		
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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

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 0579-0180. 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.

198 172
FORM APPROVED
OMB NO. 0579-0180
L060279

TIME HORSES LOADED ON: 8:00am (b)(6)

DATE: 11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

OWNER/SHIPPER NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Gleesh	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0283						X			X				X				
2	0286				X					X				X				
3	0287						X			X				X				
4	0288		X							X						X		
5	0289				X					X						X		
6	0290						X			X				X				
7	0291						X			X						X		
8	0292					X				X				X				
9	0294							BSK		X						X		
10	0298		X							X				X				
11	0299						X			X				X				
12	0300							AW		X						X		
13	0302						X			X						X		
14	0305		X										SP	X				
15	0308		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)

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SIGNATURE OF OWNER/SHIPPER/ [illegible] information contained in this form is true and correct to the be

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004)

Previous editions are obsolete

PART 1 - INSPECTOR

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.

172

FORM APPROVED OMB NO. 0579-0160

L060279

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0309		X						X					X				
17	0311						X			X						X		
18	0312						X			X				X				
19	0315		X							X				X				
20	0316		X							X				X				
21	0317		X							X				X				
22	0320		X							X						X		
23	0321		X							X						X		
24	0326						X			X						X		
25	0327						X		X					X				
26	0329				X				X					X				
27	0330						X			X						X		
28	0331						X			X						X		
29	0335				X					X						X		
30	0338		X							X						X		
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SIGNATURE OF OWNER/[illegible] 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

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.

173
200 FORM APPROVED
OMB NO. 0579-0160
L060278

TIME HORSES LOADED ON CONVEYANCE: 7:00am	DATE: 11/11/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND TYPE: (b)(6)	S NAME
NAME OF AUCTION/MARKET: Rotz's Livestock	
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sheen	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8618					X				X				X				
2	0297							Ron			X			X				
3	0043							Dun		X					X			
4	0282				X					X				X				
5	0284						X			X						X		
6	0285						X			X						X		
7	0283							Bay		X						X		
8	0295					X				X				X				
9	0296					X				X				X				
10	0297		X							X						X		
11	0303						X			X				X				
12	0304						X			X				X				
13	0306		X										Sil	X				
14	0307						X			X						X		
15	0310				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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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.

173

FORM APPROVED OMB NO. 0579-0160

L060278

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chamb.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0313			X					X					X				
17	0318						X			X						X		
18	0319				X					X				X				
19	0322						X			X						X		
20	0323						X			X				X				
21	0324					X				X						X		
22	0325						X			X						X		
23	0328						X			X				X				
24	0332						X			X				X				
25	0333		X							X				X				
26	0337				X					X				X				
27	0339						X			X				X				
28	0340		X							X						X		
29																		
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SIGNATURE OF OWNER/SHIPPER [illegible] formation 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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202 174
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00pm
DATE: 11/14/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	0341		X						X					X				
2	0342		X						X					X				
3	0343						X		X					X				
4	0345						X			X				X				
5	0346		X							X				X				
6	0347		X										SW	X				
7	0348				X								SW	X				
8	0349		X										SW			X		
9	0350									X				X				
10	0351		X										SW			X		
11	0352						X			X				X				
12	0353						X			X						X		
13	0354						X			X				X				
14	0355						X			X				X				
15	0356						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)

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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

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

5050280

(b)(6)

	PREFIX	NO.	DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn.	Other	BREED/TYPE TB	QT	Draft	Poor	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	0357				X					X				X				
17	0358		X							X						X		
18	0359						X			X				X				
19	0360						X			X				X				
20	0361		X							X						X		
21	0362		X							X				X				
22	0363		X							X				X				
23	0364		X							X				X				
24	0365		X							X				X				
25	0366			X						X				X				
26	0367							APP		X				X				
27	0368							APP		X				X				
28	0369		X											X				
29																		
30																		
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.)

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)

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20475
FORM APPROVED
OMB NO. 0579-0160
5060282

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 11/15/16
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] 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.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestnut	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0376							Roan		X				X				
2	0379		X							X						X		
3	0380			X						X						X		
4	0381						X			X						X		
5	0382						X			X				X				
6	0383				X					X				X				
7	0384							Appy		X				X				
8	0385		X							X				X				
9	0386		X							X				X				
10	0387		X							X						X		
11	0388		X							X				X				
12	0389						X			X						X		
13	0390		X							X						X		
14	0391						X			X				X				
15	0392						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)

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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

PART 1 - INSPECTOR

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

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

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125-E

FORM APPROVED OMB NO. 0579-0160

(b)(6)

	PREFIX	NO.	BREED/TYPE: Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Poor	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	0393				X					X				X				
17	0394						X			X				X				
18	0395							PAL		X				X			off.	
19	0396						X			X						X		
20	0397						X			X						X		
21	0398						X			X						X	off	
22	0399							PAL		X						X		
23	0400				X					X				X				
24	0401					X				X						X		
25	0402					X				X				X				
26	0403					X				X				X				
27	0404		X							X				X				
28	0405					X				X				X				
29	0406						X			X						X		
30	0408					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.)

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)

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206

FORM APPROVED
OMB NO. 0579-0160

2060385

TIME HORSES LOADED OI: 8:30am (b)(6)

DATE: Nov 17/12

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Cheain	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0395							PH		X				X				
2	0398						X			X						X		
3	0409									X						X		
4	0410			X		X				X				X				
5	0411		X							X				X				
6	0427						X			X						X		
7	0428		X							X						X		
8	0429						X			X				X				
9	0430		X							X				X				
10	0431		X							X				X				
11	0432		X							X				X				
12	0433						X			X				X				
13	0434						X			X				X				
14	0435						X			X				X				
15	0436							PW		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)

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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)

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

(CONTI (b)(6) D, Nov 17 M

(b)(6)

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FORM APPROVED OMB NO. 0579-0160

2066285

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	0437						X			X						X		
17	0438				X					X				X	X			
18	0439					X				X				X				
19	0440			X						X				X				
20	0441		X							X						X		
21	0442						X			X				X				
22	0444		X							X						X		
23	0445		X							X				X				
24	0446						X			X						X		
25	0447					X				X				X		X		
26	0448						X			X				X		X		
27	0449				X					X						X		
28	0450					X				X						X		
29	0451		X							X				X				
30	0452						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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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208

FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 PM	DATE: 11-21-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	0463					X				X						X		
2	0464						X			X						X		
3	0465						X			X						X		
4	0466							RON		X				X				
5	0467		X							X				X				
6	0468						X			X				X				
7	0469							PHI		X						X		
8	0470						X			X						X		
9	0471						X			X				X				
10	0472						X			X						X		
11	0473		X							X				X				
12	0474						X			X				X				
13	0475				X					X				X				
14	0476						X			X				X				
15	0477			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

PART 1 - INSPECTOR

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

5060297

USDA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0478		X							X						X		
17	0479			X									small	X				
18	0480						X			X				X				
19	0481					X				X				X				
20	0482						X			X						X		
21	0483		X							X				X				
22	0484						X			X						X		
23	0485		X							X						X		
24	0486			X						X				X				
25	0487		X							X				X			Off	
26	0488					X				X						X		
27	0518						X			X				X				
28	0517							Apl		X				X				
29																		
30																		
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.)

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)

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210

FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 pm	DATE: 11-22-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

	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	[illegible]		X							X						X		
2	[illegible]						X			X						X		
3	[illegible]		X							X						X		
4	[illegible]							[illegible]		X						X		
5	[illegible]		X							X				X				
6	[illegible]					X				X				X				
7	[illegible]						X			X						X		
8	[illegible]			X						X				X				
9	[illegible]		X							X						X		
10	[illegible]						X			X						X		
11	[illegible]				X					X				X				
12	[illegible]				X					X						X		
13	[illegible]					X				X				X				
14	[illegible]						X			X						X		
15	[illegible]						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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

20050225

USDA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0512					X				X						X		
17	0514						X			X						X		
18	0515						X			X				X		X		
19	0516						X			X				X				
20	0519				X					X						X		
21	0524		X						X					X		X		
22	0526		X						X							X		
23	0528							APP		X				X				
24	0536						X			X				X				
25	0537		X							X				X				
26	0539						X							X				
27	0545						X									X		
28	0597						X			X	X			X				
29																		
30																		
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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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212

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00am (b)(6)

DATE: Nov. 23/10

VEHICLE LICENSE NO.: (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

USFP

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

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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

PART 1 - INSPECTOR

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

5060298

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel Chestnut	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0522		X							X				X				
17	0523		X										mul			X		
18	0524				X					X				X				
19	0530		X							X				X				
20	0531					X				X				X				
21	0533					X				X				X				
22	0534		X				X			X				X		X		
23	0538						X				X					X		
24	0541		X							X						X		
25	0543		X										mul	X				
26	0544						X						mul			X		
27	0546						X						mul			X		
28	0549						X			X				X				
29	0550					X				X				X				
30	0552						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

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 0579-0180. 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.

214 FORM APPROVED OMB NO. 0579-0180 5050290

TIME HORSES LOADED ON CONVEYANCE: 8pm	DATE: 11-28-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
(CONSIGNOR/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sheen	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	0604				X					X						X		
2	0568		X						X					X				
3	0572		/				X						Pony			X		
4	0575		X						X					X				
5	0577						X			X						X		
6	0583						X			X				X				
7	0595		X							X						X		
8	0593		X							X						X		
9	0603		X							X				X				
10	0582						X			X				X				
11	0594					X				X						X		
12	0591		X							X				X				
13	0597				X					X						X		
14	0585		X							X						X		
15	0584		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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)

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FORM APPROVED OMB NO. 0579-0160

G28761

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 6/24/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth (Livestock Roth)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Usine Richelieu

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Rayale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

USE1

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6701						X			X				X				
2	6702					X				X				X				
3	6703						X			X				X				
4	6704						X			X				X				
5	6705						X			X				X				
6	6706		X							X				X				
7	6707		X							X				X				
8	6708						X			X				X				
9	6709						X			X				X				
10	6710		X							X				X				
11	6711		X							X				X				
12	6712					X				X				X				
13	6713		X							X				X				
14	6714						X			X				X				
15	6715						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)

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(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)

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FORM APPROVED
OMB NO.
0579-0160

G28761

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Palo~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6716		X							X				X				
17	6717		X							X				X				
18	6718		X							X						X		
19	6719		X							X				X				
20	6720		X							X				X				
21	6721							Buckskin		X				X				
22	6602		X							X				X				
23	6603		X							X						X		
24	6696				X					X				X				
25	6617						X			X						X		
26	6694		X							X				X				
27	6695		X							X						X		
28	6690						X			X				X				
29																		
30																		
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Canada
Government of Canada
Canada Food Inspection Agency
Agence canadienne d'inspection des aliments

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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3

FORM APPROVED OMB NO. 0579-0160

G28757

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rotz

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vicente Richard

STREET ADDRESS: 475 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn (Sorry)	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6670						X		X							X		
2	6671						X		X							X		
3	6672		X						X							X		
4	6651						X			X				X				
5	6660						X			X				X				
6	6673						X			X				X				
7	6473					X				X				X				
8	6474				X					X				X				
9	6674		X						X	X				X				
10	6675				X					X				X				
11	6676			X						X				X				
12	6677				X					X				X				
13	6678				X					X				X				
14	6679				X					X				X				
15	6680							Bullstr		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDI ANCE.

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).

SIGNA nation contained in this form is true and correct to the bes

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME 25-6-2009

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(Please type or print in ink)

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

628757

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SLB	Other	Mare	Stal	Geld		
16	6472		X							X				X				
17	6681						X			X				X				
18	6682						X			X				X				
19	6683				X					X				X				
20	6555		X							X				X				
21	6461				X					X				X				
22	6466						X			X				X				
23	6460				X							X				X		
24	6684		X						X							X		
25	6685		X							X				X				
26	6458		X							X						X		
27	6686					X				X						X		
28	6697		X						X						X			
29																		
30																		
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)

VS
(SI

*U.S. Government Printing Office: 2004—616-624/99766

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.

5

FORM APPROVED OMB NO. 0579-0160

G28764

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 6/29/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shipp PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roff

NAME OF AUCTION/MARKET: Roff Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roff Roff Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Uvalde Rendering

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Rayale

CITY, STATE, ZIP CODE: Shipp PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-582-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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		
USA	6801		X							X				X				
2	6802						X			X				X				
3	6803						X			X				X				
4	6804					X				X				X				
5	6805			X						X						X		
6	6806						X			X				X				
7	6807					X				X				X				
8	6808		X							X						X		
9	6809		X							X				X				
10	6810						X			X				X				
11	6811					X				X				X				
12	6812				X					X						X		
13	6813		X							X				X				
14	6814						X			X						X		
15	6815						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 be

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

G28764

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6816		X							X				X				
17	6817						X			X				X				
18	6818		X							X				X				
19	6819				X									X				
20	6820						X									X		
21	6821				X									X				
22	6822						X							X				
23	6823							Appl								X		
24	6824					X								X				
25	6825						X							X				
26	6826		X											X				
27	6827						X							X				
28	6828						X							X				
29	6829							Appl						X				
30	6830		X												X			
31																		
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rtify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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(SEP 2002)

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)

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FORM APPROVED
OMB NO.
0579-0160

G 28 762

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Roz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roz Roz's Livestock

STREET ADDRESS: 457 Airport Rd

CITY, STATE, ZIP CODE: Shippensburg PA 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Cheen~~ Sorr	Other	BREED/TYPE: TB	QT	Draft	~~Pony~~ ST/B	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	6751		X										X		X			
2	6752							Appl		X						X		
3	6753		X							X						X		
4	6754							Appl		X						X		
5	6755						X			X						X		
6	6756		X							X						X		
7	6757			X						X						X		
8	6758						X				X					X		
9	6759		X							X				X				
10	6760		X							X						X		
11	6761						X			X				X				
12	6762		X									X		X				
13	6763						X			X						X		
14	6764						X			X						X		
15	6765				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 AU[illegible] 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 29-6-2009

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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.

8

FORM APPROVED
OMB NO.
0579-0160

G28762

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Gheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6766					X				X				X				
17	6767		X							X						X		
18	6768						X		X					X				
19	6769		X						X							X		
20	6770		X							X				X				
21	6771			X						X						X		
22	6772		X							X				X				
23	6689		X							X				X				
24	6698						X						mall			X		
25	6773						X			X				X				
26	6688		X							X				X				
27	6467						X			X				X				
28	6774				X						X			X				
29	6775						X				X			X				
30	6776						X				X					X		
31																		
32																		
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34																		
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SI(ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS
(SEP 2002)

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PAGE ____ OF ____

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)

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9

FORM APPROVED OMB NO. 0579-0160

G28763

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 2/1/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veanda Richelieu

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788 2667

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

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

USEX

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6777				X					X					X			
2	6778					X				X				X				
3	6765		X							X						X		
4	6779						X			X				X				
5	6780		X							X				X				
6	6781							Appa		X				X				
7	6782				X					X						X		
8	6783				X					X						X		
9	6784					X				X				X				
10	6785						X			X						X		
11	6786		X							X						X		
12	6787		X							X						X		
13	6788						X			X						X		
14	6789						X			X						X		
15	6790		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)

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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)

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 10
APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6791						X			X				X				
17	6792				X					X				X				
18	6793							Roan		X				X				
19	6794		X							X						X		
20	6795		X							X						X		
21	6796		X							X						X		
22	6797		X							X				X				
23	6798		X							X						X		
24	6799					X				X						X		
25	6800							PM		X						X		
26	6722		X							X				X				
27	6723					X				X						X		
28	6724		X							X				X				
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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e information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

PAGE ____ OF ____

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)

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11

FORM APPROVED OMB NO. 0579-0160

G29328

TIME HORSES LOADED ON CONVEYANCE: 2:00 PM

DATE: 07/05/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Roth's Livestock

SHIPPER (ORIGIN) NAME: Bruce Roth Roth's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Jeanette Rafale

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Rayle

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	3801			X									X			X		
2	3802						X						X	X				
3	3803						X						X	X				
4	3804		X										X	X				
5	3805			X									X	X				
6	3806							Buckskin					X	X				
7	3807					X							X	X				
8	3808		X										X		X			
9	3809						X						X	X				
10	3810		X										X	X				
11	3811						X						X			X		
12	3812			X									X	X				
13	3813		X										X			X		
14	3814		X										X	X				
15	3816		X										X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[illegible] ANCE.

SIGNATURE (b)(6)

I HEREBY AUT[illegible] DOCUMENT AND THE INFORMATION IN IT AS COMPLETED E[illegible] 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).

SIGNA[illegible] in contained in this form is true and correct to the bes[illegible] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE 15-5-2009

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.

12

FORM APPROVED OMB NO. 0579-0160

629325

	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	3817					X							X	X				
17	3818					X							X	X				
18	3819					X							X			X		
19	3820					X							X	X				
20	3821						X						X	X				
21	3822						X						X	X				
22	3823						X						X	X				
23	3824		X										X	X				
24	3825						X						X			X		
25	3826				X								X			X		
26	3827		X										X			X		
27	3957						X						X	X				
28	3952		X										X			X		
29	3953		X				X						X	X				
30	3929										X					X		
31																		
32																		
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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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13

FORM APPROVED OMB NO. 0579-0160

G28766

TIME HORSES LOADED ON CONVEYANCE: 900 - PM

DATE: 7/8/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roty

NAME OF AUCTION/MARKET: Roty's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roty Roty Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massuville Q.U. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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	~~Cheetn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ ST/B	~~Other~~ other	Mare	Stal	Geld		
1	6891		X							X						X		
2	6856		X							X				X				
3	6892		X							X				X				
4	6893		X									X						
5	6854		X						X							X		
6	6865						X			X						X		
7	6894		X									X				X		
8	6895		X									X		X				
9	6896		X									X				X		
10	6897						X			X						X		
11	6898						X						null	X				
12	6863						X			X						X		
13	6899		X									X		X				
14	6900		X									X		X				
15	6839		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 AUTH [illegible] 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

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

G 28766

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	SI/B ~~Pony~~	Other	Mare	Stal	Geld		
16	6840		X									X				X		
17	6841						X			X				X				
18	6842		X						X					X				
19	6861						X			X				X				
20	6843					X				X				X				
21	6857							Appa		X				X				
22	6836							Roan		X				X				
23	6844						X			X				X				
24	6833							Buck		X				X				
25	6835						X			X				X				
26	6845					X				X				X				
27	6837		X							X						X		
28	6846		X						X							X		
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada ACIA CFIA INSPECTION DES ALIMENTS

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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15

FORM APPROVED OMB NO. 0579-0160

G28765

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth Roth Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Veronda Kuchelmeister

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.

USCEA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6725		X							X				X				
2	6726						X			X				X				
3	6727						X			X						X		
4	6728					X				X				X				
5	6729					X				X				X				
6	6730		X							X						X		
7	6731		X							X				X				
8	6732					X				X				X				
9	6733					X				X				X				
10	6734					X				X						X		
11	6735		X							X				X				
12	6736						X			X				X				
13	6737						X			X				X				
14	6738					X				X				X				
15	6739						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 be

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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.

OMB NO. 0579-0160

G 28765

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rotz

NAME OF AUCTION/MARKET: Rotz Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vanda Kuchelmeister

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [x] 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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6725		X							X				X				
2	6726						X			X				X				
3	6727						X			X						X		
4	6728					X				X				X				
5	6729					X				X				X				
6	6730		X							X						X		
7	6731		X							X				X				
8	6732					X				X				X				
9	6733					X				X				X				
10	6734					X				X						X		
11	6735		X							X				X				
12	6736						X			X				X				
13	6737						X			X				X				
14	6738					X				X				X				
15	6739						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)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the be (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FC

Previous editions are obslete

PART 1 - INSPECTOR

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)

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17

FORM APPROVED OMB NO. 0579-0160

G 28770

TIME HORSES LOADED ON CONVEYANCE: 12:00 PM

DATE: 7-14-05

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Boyd Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rob

CONSIGNEE (RECEIVER/DESTINATION) NAME: Uwe Kuhelm

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 River Rayell

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Mauldin SC

AREA CODE & TELEPHONE NO.: 717 532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sor	Other	TB	QT	Draft	~~Pony~~ ST/G	Other	Mare	Stal	Geld		
1	6941		X		/										X			
2	6926		X											X				
3	6938						X							X				
4	6936						X			X						X		
5	6933						X			X				X				
6	6909		X									X				X		
7	6931					X				X						X		
8	6932						X				X	X				X		
9	6904		X									X				X		
10	6905						X			X	X					X		
11	6907		X									X				X		
12	6927						X			X				X				
13	6930		X							X				X				
14	6915							Roan		X						X		
15	6928						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD. WATER. AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BE

SIGNATURE (b)(6)

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SIGNATU[illegible] ned in this form is true and correct to the best c[illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERALE DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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 18
APPROVED
OMB NO.
0579-0160

G28769

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ ST	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
16	6934		X									X				X		
17	6980		X						X					X				
18	6981					X				X				X				
19	6982						X		X							X		
20	6939						X			X						X		
21	6944				X				X							X		
22	6911		X						X							X		
23	6913		X						X					X				
24	6908		X						X					X				
25	6983		X						X							X		
26	6984						X		X					X				
27	6985		X									X				X		
28	6937		X									X		X				
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIG ertify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

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)

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19

FORM APPROVED OMB NO. 0579-0160

628769

TIME HORSES LOADED ON CONVEYANCE: 1 30 PM

DATE: 7-16-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Roth

NAME OF AUCTION/MARKET: Roth Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roth

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vicente Rickelmer

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ SM	Other	TB	QT	Draft	~~Pony~~ SB	Other	Mare	Stal	Geld		
USEX	6947			X					X							X		
2	6943		X						X							X		
3	6484		X						X							X		
4	6976		X						X							X		
5	6494		X						X					X		X		
6	6949		X						X							X		
7	6483						X		X							X		
8	6977						X		X							X		
9	6485						X		X							X		
10	6978		X						X							X		
11	6979		X						X							X		
12	6493		X						X							X		
13	6490		X						X					X		/		
14	6942		X						X							X		
15	6946		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.

20

FORM APPROVED
OMB NO.
0579-0160

6060823

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
16	7840		X						X					X				
17	7841		X							X						X		
18	7842							AP		X						X		
19	7843						X			X				X				
20	7844		X						X					X				
21	7845		X							X						X		
22	7846		X						X							X		
23	7847						X		X							X		
24	7848						X			X				X				
25	7849						X			X				X				
26	7850					X				X				X				
27	7851						X			X						X		
28	7852						X			X				X				
29																		
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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)

PAGE ____ OF ____

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)

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21
FORM APPROVED
OMB NO.
0579-0160
G28767

TIME HORSES LOADED ON CONVEYANCE: 900 PM (b)(6) DATE: 7-8-9

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

NAME OF AUCTION/MARKET: Rotzo Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

STREET ADDRESS: 457 Airport Rd

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat

STREET ADDRESS: 595 - Rue Royale

CITY, STATE, ZIP CODE: Massuville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2667

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	~~Cheetn~~ Sorr	Other	TB	QT	Draft	~~Bay~~ ST/B	Other	Mare	Stal	Geld		
USET 1	6867						X			X				X				
2	6868						X			X				X				
3	6869		X						X							X		
4	6870		X						X					X				
5	6871						X		X					X				
6	6872						X		X					X				
7	6873		X						X							X		
8	6874		X						X							X		
9	6875						X		X					X				
10	6876						X		X					X				
11	6877		X						X							X		
12	6878		X						X					X				
13	6879		X						X					X				
14	6880					X				X					X			
15	6881		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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, an agency may not conduct or sponsor, and a person is not 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

G28767

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Cheeln~~ Sorr	Other	TB	QT	Draft	~~Perry~~ SFB	Other	Mare	Stal	Geld		
16	6882		X									X		X				
17	6859		X									X		X				
18	6883		X									X				X		
19	6884			X					X							X		
20	6885						X					X				X		
21	6886						X				X			X				
22	6458						X			X				X				
23	6887		X									X		X				
24	6735		X									X		X				
25	6960		X									X		X				
26	6855				X					X				X				
27	6888		X									X		X				
28	6864		X									X		X				
29	6889					X				X						X		
30	6890		X									X		X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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. Government Printing Office: 2004—616-624/99766

(SEP 2002)

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)

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23
FORM APPROVED
OMB NO.
0579-0160

G28795

TIME HORSES LOADED ON CONVEYANCE: 9 pm

DATE: 7-21-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rotz

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 459-788-2667

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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEF	4002			X					X					X				
2	6998		X	[redacted]					X					X				
3	7000		X	[redacted]					X					X				
4	6993		X	[redacted]					X							X		
5	6959		X	[redacted]					X					X				
6	6974				X				X							X		
7	6972				X				X					X				
8	4004		X	[redacted]					X					X				
9	4005																	
10	6998						X		X					X				
11	6958		X	[redacted]					X					X				
12	6999						X		X					X				
13	6962							BKSnk		X						X		
14	6997		X						X							X		
15	6497		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 AU[illegible]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

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 24
APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Roan~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6995		X						X					X				
17	6969						X		X							X		
18	6906							Appy		X				X				
19	4003		X						X					X				
20	6966		X						X							X		
21	6952		X						X					X				
22	6999			X					X					X				
23	6954		X						X							X		
24	6986						X		X							X		
25	6990						X						X			X		
26	4007		X						X							X		
27	6498						X		X						X			
28	4008		X						X							X		
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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)

VS FORM 10-13A
(SEP 2002)

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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)

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25
FORM APPROVED
OMB NO.
0579-0160

G28796

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 7/27/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz ~~Rotz's Livestock~~

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 458-788-2667

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	~~Sorrel~~ Sorr	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
1	4018		X						X					X				
2	4011						X		X							X		
3	4013		X						X							X		
4	4012		X						X					X				
5	4015		X						X					X				
6	4016		X						X					X				
7	4017						X		X					X				
8	4019		X						X							X		
9	4020						X		X							X		
10	4014		X						X							X		
11	4021		X						X							X		
12	4022		X						X					X		X		
13	4023		X						X					X		X		
14	6912		X									X				X		
15	6965						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE 27 7 2009
TIME

VS [illegible])

Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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 26
APPROVED
OMB NO.
0579-0160

628796

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	STB ~~Pony~~	Other	Mare	Stal	Geld		
16	6987		X						X							X		
17	6968		X						X					X				
18	6970		X						X					X				
19	6971		X						X					X				
20	4041		X						X							X		
21	6988						X		X							X		
22	4032		X									X			X			
23	6910		X									X				X		
24	4035		X						X							X		
25	6951		X						X							X		
26	4101		X						X					X		X		
27	4102		X						X							X		
28	4103		X						X							X		
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S that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
INSPECTEUR DES ALIMENTS

V
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

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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)

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27
FORM APPROVED
OMB NO. 0579-0160

G28793

TIME HORSES LOADED ON CONVEYANCE: 6:00 PM

DATE: 07-30-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz / Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 437 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/R	Other	Mare	Stal	Geld		
1	6488		X						X					X				
2	6482		X						X					X				
3	4077		X						X					X				
4	4078				X								mor	X				
5	6960						X		X					X				
6	4068		X						X					X				
7	4069						X		X							X		
8	4070		X						X							X		
9	4071		X						X							X		
10	4072		X						X							X		
11	4073				X				X							X		
12	4074		X						X							X		
13	4075		X						X							X		
14	4050						X			X				X				
15	4079		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)

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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)

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 28
APPROVED
OMB NO.
0579-0160

628793

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ STH	Other	Mare	Stal	Geld		
16	4080		X						X					X				
17	4057		X							X				X				
18	4041		X									X				X		
19	4037		X									X				X		
20	4062						X			X						X		
21	4039		X									X				X		
22	4024			X					X						X			
23	4092		X									X		X				
24	4026		X									X				X		
25	6967		X						X					X				
26	4104		X						X					X				
27	4081		X									X				X		
28	4082		X									X				X		
29	4083		X									X		X				
30	4105		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).

SI / that the information contained in this form is true and correct to the best of my knowledge.

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*U.S. Government Printing Office: 2004—616-624/99766

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)

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FORM 29 APPROVED OMB NO. 0579-0160

I 48168

TIME HORSES LOADED ON CONVEYANCE: 6:00Pm

DATE: 8/9/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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	~~Cheetn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
US EX 1	4132		X						X					X				
2	4133		X						X					X				
3	4134		X						X					X				
4	4135		X						X							X		
5	4136						X			X						X		
6	4137						X			X						X		
7	4138		X									X		X				
8	4139		X						X							X		
9	4140		X							X				X				
10	4141							APPL		X						X		
11	4142						X		X					X				
12	4143						X		X					X				
13	4144		X									X				X		
14	4145		X									X		X				
15	4146		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 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME 5-8 Canada

DIRECCIÓN GENERAL DE INSPECCIÓN 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 80
APPROVED
OMB NO.
0579-0160

I48168

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SORR	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
16	4147		X						X					X				
17	4148					X			X					X				
18	4149						X		X					X				
19	4150		X						X							X		
20	4151		X						X							X		
21	4152		X						X							X		
22	4153						X		X							X		
23	4154		X							X						X		
24	4155						X			X				X				
25	4156		X							X						X		
26	4157		X									X				X		
27	4158						X					X		X				
28	4159				X							X				X		
29	4160		X									X				X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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ify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

*U.S. Government Printing Office: 2004—616-624/99766

(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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31

FORM APPROVED OMB NO. 0579-0160

I48158

TIME HORSES LOADED ON CONVEYANCE: 900 PM — DATE: 8/5/9	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] 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	~~Cheain~~ Sorr	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
1	4186					X				X					X			
2	4187		X									X		X				
3	4188		X									X				X		
4	4189						X					X				X		
5	4162				X							X				X		
6	4163				X		X					X		X		X		
7	4164						X						HF	X				
8	4165		X							X				X				
9	4166						X			X				X				
10	4167						X			X				X				
11	4168					X				X				X				
12	4169				X					X				X				
13	4170		X							X				X				
14	4171		X							X						X		
15	4172		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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the bes

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 7C

DATE

TIME 7-8-2009

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada ACIA CANADIENNE D'INSPECTION DES ALIMENTS

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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PART 2 - OWNER/SHIPPER

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.

32
FORM APPROVED
OMB NO. 0579-0160

I48158

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
16	4173						X			X						X		
17	4174							Appl		X						X		
18	4175		X						X							X		
19	4176						X		X					X				
20	4177		X						X							X		
21	4178		X						X							X		
22	4179		X						X							X		
23	4180						X		X							X		
24	4181						X		X					X				
25	4182			X					X							X		
26	4183						X		X							X		
27	4184				X					X				X				
28	4185		X						X							X		
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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)

(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

PAGE ____ OF ____

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM 33 APPROVED OMB NO. 0579-0160

I48159

TIME HORSES LOADED ON CONVEYANCE: 900 pm

DATE: 8/1/19

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ STB	Other	Mare	Stal	Geld		
USEX 1	4190						X		X					X				
2	4191						X		X					X				
3	4192		X						X					X				
4	4193			X					X					X				
5	4194		X						X					X				
6	4195		X						X					X				
7	4196		X						X							X		
8	4197		X						X					X				
9	4198		X						X					X				
10	4199			X					X							X		
11	4200		X						X							X		
12	4201				X				X					X				
13	4202						X		X					X				
14	4203		X						X					X				
15	4204						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)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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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34
FORM APPROVED
OMB NO. 0579-0160
I48159

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
16	4205						X			X				X				
17	4206		X						X					X				
18	4207		X						X					X				
19	4208		X						X					X				
20	4209						X			X						X		
21	4210				X					X						X		
22	4211				X					X						X		
23	4212						X			X						X		
24	4213						X			X						X		
25	4214		X							X				X				
26	4215		X							X				X				
27	4216						X			X						X		
28	4076		X						X						X			
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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.)

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*U.S. Government Printing Office: 2004—616-624/99766

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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35

FORM APPROVED OMB NO. 0579-0160

I48157

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 08-11-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Roots Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roitz Roitz's Livestock

STREET ADDRESS: 4357 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viandas Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2667

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	Sorr Chestn	Other	TB	QT	Draft	ST/G Pony	Other	Mare	Stal	Geld		
USEX 1	4239		X							X						X		
2	4217					X				X				X				
3	4256		X							X				X				
4	4220						X			X				X				
5	4235					X				X				X				
6	4236		X							X				X				
7	4226		X							X				X				
8	4223		X							X						X		
9	4221						X			X				X				
10	4228					X				X				X				
11	4227					X				X				X				
12	4067						X		X						X			
13	4238		X							X						X		
14	4239							Appy		X						X		
15	4240					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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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TIME

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Gouvernement du Canada

Canadian Food Inspection Agency — Agence canadienne d'inspection des aliments

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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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36
FORM APPROVED
OMB NO.
0579-0160

I 48157

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Brown~~ Scot	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
16	4241						X			X				X				
17	4242		X							X				X				
18	4243							Appy		X						X		
19	4244							Pinto		X				X				
20	4245						X			X						X		
21	4246		X							X				X				
22	4247			X					X							X		
23	4248			X					X					X				
24	4249						X			X				X				
25	4250						X			X				X				
26	4251						X			X				X				
27	4252		X							X				X				
28	4253		X						X					X				
29	4254						X		X					X				
30	4255		X									X		X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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).

SIGN/ nation 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

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.

37

FORM APPROVED OMB NO. 0579-0160

I48158

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 8/12/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2667

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
USEA			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Bay~~ ST/B	Other	Mare	Stal	Geld		
1	4257		X						X					X				
2	4258		X						X					X				X
3	4259				X				X						X			X
4	4260				X				X					X			2 4259	X
5	4261						X			X						X		X
6	4262					X				X				X				
7	4263		X									X		X				
8	4264		X									X		X				
9	4265		X									X				X		
10	4266		X									X				X		
11	4267		X									X				X		
12	4218						X			X				X				
13	4219		X							X				X				
14	4222						X			X				X				
15	4224		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 AUTH[illegible] 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 [illegible] ion contained in this form is true and correct to the bes

(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)

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FORM APPROVED OMB NO. 0579-0160

I 48155

	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	4225					X				X				X				
17	4230		X							X				X				
18	4231		X							X				X				
19	4232		X							X				X				
20	4237					X				X				X				
21	4239	4239	X							X				X				
22	4233		X							X				X				
23	4268					X				X				X				
24	4269					X				X				X				
25	4270		X						X							X		
26	4271		X						X					X				
27	4272									X				X				
28	4273		X						X							X		
29																		
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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

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

I48091

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 8/17/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz Bruce Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA	4320		X						X							X		
2	4321		X						X					X				
3	4322				X				X							X		
4	4323						X		X							X		
5	4324		X						X					X				
6	4325		X						X						X			
7	4326						X		X							X		
8	4327				X				X							X		
9	4298		X						X							X		
10	4295						X		X					X				
11	4301						X		X							X		
12	4303				X				X							X		
13	4279		X						X							X		
14	4292		X						X					X				
15	4299		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)

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SIGNATURE OF OWNER/... ...ify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 21-8-2009

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)

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FORM APPROVED OMB NO. 0579-0160

I48091

	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	4293		X						X							X		
17	4294		X						X					X				
18	4286		X						X					X				
19	4328		X						X					X				
20	4304		X						X					X				
21	4276						X			X				X				
22	4290						X			X				X				
23	4282							Pint		X				X				
24	4335		X							X				X				
25	4336		X						X							X		
26	4337						X		X							X		
27	4338		X						X					X				
28	4339		X						X							X		
29																		
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S

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

(b)(6)

PAGE ___ OF ___

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)

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41

FORM APPROVED OMB NO. 0579-0160

I48094

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 08-18-08

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO.: (b)(6)

NAME OF AUCTION/MARKET: Rptz's Livestock

Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	~~Cheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	4278						X			X				X				
2	4285					X				X				X				
3	4277					X				X				X				
4	4288	4288	X							X				X				
5	4291						X			X						X		
6	4284		X							X						X		
7	4300						X			X				X				
8	4302						X			X				X				
9	4275					X				X						X		
10	4274		X							X				X				
11	4283						X			X				X				
12	4280					X				X						X		
13	4287		X							X				X		X		
14	4281		X							X				X				
15	4319						X			X				X				

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

SIGNATURE (b)(6)

I HEREBY A[illegible] 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 [illegible] rmation contained in this form is true and correct to the [illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

I48094

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4318		X							X						X		
17	4329	4329	X							X						X		
18	4313		X							X				X				
19	4316						X			X						X		
20	4307		X							X						X		
21	4310					X				X				X				
22	4330		X							X				X				
23	4331		X							X				X				
24	4332		X							X				X				
25	4333		X							X				X				
26	4311							APPV		X						X		
27	4334		X							X				X				
28	4314		X							X				X				
29	4315						X			X				X				
30	4317			X						X				X				
31																		
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

PAGE ____ OF ____

(SEP 2002)

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)

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43

FORM APPROVED OMB NO. 0579-0160

I 48181

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 8/19/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensbueg Pa.

VEHICLE LICENSE NO. AND DRIVER NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	4306		X							X				X				
2	4340				X					X				X				
3	4341		X							X						X		
4	4342							Pal		X						X		
5	4344		X							X						X		
6	4346							Roan		X				X				
7	4305						X		X						X			
8	4343						X			X						X		
9	4366			X						X						X		
10	4357						X		X							X		
11	4358						X		X							X		
12	4359						X		X							X		
13	4360						X		X							X		
14	4361		X						X					X				
15	4362		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 AUT[illegible] OCUMENT AND THE INFORMATION IN IT AS COMPLETED B[illegible] 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/[illegible] the information contained in this form is true and correct to the bes[illegible] (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)

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FORM APPROVED
OMB NO. 0579-0160

I48181

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto ~~Sorrel~~ Sorrel	Other	BREED/TYPE TB	QT	Draft ~~Pony~~ TB	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
USDA 16	4363		X					X				X				
17	4364		X					X				X				
18	4365		X					X				X				
19	4347					X			X					X		
20	4348					X			X					X		
21	4349		X						X			X				
22	4350		X						X			X				
23	4351						AHP		X					X		
24	4352		X						X					X		
25	4353						AHP		X			X				
26	4354					X			X			X				
27	4355					X			X					X		
28	4356					X			X			X				
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Canadian Food Inspection Agency
Government of Canada
Canada

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).

SIG the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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.

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FORM APPROVED OMB NO. 0579-0160

I48182

TIME HORSES LOADED ON CONVEYANCE: 400 PM

DATE: 8/24/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
USEY 1	4395							AP		~~QT~~				X				
2	4396					X				X				X				
3	4397						X			X				X				
4	4398			X					X					X				
5	4399		X						X							X		
6	4400						X			X				X				
7	4401						X			X						X		
8	4402		X						X							X		
9	4403						X		X					X				
10	4404		X						X							X		
11	4405		X									X				X		
12	4406						X					X				X		
13	4407		X									X				X		
14	4408		X									X				X		
15	4409			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

(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

I48182

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4411						X			X						X		
17	4412		X							X				X				
18	4413						X			X				X				
19	4415					X				X				X				
20	4416		X						X							X		
21	4417		X							X				X				
22	4418					X				X						X		
23	4419							Pony		X				X				
24	4420			X						X						X		
25	4421		X							X				X				
26	4422						X			X						X		
27	4423		X							X						X		
28	4435			X					X						X			
29																		
30																		
31																		
32																		
33																		
34																		
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(b)(6)

PAGE ____ OF ____

(SEP 2002)

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)

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47
FORM APPROVED
OMB NO. 0579-0160
I 48073

TIME HORSES LOADED ON CONVEYANCE: 8:00 Am	DATE: 08-25-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USDA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	TB	QT	Draft	~~Pony~~ STB	Other	Mare	Stal	Geld		
1	4436						X				X					X		
2	4437						X						Mul	X				
3	4438						X			X				X				
4	4439		X									X				X		
5	4440		X									X		X				
6	4441						X						Mul	X				
7	4442		X									X				X		
8	4443		X									X				X		
9	4444		X									X				X		
10	4445		X							X		X				X		
11	4446		X									X				X		
12	4447		X									X				X		
13	4448						X			X					X			
14	4449		X						X							X		
15	4450		X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMI EYANCE.

SIGNATURE (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the b

(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.

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FORM APPROVED
OMB NO. 0579-0160

I48093

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorr ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	4451			X					X							X		
17	4452						X		X							X		
18	4453						X		X							X		
19	4454		X						X					X				
20	4455		X						X					X				
21	4456		X						X							X		
22	4457				X				X							X		
23	4458		X						X							X		
24	4459		X						X							X		
25	4460		X							X						X		
26	4461					X				X				X				
27	4462					X				X						X		
28	4463				X				X							X		
29	4464					X			X							X		
30	4467		X						X					X				
31																		
32																		
33																		
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(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

I 48188

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 8/26/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sor	Other	TB	QT	Draft	~~Pony~~ Sd	~~Other~~ Sd	Mare	Stal	Geld		
1	4465		X						X							X		
2	4466		X						X					X				
3	4468						X		X					X				
4	4469		X						X					X				
5	4470						X		X					X				
6	4471						X		X					X				
7	4472		X						X					X				
8	4473		X						X					X				
9	4474		X						X					X				
10	4475		X									X				X		
11	4476		X										m-N			X		
12	4477			X					X					X				
13	4478		X							X						X		
14	4410						X			X				X				
15	4478				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)

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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)

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.

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FORM APPROVED OMB NO. 0579-0160
I48188

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorry	Other	BREED/TYPE TB	QT	Draft	~~Pony~~ SN	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4479		X						X						X			
17	4480						X		X					X				
18	4481		X						X							X		
19	4482		X						X					X				
20	4483		X						X							X		
21	4484						X		X					X				
22	4485		X						X					X				
23	4486						X		X					X				
24	4487		X						X					X				
25	4488						X		X					X				
26	4489		X						X					X				
27	4490		X						X					X				
28	4491		X									X		X				
29																		
30																		
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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)

PAGE ____ OF ____

(SEP 2002)

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)

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FORM APPROVED OMB NO. 0579-0160

I48189

TIME HORSES LOADED ON CONVEYANCE: 6:00Pm

DATE: 08-27-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S N: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: ~~Bruce Rotz~~ ~~Rotz's Livestock~~

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airpot Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	~~Sheeln~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	4492						X		X					X				
2	4493		X									X				X		
3	4494		X								X			X				
4	4495						X		X							X		
5	4496		X									X				X		
6	4497		X									X				X		
7	4498		X									X				X		
8	4499							Apk		X				X				
9	4500		X							X				X				
10	4501						X		X							X		
11	4502		X									X				X		
12	4506		X									X				X		
13	4503		X						X							X		
14	4504		X						X					X				
15	4505						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)

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SIGNATURE OF OWNER/SHIPPER/[illegible] that the information contained in this form is true and correct to th

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

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)

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~~FORM~~
APPROVED
OMB NO.
0579-0160

I 48189

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE TB	QT	Draft	~~Pony~~ S/N	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4507		X									X				X		
17	4508			X					X					X				
18	4509		X							X						X		
19	4510						X			X					X			
20	4511						X		X							X		
21	4512					X				X				X				
22	4513						X			X						X		
23	4514				X					X				X				
24	4515							AP		X				X				
25	4516						X			X				X				
26	4517						X			X				X				
27	4518		X									X		X				
28	4519		X									X				X		
29	4520						X		X							X		
30	4521		X						X					X				
31																		
32																		
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

PAGE ____ OF ____

(SEP 2002)

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)

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FO[illegible]
APPROVED
OMB NO.
0579-0160
T48200

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 8/31/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensbueg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rotz

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	~~Chesn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USE 1	45[illegible]	4524			X					X				X				
2	4525		X		X							X				X		
3	4526							Rone			X			X				
4	4527		X		X				X							X		
5	4528		X		X				X					X				
6	4529					X				X						X		
7	4530		X									X				X		
8	4531		X						X					X				
9	4532							Pal		X				X				
10	4533						X			X				X				
11	4534							Pal		X						X		
12	4535						X			X						X		
13	4536						X			X				X				
14	4537					X				X				X				
15	4538		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 A[illegible] 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).

SIGNA[illegible] the information contained in this form is true and correct to the bes[illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 01/09/2009

TIME 10:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO[illegible]

Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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.

54
FORM APPROVED
OMB NO.
0579-0160
I48200

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sorr ~~Shestn~~	Other	BREED/TYPE TB	QT	Draft	Sin ~~Pony~~	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
USDA 16	4539						X			X				X				
17	4540		X							X						X		
18	4541						X			X						X		
19	4542			X					X							X		
20	4543						X			X				X				
21	4544		X							X				X				
22	4545							Pinto		X				X				
23	4546						X			X				X				
24	4547		X							X				X				
25	4548		X						X					X				
26	4549		X							X				X				
27	~~[illegible]~~ 4598						X			X					X			
28	4595		X						X	X						X		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
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hat the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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

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.

OMB NO. 0579-0060

I48093

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ SOR	Other	TB	QT	Draft	~~Pony~~ ST/B	Other	Mare	Stal	Geld		
1	4436						X				X					X		
2	4437						X						null	X				
3	4438						X			X				X				
4	4439		X									X				X		
5	4440		X									X		X				
6	4441						X						null	X				
7	4442		X									X				X		
8	4443		X									X				X		
9	4444		X									X				X		
10	4445		X							X		X				X		
11	4446		X									X				X		
12	4447		X									X				X		
13	4448						X			X					X			
14	4449		X						X							X		
15	4450		X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM ... /ANCE.

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 ...

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PART 1 - INSPECTOR

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

I48073

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Sheets~~ Scot	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4451			X					X							X		
17	4452						X		X							X		
18	4453						X		X							X		
19	4454		X						X					X				
20	4455		X						X					X				
21	4456		X						X							X		
22	4457				X				X							X		
23	4458		X						X							X		
24	4459		X						X							X		
25	4460		X							X						X		
26	4461						X			X				X				
27	4462						X			X						X		
28	4463				X				X							X		
29	4464						X		X							X		
30	4467		X						X					X				
31																		
32																		
33																		
34																		
35																		
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S the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

V
(SEP 2002)

PAGE ____ OF ____

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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)

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FORM APPROVED OMB NO. 0579-0160

I48173

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu, Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] 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		
USDA	4961		X						X					X				
2	4957						X			X				X				
3	4954							P/A		X				X				
4	5000		X						X					X				
5	5084								X					X				
6	4988		X							X				X				
7	4995						X			X				X				
8	4960							Appl		X			A	X				
9	4981				X					X						X		
10	4956		X							X				X				
11	4986		X						X					X				
12	4998						X			X				X				
13	5001		X						X							X		
14	4999				X					X				X				
15	5080									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

(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~~ SIN	Other	Mare	Stal	Geld		
16	4994		X						X							X		
17	5083		X							X						X		
18	4948		X						X	/						X		
19	4949					X				X						X		
20	4953		X						X					X				
21	5086		X						X					X				
22	5087		X									X				X		
23	5088		X									X		X				
24	5089				X					X				X				
25	5090		X										X	X				
26	5091		X						X							X		
27	5097		X										X			X		
28	5093		X										X	X				
29																		
30																		
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)

PAGE ____ OF ____

(SEP 2002)

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)

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FORM APPROVED OMB NO. 0579-0160

G28787

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE 1	4084			X				[redacted]		X				X				
2	4085							AP		X						X		
3	4086						X			X						X		
4	4087						X			X				X		[redacted]		
5	4088						X			X						X		
6	4089							DUN		X						X		
7	4090		X							X						X		
8	4091						X			X						X		
9	4092		X							X						X		
10	4093						X			X						X		
11	4094			X						X						X		
12	4095							BS		X						X		
13	4096						X		X					X				
14	4097						X			X				X				
15	4098					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

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

G28787

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4099		X							X						X		
17	4100		X							X				X				
18	4424			X									AB			X		
19	4425							AP		X						X		
20	4426		X							X						X		
21	4427						X						MN			X		
22	4428							AP		X				X				
23	4429		X							X						X		
24	4430							APL		X						X		
25	4431						X		X					X				
26	4432		X										MN			X		
27	4433							TAN		X						X		
28	4434				X			[illegible]		X						X		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

61

TIME HORSES LOADED ON CONVEYANCE: 9:00pm

DATE: 9/2/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17256

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	~~Cremo~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USDA 1	4580		X									X				X		
2	4585		X						X					X				
3	4590					X				X				X				
4	4584		X							X				X				
5	4588						X			X				X				
6	4582		X							X						X		
7	4583		X							X						X		
8	4592						X			X				X				
9	4587		X							X				X				
10	4523						X		X					X				
11	4594		X						X					X				
12	4593		X						X							X		
13	4591						X			X				X				
14	4589						X			X				X				
15	4597					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. 76

DATE 3/09/09

TIME 1500

CANADIAN FOOD INSPECTION AGENCY Government of Canada / Gouvernement du Canada

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

I48191

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Soy ~~Chestn~~	Other	BREED/TYPE: TB	QT	Draft	S/N ~~Pony~~	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4596		X						X							X		
17	4599						X				X					X		
18	4600						X				X					X		
19	4601			X					X					X				
20	4602		X						X							X		
21	4603		X						X							X		
22	4604		X						X					X				
23	4605							AFL		X				X				
24	4606		X									X				X		
25	4607		X							X						X		
26	4608		X									X				X		
27	4609		X						X							X		
28	4610						X		X					X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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SIG that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS
(SEP 2002)

PAGE ____ OF ____

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)

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63

FORM APPROVED OMB NO. 0579-0160

I48183

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 09-03-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotze Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu.

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	4611		X							X				X				
2	4612		X							X				X				
3	4613					X				X				X				
4	4614		X									X		X				
5	4615		X									X		X				
6	4616						X		X					X				
7	4617					X				X				X				
8	4618					X				X				X				
9	4619			X						X				X				
10	4620				X				X					X				
11	4621		X								X					X		
12	4622		X						X							X		
13	4623		X									X		X				
14	4624		X									X				X		
15	4625						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIately

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 e information contained in this form is true and correct to the best of m

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 04/09/2009

TIME 9:00

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)

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64
FORM APPROVED
OMB NO.
0579-0160
I 48183

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE: TB	QT	Draft	~~Pony~~ SN	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
USDA 16	4626		X							X						X		
17	4627		X							X				X				
18	4628		X							X				X				
19	4629		X							X						X		
20	4630						X			X				X				
21	4631		X							X				X				
22	4632		X							X						X		
23	4633		X							X				X				
24	4634			X							X					X		
25	4635		X									X		X				
26	4636						X			X				X				
27	4637					X				X				X				
28	4638		X							X		X				X		
29	4639						X					X	X			X		
30	4640		X									X			X			
31																		
32																		
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SIGNATUI ...nformation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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65

FORM APPROVED OMB NO. 0579-0160

I48197

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 9/6/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) Bruce Rotz

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ SorT	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USGA	4643		X							X				X				
2	4644		X							X				X				
3	4645						X			X				X				
4	4646		X						X					X				
5	4647						X			X				X				
6	4648						X		X							X		
7	4649						X			X				X				
8	4650						X			X				X				
9	4651				X					X				X				
10	4652							APL		X				X				
11	4653		X						X					X				
12	4654		X						X					X				
13	4655						X			X				X				
14	4656						X			X				X				
15	4657						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE 9-9-9

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

Previous editions are obslete

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

I48197

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	BREED/TYPE TB	QT	Draft	SN ~~Pony~~	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4658						X			X				X				
17	4659							Ap		X				X				
18	4660						X		X							X		
19	4661		X							X				X				
20	4662				X					X						X		
21	4663		X							X						X		
22	4664		X							X				X				
23	4665					X				X				X				
24	4666		X							X						X		
25	4667					X					X					X		
26	4668					X				X						X		
27	4669						X			X						X		
28	4670						X				X					X		
29																		
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(b)(6)

PAGE ____ OF ____

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)

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67

FORM APPROVED OMB NO. 0579-0160

I48193

TIME HORSES LOADED ON CONVEYANCE: 900 PM

DATE: 9/9/9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are able to walk unassisted.
- [ ] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	4730		X							X						X		
2	4731		X						X					X				
3	4732						X		X							X		
4	4733		X						X							X		
5	4734			X					X							X		
6	4735				X				X					X				
7	4736		X						X					X				
8	4737		X							X						X		
9	4710		X							X						X		
10	4738							Dun		X						X		
11	4739							B/Skin		X				X				
12	4706					X				X				X				
13	4719						X			X						X		
14	4726						X			X						X		
15	4740						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)

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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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 10/09/2009

TIME 13h00

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)

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FORM APPROVED OMB NO. 0579-0160

F48193

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	4731						X									X		
17	4718		X											X				
18	4708		X											X				
19	4707		X													X		
20	4716				X									X				
21	4725			X												X		
22	4724		X													X		
23	4729						X									X		
24	4709						X									X		
25	4715						X							X				
26	4741					X								X				
27	4705						X							X				
28	4704						X								X			
29																		
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(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM APPROVED
OMB NO. 0579-0160
I48194

TIME HORSES LOADED ON CONVEYANCE: 8:00 Am	DATE: 09-10-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND ST.: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sor	Other	TB	QT	Draft	Pony	~~Other~~ SN	Mare	Stal	Geld		
1	4711						X		X							X		
2	4728						X			X				X				
3	4723		X							X						X		
4	4713						X			X						X		
5	4717						X			X						X		
6	4722					X				X				X				
7	4714					X				X				X				
8	4720		X						X					X				
9	4712		X							X						X		
10	4703		X						X							X		
11	4699					X				X				X				
12	4742		X						X							X		
13	4743						X		X							X		
14	4761						X		X					X				
15	4744				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)

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SI mation contained in this form is true and correct to the

(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)

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FORM APPROVED OMB NO. 0579-0160

I 48194

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Perry	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4745						X					X		X				
17	4767						X			X						X		
18	4700		X							X				X				
19	4746				X					X				X				
20	4747							Plu		X				X				
21	4748					X				X				X				
22	4751		X							X						X		
23	4752		X									X		X				
24	4753		X									X		X				
25	4754		X									X		X				
26	4749		X									X				X		
27	4750		X									X				X		
28	4755		X									X				X		
29	4756		X									X				X		
30	4757		X									X				X		
31																		
32																		
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SIG y that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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

G28800

TIME HORSES LOADED ON CONVEYANCE: 8:00 PM

DATE: 9-03-08

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz Bruce Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
USDA			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	4801		X						X							X		
2	4802		X						X					X				
3	4803		X						X					X				
4	4804		X						X							X		
5	4805		X						X					X				
6	4806		X						X					X				
7	4807					X				X				X				
8	4808					X				X				X				
9	4809						X			X				X				
10	4810		X						X							X		
11	4811						X			X				X				
12	4812		X							X						X		
13	4813						X			X						X		
14	4814						X			X				X				
15	4815		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

G 28800

List	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4816							Pal		X						X		
17	4817		X							X				X				
18	4818		X							X				X				
19	4819		X							X						X		
20	4820							X		X				X				
21	4821						X				X			X				
22	4822		X							X				X				
23	4823		X							X				X				
24	4824					X				X				X				
25	4825		X							X				X				
26	4826							Appl		X				X				
27	4827							Rose		X				X				
28	4828					X				X				X				
29																		
30																		
31																		
32																		
33																		
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PAGE ____ OF ____

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)

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73
FORM APPROVED
OMB NO. 0579-0160
G28799

TIME HORSES LOADED ON CONVEYANCE: [illegible]

DATE: [illegible]

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHIPPENSBURG, PA.

NAME OF AUCTION/MARKET: ROTZ'S LIVESTOCK

(OWNER/SHIPPER) NAME: ROTZ BRUCE ROTZ'S LIVESTOCK

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDA RICHELIEU MEAT INC

STREET ADDRESS: 457 AIRPORT RD.

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: SHIPPENSBURG, PA. 17257

CITY, STATE, ZIP CODE: MASSUEVILLE QU. CANADA

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USED

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	4835		X							X				X				
2	4829						X			X						X		
3	4833						X			X						X		
4	4830						X			X				X				
5	4831						X				X			X				
6	4832							Pony		X				X				
7	4839						X						S/B	X				
8	4841		X						X							X		
9	4842					X				X						X		
10	4843		X						X					X				
11	4844						X			X				X				
12	4845		X							X				X				
13	4846						X			X				X				
14	4847						X			X						X		
15	4848						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)

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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 kn[illegible]

(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)

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G 28799

FORM APPROVED OMB NO. 0579-0160

[redacted]

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Scrty	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4849		X						X							X		
17	4851						X			X				X				
18	4852						X			X						X		
19	4853		X							X				X				
20	4854						X			X				X				
21	4855		X						X							X		
22	4856		X						X							X		
23	4857		X						X					X				
24	4858					X				X				X				
25	4859		X							X						X		
26	4860						X			X				X				
27	4861							Ab		X				X				
28	4862							Appr		X				X				
29	4863		X							X						X		
30	4864		X							X				X				
31																		
32																		
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SIGNATUI information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM
(SEP 2002

PAGE ___ OF ___

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)

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75

FORM APPROVED OMB NO. 0579-0160

I48162

TIME HORSES LOADED ON CONVEYANCE: 6:00 PM

DATE: 09-17-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	4940						X		X					X				
2	4941		X						X							X		
3	4942		X									X				X		
4	4943		X						X					X				
5	4914						X		X					X				
6	4915			X					X					X				
7	4916		X						X					X				
8	4917						X			X						X		
9	4918						X			X						X		
10	4919							RP		X				X				
11	4920			X						X				X				
12	4921						X			X						X		
13	4922		X							X				X				
14	4923			X						X				X				
15	4924		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)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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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

I48167

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Sheets~~ Soft	Other	BREED/TYPE TB	QT	Draft	~~Pony~~ SD	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
USDA 16	4925			X				X		X				X				
17	4926		X						X					X				
18	4927			X				X		X				X				
19	4928		X							X						X		
20	4929						X			X				X				
21	4930		X							X						X		
22	4931							API		X				X				
23	4932					X				X				X				
24	4933						X			X				X				
25	4934		X						X							X		
26	4935		X							X				X				
27	4936							AP		X						X		
28	4937							Rot		X				X				
29	4938						X			X				X				
30	4939						X			X				X				
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SIG e information contained in this form is true and correct to the best of my knowledge.)

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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)

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77
FORM APPROVED
OMB NO. 0579-0160
I48163

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensbueg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE: TB	QT	Draft	~~Pony~~ SH	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
USFT	4968		X						X					X				
2	4969		X						X					X				
3	4970						X			X				X				
4	4971		X						X							X		
5	4972		X						X					X				
6	4973		X						X							X		
7	4974		X						X					X				
8	4975		X						X							X		
9	4976						X						C/B			X		
10	4977	X					X			X						X		
11	4978			X						X						X		
12	4979				X					X				X				
13	5003		X						X					X				
14	5004		X						X							X		
15	5005		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 AUT HIS 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).

SIGN. mation contained in this form is true and correct to the be

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CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE Sep 09
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)

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FORM APPROVED OMB NO. 0579-0160

I48163

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE TB	QT	Draft	~~Pony~~ SN	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
WEK 16	5006		X						X					X				
17	5007		X						X							X		
18	5008		X											X				
19	5009		X													X		
20	5010		X											X				
21	5011		X											X				
22	5012		X											X				
23	4963						X			X						X		
24	4959		X			X				X				X				
25	4964		X									X	X	X				
26	4958		X							X				X				
27	4966					X				X				X				
28	4957						X			X				X				
JS 29	~~4947~~						X		X					X			OFF	
JS 30	~~4967~~		X										X			X	OFF	
31	4965		X							X				X				
32	4962		X							X						X		
33																		
34																		
35																		
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certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

PAGE ____ OF ____

(SEP 2002)

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.

79

FORM APPROVED OMB NO. 0579-0160

I48184

TIME HORSES LOADED ON CONVEYANCE: 8:00 am

DATE: 09-22-02

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz Bruce Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Poly~~ S/N	Other	Mare	Stal	Geld		
1	5021				X					X				X				
2	5022				X					X				X				
3	5023				X					X				X				
4	5024						X			X						X		
5	5025						X			X				X		X		
6	5026		X							X						X		
7	5027		X							X				X				
8	5028						X			X				X				
9	5029						X			X				X				
10	5030						X			X				X				
11	5031		X							X						X		
12	5032						X			X						X		
13	5033					X				X				X				
14	5034		X						X					X				
15	5035		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

I 48154

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Gnestn~~ SCY	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
16	5036		X						X					X				
17	5037		X							X				X				
18	5038		X							X				X				
19	5039		X							X						X		
20	5040						X		X					X				
21	5041					X				X						X		
22	5042		X							X				X				
23	5043		X							X				X				
24	5044		X							X				X				
25	5045						X			X				X				
26	5053		X							X				X				
27	5054		X							X						X		
28	5056		X							X						X		
29	5057							FAI		X				X				
30	5058						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)

V
(SEP 2002)

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)

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81

FORM APPROVED OMB NO. 0579-0160

I 48175

TIME HORSES LOADED ON CONVEYANCE: 9 pm

DATE: 9/23/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USED	5094						X		X					X				
2	5095		X						X					X				
3	5096						X		X							X		
4	5097						X		X					X				
5	5098						X			X						X		
6	5099			X					X						X			
7	5100		X									X		X				
8	5101		X									X		X				
9	5102						X			X				X				
10	5103		X									X				X		
11	5104		X									X		X				
12	5105		X									X		X				
13	5106			X					X							X		
14	5107							APHIS		X						X		
15	5108						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)

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SIGNATURE OF OWNER/SHIPPER: I certify that the information contained in this form is true and correct to the be

(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)

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FORM APPROVED OMB NO. 0579-0160

I48175

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	S/N ~~Pony~~	Other	Mare	Stal	Geld		
16	5109		X									X		X				
17	5110						X			X						X		
18	5111		X									X				X		
19	5112		X									X		X				
20	5113		X									X				X		
21	5114				X							X				X		
22	5115						X					X				X		
23	5116		X						X					X				
24	5117						X			X				X				
25	5118		X									X				X		
26	5119		X									X				X		
27	5120						X		X					X				
28	5121		X							X						X		
29																		
30																		
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SIG (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS
(SE. ____)

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

I48174

TIME HORSES LOADED ON CONVEYANCE: 6:00 Pm

DATE: 09-24-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

Rotz Bruce Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensbueg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	~~Cheetn~~ Sorry	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USE1	5060						X			X				X				
2	5065						X			X				X				
3	5071			X						X				X				
4	5067						X			X				X				
5	5064					X				X				X				
6	5068				X					X				X				
7	5069						X			X				X				
8	5059						X						S/B			X		
9	5074		X						X							X		
10	5070						X			X						X		
11	5055					X				X				X				
12	5073						X			X						X		
13	5066						X			X						X		
14	5063						X			X						X		
15	5085				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)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

Previous editions are obslete

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

I48174

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto ~~Chestn~~ Sorr	Other	BREEDS/TYPE TB	QT	Draft	~~Pony~~ SIN	Other	SEX Mare	Stat	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	5075					X			X						X		
17	5072				X				X				X				
18	5064				X				X				X				
19	5061		X						X						X		
20	4997					Bay			X				X				
21	5078					X			X				X				
22	5079					Appk			X				X				
23	4980				X				X				X				
24	5077					Roan			X				X				
25	4951					X			X				X				
26	4955				X				X						X		
27	5081		X						X						X		
28	5076					X			X				X				
29	4983		X								X				X		
30	5057		X						X						X		
31																	
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VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM 85 APPROVED OMB NO. 0579-0160

628781

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 09-29-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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		
USE-X 1	5168			X							X					X		
2	5169					X				X						X		
3	5166																	
4	5171		X							X						X		
5	5175					X				X						X		
6	5173				X					X				X				
7	5172		X							X				X				
8	5174																	
9	5170		X							X				X				
10	5154		X							X				X				
11	5158		X							X						X		
12	5156		X							X				X				
13	5153		X							X						X		
14	5157			X						X						X		
15	5163					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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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.

86

FORM APPROVED
OMB NO. 0579-0160

G28791

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chesln~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
16	5159									X						X		
17	5165									X				X				
18	5164									X				X		X		
19	5155									X				X		X		
20	5157									X				X		X		
21	5160									X						X		
22	5161									X				X				
23	5167									X				X				
24	5180		X							X						X		
25	5181		X						X					X				
26	5182						X			X						X		
27	5183				X					X						X		
28	5184		X						X					X				
29	5185						X			X						X		
30	5190		X							X						X		
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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PAGE ____ OF ____

(SEP 2002)

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)

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87
FORM APPROVED
OMB NO.
0579-0160

I48153

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz'slivestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717=532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu.Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE: TB	QT	Draft	~~Pony~~ S/N	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
USET	5357		X									X		X				
2	5359		X									X				X		
3	5360						X		X					X				
4	5361		X						X					X				
5	5362		X						X					X				
6	5363		X						X					X				
7	5364			X					X					X				
8	5365				X				X					X				
9	5366		X						X					X				
10	5367						X		X						X			
11	5368				X								TW	X				
12	5369				X					X						X		
13	5370						X			X				X				
14	5371						X			X				X				
15	5372				X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED YANCE.

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).

SIGNATUI rmation contained in this form is true and correct to the best of

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE 06/12/09
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.

88

FORM APPROVED OMB NO. 0579-0160

I48/53

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	BREED/TYPE QT	Draft	~~Pony~~ SIN	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	5373					X				X				X				
17	5374							Pal		X				X				
18	5381		X							X				X				
19	5375		X							X	X			X				
20	5376		X							X	X					X		
21	5377		X							X	X			X				
22	5378		X							X	X			X				
23	5379		X							X	X			X				
24	5380		X							X	X			X				
25	5311		X							X		X				X		
26	5314				X					X								
27	5305		X							X	X					X		
28	5313		X							X						X		
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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).

ify 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

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 89 APPROVED OMB NO. 0579-0160

L060852

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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	~~Sheen~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	5277				X							X		X				
2	5278				X							X		X				
3	5279						X					X				X		
4	5280						X						X	X				
5	5281		X									X		X				
6	5282		X									X				X		
7	5283		X									X				X		
8	5284		X									X				X		
9	5285		X									X				X		
10	5286		X									X				X		
11	5287				X							X				X		
12	5288		X									X		X				
13	5289		X									X		X				
14	5290				X							X				X		
15	5291		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

PART 2 - OWNER/SHIPPER

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.

90

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~~ SORL	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
16	5292				X							X				X		
17	5293		X									X		X				
18	5294		X									X		X				
19	5295						X			X				X				
20	5296		X									X		X				
21	5297		X									X				X		
22	5298		X									X				X		
23	5299		X									X				X		
24	5300							X		X				X				
25	5301						X			X				X				
26	5302						X			X				X				
27	5303							X		X						X		
28	5304		X							X						X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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.)

*U.S. Government Printing Office: 2004—616-624/99766

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)

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91

FORM APPROVED
OMB NO.
0579-0160

I48195

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airpot Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.: 450-788-2490

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 (used)	4758			X						X						X		
2	4759			X									AB	X				
3	4760			X									AB	X				
4	4761		X							X						X		
5	4762							Sorr		X				X				
6	4763					X				X						X		
7	4764						X			X				X				
8	4765			X				Dun		X						X		
9	4766			X						X				X				
10	4767		X							X						X		
11	4768							Sorr		X				X				
12	4769						X			X				X				
13	4770						X			X						X		
14	4771						X			X				X				
15	4772						X			X				X				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 11-9
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

I48195

	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	4773							Bin		X						X		
17	4774		X							X						X		
18	4775		X							X						X		
19	4776						X			X						X		
20	4777		X							X						X		
21	4778						X			X						X		
22	4779						X			X				X				
23	4780					X				X						X		
24	4781						X			X						X		
25	4782		X							X						X		
26	4783						X			X						X		
27	4784		X							X						X		
28	4785						X			X						X		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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SI rtify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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.

93

FORM APPROVED OMB NO. 0579-0160

I48155

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USCT	4865			X					X							X		
2	4866		X	/					X							X		
3	4867			X					X					X				
4	4834					X				X				X				
5	4837		X							X				X				
6	4840						X						S/B	X				
7	4838						X						S/B			X		
8	4836		X							X				X				
9	4868		X									X				X		
10	4869		X									X				X		
11	4870							Appl		X				X				
12	4871		X						X							X		
13	4872		X						X							X		
14	4873						X		X							X		
15	4874		X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATEI

SIGNATURE (b)(6)

I HEREBY AUTHORI[illegible] 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 ([illegible] rm is true and correct to the best of my

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 15/09/2009

TIME 13h00 P.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS — Gouvernement du Canada

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

I48155

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SRY	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
16	4875		X									X				X		
17	4876		X						X					X				
18	4877						X				X				X			
19	4878						X						Mul	X				
20	4879			X						X				X				
21	4880						X			X				X				
22	4881		X							X				X				
23	4882		X							X		X		X				
24	4883		X							X		X		X				
25	4884						X			X		X		X				
26	4885						X			X						X		
27	4886						X			X				X				
28	4887			X						X						X		
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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SIGNATUR ontained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 1
(SEP 2002)

PAGE ____ OF ____

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)

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95

FORM APPROVED OMB NO. 0579-0160

I48160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USE

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn.~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SJN	Other	Mare	Stal	Geld		
1	5046		X									X		X				
2	5047				X					X				X		X		
3	5048				X				X					X				
4	5049		X						X							X		
5	5050		X						X							X		
6	4984					X				X				X				
7	4986						X				X			X				
8	4987						X				X			X				
9	4993																	
10	5017						X			X						X		
11	4985						X			X				X				
12	4988							APPlw		X				X				
13	5018		X						X							X		
14	~~5046~~																	
15	5019		X						X							X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[illegible] [illegible]VEYANCE.

SIGNATURE (b)(6)

I HEREBY AU[illegible] 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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 8 p F 07

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

I48160

USE	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	BREED/TYPE TB	QT	Draft	~~Pony~~ S/N	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	4989		X							X						X		
17	4991					X				X				X				
18	4947																	
19	5014							PAI		X				X				
20	5016		X							X						X		
21	4992																	
22	5013		X						X					X		X		
23	5020		X						X							X		
24	4990				X					X		X		X				
25	4967		X									X		X				
26	5015					X				X						X		
27	5002			X						X					X			
28	5052						X			X				X				
29	5051		X							X				X				
30																		
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.)

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.

97

FORM APPROVED OMB NO. 0579-0160

I 48161

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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	~~Sheetn~~ Sorry	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEX 1	4888				X					X						X		
2	4889		X							X				X				
3	4890						X			X				X				
4	4891		X							X				X				
5	4892		X							X				X				
6	4893			X						X						X		
7	4894						X			X				X				
8	4895						X			X				X				
9	4896						X			X				X		[illegible]		
10	4897						X			X				X		[illegible]		
11	4898					X				X				X				
12	4899					X				X						X		
13	4900	4900					X			X				X				
14	4901						X			X				X				
15	4902						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 AUT[illegible] 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.

98

FORM APPROVED OMB NO. 0579-0160

I48161

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sorrel ~~Roan~~	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
USCT 16	4903						X			X				X				
17	4904						X			X				X				
18	4905							Palo		X				X				
19	4906		X							X				X				
20	4907							X		X				X				
21	4908		X							X						X		
22	4909		X							X				X				
23	4910		X							X				X				
24	4911						X			X				X				
25	4912		X							X				X				
26	4944					X				X						X		
27	4945						X			X						X		
28	4946		X							X				X				
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

(SEP 2002)

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)

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FORM APPROVED OMB NO. 0579-0160

G28790

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz'sLivestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USDA 1	5191		X						X					X				
2	5192						X		X					X				
3	5193		X						X					X				
4	5194		X						X					X				
5	5201		X						X					X				
6	5202		X						X					X				
7	5203		X						X							X		
8	5204					X				X				X				
9	5205		X						X					X				
10	5206							Apl		X				X				
11	5207						X			X						X		
12	5208				X					X				X				
13	5209		X							X				X				
14	5210						X				X					X		
15	5211						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 k

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

PART 2 - OWNER/SHIPPER

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.

1100
FORM APPROVED
OMB NO.
0579-0160

G28790

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE TB	QT	Draft	~~Pony~~ S/H	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	5212						X				X			X				
17	5213						X						LB	X				
18	5214		X						X							X		
19	5215				X				X					X				
20	5216					X				X				X				
21	5217				X					X				X				
22	5218						X			X						X		
23	5219						X			X				X				
24	5220					X				X				X				
25	5221				X					X						X		
26	5222		X							X				X				
27	5223						X			X						X		
28	4786							Pd		X				X				
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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rtify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

1101

A 06851

TIME HORSES LOADED ON CONVEYANCE: 6:00 Pm

DATE: 10-01-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SH	Other	Mare	Stal	Geld		
1	5226		X						X							X		
2	5227		X							X				X				
3	5228							X		X				X				
4	5229							X		X				X				
5	5230		X							X				X				
6	5231						X			X						X		
7	5232						X			X				X				
8	5233						X			X				X				
9	5234						X			X				X				
10	5235						X			X				X				
11	5236		X							X				X				
12	5237							X		X				X				
13	5238		X							X						X		
14	5239		X							X						X		
15	5240			X						X				X				

HORSES HAVE HAD ... ST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATE... NCE.

SIGNATURE (b)(6)

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SIGNATURE OF OW... ained in this form is true and correct to the best of my knowl... (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)

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FORM 1102
APPROVED
OMB NO.
0579-0160

2060851

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SORY	Other	TB	QT	Draft	~~Pony~~ SHT	Other	Mare	Stal	Geld		
6	5241		X							X				X				
7	5242		X							X						X		
8	5243							X		X				X				
9	5244			X						X				X				
0	5245						X			X				X				
1	5246						X			X						X		
2	5259		X							X				X				
3	5260		X							X				X				
4	5264		X						X					X				
5	5265						X		X					X				
6	5266		X						X							X		
7	5267				X				X							X		
8	5268		X						X					X		X		
9	5269		X						X									
0	4787					X				X					X			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
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SIGNATURE OF OWNER/ this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

S FORM 10-13A
SEP 2002)

U.S. Government Printing Office: 2004—616-624/99766

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)

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FORM 103 APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9 00 pm

DATE: 12-4-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	5316		X									X				X		
2	5317		X									X				X		
3	5318						X					X		X				
4	5319		X									X				X		
5	5320						X						MULE	X				MULE
6	5321						X					X		X				
7	5322						X					X		X				
8	5323		X									X		X				
9	5324					X				X				X				
10	5325			X							X					X		W/HORSE
11	5326		X									X				X		
12	5327		X									X				X		
13	5328		X									X		X				
14	5329						X						X	X				
15	5330		X										X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED CE.

SIGNATURE (b)(6)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the best

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

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Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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.

104 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	~~Chesto~~ SOR	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
16	5331			X								X				X		
17	5332		X									X				X		
18	5333		X									X				X		
19	5334						X			X				X				
20	5335		X										X	X				
21	5336		X									X		X				
22	5337		X									X		X				
23	5338						X							X				MULE
24	5339				X							X				X		
25	5340						X									X		MULE
26	5341				X								X			X		
27	5342		X							X						X		
28	5358		X						X						X			
29																		
30																		
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.)

Canada Food Inspection Agency
Government of Canada
Canada
Gouvernement du Canada
Agence canadienne d'inspection des aliments

*U.S. Government Printing Office: 2004—616-624/99766

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)

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105

FORM APPROVED OMB NO. 0579-0160

I 48152

TIME HORSES LOADED ON CONVEYANCE: 10:00 PM

DATE: 10-7-9

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	Sorr ~~Chestn~~	Other	TB	QT	Draft	S/N ~~Pony~~	Other	Mare	Stal	Geld		
USA 1	5382							BSIN		X				X				
2	5383						X			X				X				
3	5384		X							X						X		
4	5385						X			X				X				
5	5386						X			X				X				
6	5387						X			X				X				
7	5388		X							X				X				
8	5389		X							X				X				
9	5390		X							X				X				
10	5391		X							X				X				
11	5392		X							X				X				
12	5393							Rone		X				X				
13	5394							Pal		X						X		
14	5395						X			X				X				
15	5396							Rone		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

VS F...

Previous editions are obsolete

PART 2 - OWNER/SHIPPER

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.

1106
FORM APPROVED
OMB NO.
0579-0160

I48152

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chesn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USEX 16	5397							None		X				X				
17	5398		X							X						X		
18	5399							None		X								
19	5400		X							X						X		
20	5401		X							X						X		
21	5402							None		X				X		X		
22	5403						X			X						X		
23	5404						X			X				X				
24	5405		X							X						X		
25	5406							None		X				X				
26	5310		X							X						X		
27	5308		X						X							X		
28	5225		X										X		X			
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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S[illegible] tify 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

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

107

2061156

TIME HORSES LOADED ON: 7:00pm (b)(6)

DATE: Oct 7/09

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu, Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USET 1	5438						X		X							X		
2	5413		X						X					X				
3	5437		X						X					X				
4	5410		X						X					X				
5	5414		X						X					X				
6	5412						X		X							X		
7	5411						X		X					X				
8	5407		X						X					X				
9	5408		X						X					X				
10	5345					X				X						X		
11	5424			X						X				X				
12	5439							pal		X						X		
13	5428		X				—		X					X				
14	5307						X						AF	X				
15	5353						X		X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED NVEYANCE.

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 b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE 76

TIME 5:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

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

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108

FORM APPROVED OMB NO. 0579-0160

2061156

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	BREED/TYPE QT	Draft	~~Pony~~ S/N	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	5435																	
17	5306						X						MF	X				
18	5429					X				X				X				
19	5417						X			X				X				
20	5432						X			X				X				
21	5349						X			X				X				
22	5420						X			X						X		
23	5351		X							X				X				
24	5315		X							X				X				
25	5343					X				X				X				
26	5431						X			X						X		
27	5427							Lin		X				X				
28	5440	X								X					X			
29	5355					X				X				X	[redacted]			
30	5354						X			X				X	[redacted]			
31																		
32																		
33																		
34																		
35																		
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.)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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)

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109
FORM APPROVED
OMB NO. 0579-0160
2061154

TIME HORSES LOADED ON CONVEYANCE: 9 pm	DATE: 10-12-05
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE	5510							PAL		X				X				
2	5468					X				X				X				
3	5469						X			X						X		
4	5470						X			X				X				
5	5471						X		X					X				
6	5472						X		X					X				
7	5473						X			X				X				
8	5474		X							X				X				
9	5475						X			X				X				
10	5476		X							X						X		
11	5477						X		X							X		
12	5478		X							X				X				
13	5479		X							X				X				
14	5480						X			X						X		
15	5481		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V[illegible]

Previous editions are obslete

PART 2 - OWNER/SHIPPER

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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1110
FORM APPROVED
OMB NO.
0579-0160

2061154

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Scrn ~~Chestn~~	Other	TB	QT	Draft	S/N ~~Rany~~	Other	Mare	Stal	Geld		
USEX 16	5482						X			X						X		
17	5483							Apl		X				X				
18	5484						X			X				X				
19	5485		X							X				X				
20	5486		X									X				X		
21	5487			X						X				X				
22	5488			X						X				X		X		
23	5489		X						X							X		
24	5490		X						X					X				
25	5491						X		X					X				
26	5509		X									X				X		
27	5508		X									X		X	X			
28	5416		X						X						X			
29																		
30																		
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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
Government of Canada
Canada

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

A061153

TIME HORSES LOADED ON CONVEYANCE: 7:45

DATE: 10-13-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1 USE	5551						X		X					X				
2	5552		X						X					X				
3	5553		X						X					X				
4	5554		X						X							X		
5	5555			X					X							X		
6	5556						X		X							X		
7	5557		X						X						X			
8	5558					X				X				X				
9	5559							Apt		X				X				
10	5560		X							X				X				
11	5561		X						X							X		
12	5562		X						X							X		
13	5563			X						X				X				
14	5500				X							X		X				
15	5501		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 878

DATE 14 Oct 09

TIME 10h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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.

1112
FORM APPROVED
OMB NO. 0579-0160

206 1153

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	TB	QT	Draft	~~Pony~~ SIR	Other	Mare	Stal	Geld		
16	5562		X							X						X		
17	5564		X															
18	5566						X		X				X	X				
19	5507		X									X		X				
20	5452		X							X				X				
21	5492		X						X					X				
22	5493		X						X					X				
23	5494		X						X							X		
24	5495		X						X							X		
25	5496			X						X						X		
26	5497		X							X						X		
27	5498		X							X						X		
28	5457		X						X							X		
NOT LOADED JB → ~~29~~	5564		X						X							X		
30	5499		X							X						X		
31																		
32																		
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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)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada

PAGE ____ OF ____

(SEP 2002)

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.

1113
FORM APPROVED
OMB NO.
0579-0160
L061160

TIME HORSES LOADED ON CONVEYANCE: 8 pm

DATE: 10-19-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 467 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Bay	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	5603		X									X				X		
2	5604		X									X				X		
3	5605						X					X				X		
4	5606		X									X				X		
5	5607		X									X				X		
6	5608			X								X		X				
7	5609		X									X				X		
8	5610		X									X				X		
9	5611		X									X				X		
10	5612		X									X		X				
11	5613		X									X				X		
12	5614		X									X				X		
13	5615		X									X				X		
14	5616		X									X				X		
15	5617		X									X		X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDI YANCE.

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

174

1114

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

2061160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Cream~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SlP	Other	Mare	Stal	Geld		
16	5618		X									X		X				
17	5619		X									X		X				
18	5620		X									X				X		
19	5621		X									X		X		/		
20	5622		X									X				X		
21	5623		X									X		X				
22	5624		X									X				X		
23	5625						X					X		X				
24	5626		X									X		X				
25	5627		X						X							X		
26	5628		X						X							X		
27	5651			X						X				X				
28	5650						X		X						X			
29																		
30																		
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SIGN ... ify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada

VS F
(SEP 2002)

PAGE ____ OF ____

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)

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115
FORM APPROVED
OMB NO. 0579-0160

L061152

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am

DATE: 10-20-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu meat inc

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USEX 1	5565							PAL		X				X				
2	5566						X			X				X				
3	5567		X							X						X		
4	5568						X			X						X		
5	5569						X			X				X				
6	5570				X					X				X				
7	5571				X					X				X				
8	5572						X			X						X		
9	5573							Apl		X				X				
10	5574				X					X				X				
11	5575							Apl		X				X				
12	5576		X							X				X				
13	5577						X			X						X		
14	5578		X							X				X				
15	5579							Apl		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 A 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

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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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1116

FORM APPROVED OMB NO. 0579-0160

206/152

USEA

	TAG PREFIX	Tag NO	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	BREED/TYPE OT	Draft	S/N ~~Pony~~	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	5580	1	X							X						X		
17	5581	1					X			X				X				
18	5582	1			X					X				X				
19	5583	1					X			X				X				
20	5584	1					X			X				X				
21	5585	1						BS		X				X				
22	5586	1	X									X		X				
23	5505	1	X						X						X			
24	5416	1		X						X				X				
25	5436	1						PAH		X				X				
26	5503	1		X						X						X		
27	5587	1	X							X						X		
28	5588	1		X					X					X				
29	5589	1	X									X		X				
30	5590	1					X		X					X				
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY
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Gouvernement du Canada

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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)

VS F(
(SEP

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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1117
FORM APPROVED
OMB NO. 0579-0160

2061162

TIME HORSES LOADED ON CONVEYANCE: 5:45 PM

DATE: 10-22-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ Sad	Other	Mare	Stal	Geld		
1	5601			X						X						X		
2	5602							APL		X				X				
3	5592						X			X				X				
4	5593							APL		X				X				
5	5594						X			X				X				
6	5595		X							X				X				
7	5596		X							X						X		
8	5597		X							X				X				
9	5598						X			X				X				
10	5658						X			X						X		
11	5659		X						X					X				
12	5660		X						X					X				
13	5661					X				X				X				
14	5662						X			X				X				
15	5663		X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO ARRIVAL.

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 (b)(6) 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

VS FORM 10-13 (AUG 2004)

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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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1118
FORM APPROVED
OMB NO. 0579-0160

2061162

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE TB	QT	Draft	~~Pony~~ STN	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	5664						X			X				X				
17	5665	off																
18	5666						X		X					X				
19	5667		X						X							X		
20	5668						X		X							X		
21	5669		X						X					X				
22	5670		X							X				X				
23	5671		X							X				X				
24	5672						X			X						X		
25	5673						X			X				X				
26	5674						X			X				X				
27	5675							A81		X				X				
28	5676						X			X				X				
29	5677						X			X				X				
30	5678					X				X				X				
31	5697		X						X						X			
32																		
33																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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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

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

1119

I 48198

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 10/26/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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 able to walk unassisted.
- ☑ 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~~ Sorry	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USET	5679						X			X				X				
2	5680				X					X						X		
3	5681						X			X				X				
4	5682				X					X						X		
5	5683						X			X						X		
6	5684		X							X				X				
7	5685		X							X				X				
8	5686							PAL		X				X				
9	5687						X				X					X		
10	5688					X				X				X				
11	5689		X										mull	X				
12	5690		X							X				X				
13	5691		X							X				X				
14	5692		X							X						X		
15	5693		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

798198

	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	5694		X							X				X				
17	5695		X							X				X				
18	5696						X			X						X		
19	5698		X							X				X				
20	5699		X							X				X				
21	5701			X						X				X				
22	5703						X			X						X		
23	5705						X			X				X				
24	5709		X						X					X				
25	5717						X						X	X				
26	5729		X									X						
27	5700		X						X					X				
28	5732						X				X					X		
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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)

PAGE ___ OF ___

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.

121

FORM APPROVED OMB NO. 0579-0160

I48199

TIME HORSES LOADED ON CONVEYANCE: 43 7:30

DATE: 10-27-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are able to walk unassisted.
- [x] 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	~~Cheath~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
USE A 1	5702		X							X						X		
2	5704		X						X					X				
3	5706		X							X				X				
4	5707		X						X					X				
5	5708		X						X					X				
6	5710		X			X				X				X				
7	5711		X							X				X				
8	5712						X			X				X				
9	5713						X			X						X		
10	5714						X						S/B			X		
11	5715		X							X						X		
12	5716						X			X						X		
13	5717						X						HF	X			off	
14	5718						X						mull	Y				
15	5719						X						mull	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 (b)(6) I certify that information contained in this form is true and correct to the best of my

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

I48199

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	5720						X			X				X				
17	5721					X				X				X				
18	5722						X			X				X				
19	5723		X							X						X		
20	5724		X							X						X		
21	5725		X									X				X		
22	5726						X			X				X				
23	5727		X							X				X				
24	5728						X					X		X				
25	5730		X									X		X				
26	5731		X									X				X		
27	5733						X				X			X				
28	5734						X				X			X				
29	4788 + 4789						X						SIB	X				
30	5951						X				X					X		
31	5952						X		X					X				
32																		
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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)

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1123
FORM APPROVED
OMB NO. 0579-0160
2068553

TIME HORSES LOADED ON CONVEYANCE: 400AM 10 29
DATE: 10 29

VEHICLE LICENSE NO. AND OPERATOR: (b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 airport rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ Sh	Other	Mare	Stal	Geld		
USC	5270		X						X					X				
2	5271		X						X					X				
3	5272		X						X					X				
4	5253		X									X		X				
5	5254		X									X		X				
6	5123		X									X		X				
7	5255		X									X		X				
8	5256						X			X						X		
9	5224		X							X						X		
10	5187						X			X				X				
11	5186						X			X						X		
12	5257		X									X		X				
13	5258				X					X						X		
14	5248		X									X		X				
15	5251		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)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the be

(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.

1124 FORM APPROVED OMB NO. 0579-0160

LO 6853

	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	5257						X			X				X				
17	5179						X		X					X				
18	5250		X									X		X				
19	5249						X			X						X		
20	5124		X									X				X		
21	5147		X									X		X				
22	5127		X									X		X				
23	5178		X						X					X				
24	5177		X					Pal		X				X				
25	5261		X									X				X		
26	5262		X										SB			X		
27	5263		X									X				X		
28	5274		X									X		X				
29	5275		X									X		X				
30	5276						X					X				X		
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SIGN ained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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125

FORM APPROVED OMB NO. 0579-0160

2060896

TIME HORSES LOADED ON CONVEYANCE: 6:00Pm

DATE: 10-29-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sr/y	Other	TB	QT	Draft	~~Pony~~ Sl/y	Other	Mare	Stal	Geld		
USE 1	5735		X							X						X		
2	5736		X							X				X				
3	5737		X							X				X				
4	5738		X							X				X				
5	5739						X			X				X				
6	5740		X							X				X				
7	5741					X				X						X		
8	5742		X										mull	X				
9	5743		X							X				X				
10	5744				X					X						X		
11	5762		X									X		X				
12	5763		X									X				X		
13	5745		X							X						X		
14	5746						X			X				X				
15	5750						X			X						X		

HORSES HAVE HAD ACCESS TO FOOD. WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEI [illegible] O CONVEYANCE.

SIGNATURE (b)(6)

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S [illegible] ertify that the information contained in this form is true and correct to th [illegible]

(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)

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1126

FORM APPROVED
OMB NO.
0579-0160

L060896

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Cheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USDA 16	5751						X			X						X		
17	5752					X				X						X		
18	5755				X					X						X		
19	5757		X							X						X		
20	5758						X			X				X				
21	5759		X							X				X				
22	5764						X		X							X		
23	5765		X						X							X		
24	5766		X						X							X		
25	5767		X						X							X		
26	5768		X						X							X		
27	5769		X						X							X		
28	5770		X						X					X				
29	5771		X						X					X				
30	5773						X		X						X			
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
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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)

PAGE ____ OF ____

(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED
OMB NO. 0579-0160
2061163

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USG 1	5956		X							X						X		
2	5957						X						mull			X		
3	5958						X			X						X		
4	5959						X			X				X				
5	5960						X			X				X				
6	5961		X							X						X		
7	5962		X							X						X		
8	5963		X							X						X		
9	5964		X							X						X		
10	5965				X					X				X				
11	5966						X			X				X				
12	5968						X			X				X				
13	5969							Pove		X						X		
14	5970						X			X						X		
15	5971		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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

L061163

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SoM	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	5972						X			X				X				
17	5973		X							X						X		
18	5974		X							X				X				
19	5975						X			X				X				
20	5976						X			X						X		
21	5977					X				X				X		X		
22	5978		X							X						X		
23	5979		X							X				X				
24	5980						X			X						X		
25	5983						X			X						X		
26	5955		X						X					X				
27	5954		X						X					X				
28	5953		X						X					X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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.)

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)

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FORM APPROVED
OMB NO.
0579-0160

L061161

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USE 1	5518							Apl		X				X				
2	5519						X			X				X				
3	5520		X									X				X		
4	5521		X									X				X		
5	5522		X									X		X				
6	5523						X	[illegible]					S\B	X				
7	5524				X						X			X				
8	5525						X			X				X				
9	5526						X		X					X				
10	5527							PAL		X						X		
11	5528		X					[illegible]	X	[illegible]						X		
12	5529		X							X				X				
13	5530			X									AIB			X		
14	5531		X									X				X		
15	5532				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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

176

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.

1130
FORM APPROVED
OMB NO.
0579-0160

2061161

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USA 16	5533						X			X				X				
17	5534						X			X						X		
18	5535		X							X						X		
19	5536						X			X				X				
20	5537						X			X						X		
21	5538						X			X						X		
22	5539						X			X						X		
23	5540		X							X						X		
24	5541						X			X						X		
25	5542					X				X						X		
26	5543					X				X						X		
27	5544		X							X						X		
28	5545		X							X				X				
29																		
30																		
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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131
FORM APPROVED
OMB NO. 0579-0160
L061157

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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	Sorr ~~Chestn~~	Other	TB	QT	Draft	SN ~~Pony~~	Other	Mare	Stal	Geld		
USA 1	5350						X			X				X				
2	5454		X							X				X				
3	5423						X		X					X				
4	5312		X									X		X				
5	5451						X			X				X				
6	5433				X					X				X				
7	5412						X		X							X		
8	5425						X		X					X				
9	5348					X				X				X				
10	5426		X							X				X				
11	5434						X			X				X				
12	5419						X		X							X		
13	5346				X					X				X				
14	5347		X							X				X				
15	5356			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)

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SIGNATU[illegible] e information contained in this form is true and correct to the best o[illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Agence canadienne d'inspection des aliments — Gouvernement du Canada

VS FORM

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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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1132
FORM APPROVED
OMB NO.
0579-0160

2061/57

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ SRT	Other	BREED/TYPE TB	QT	Draft	~~Pony~~ SN	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	5309						X			X				X		X		
17	5458						X			X				X				
18	5455							APPI		X				X				
19	5459						X		X							X		
20	5460		X						X					X				
21	5461		X						X							X		
22	5462						X		X					X				
23	5463		X						X					X				
24	5464		X						X							X		
25	5465						X		X							X		
26	5466			X					X							X		
27	5467		X						X					X				
28	5472		X						X					X				
29	5430		X						X							X		
30	5441						X		X					X				
31																		
32																		
33																		
34																		
35																		
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SIGN (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
Government of Canada
Agréé
Gouvernement du Canada
Agence canadienne d'inspection des aliments

VS F
(SEP 2002)

PAGE ____ OF ____

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)

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FORM 1133
APPROVED
OMB NO.
0579-0160
I48177

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock
STREET ADDRESS: 457 Airport Rd.
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257
AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USE 1	5125						X			X				X				
2	5126						X			X				X				
3	5127				X					X				X				
4	5128						X			X				X				
5	5129							Appa		X				X				
6	5130		X							X						X		
7	5131							Plan		X				X				
8	5132			X						X				X				
9	5133		X							X				X				
10	5134		X							X						X		
11	5135		X							X				X				
12	5136				X					X				X				
13	5137						X			X				X				
14	5138							Dun		X				X				
15	5139		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)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the best

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

I48177

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	BREED/TYPE TB	QT	Draft	~~Pony~~ SIN	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	5140				X									X				
17	5141				X									X				
18	5142						X							X				
19	5143							Appy								X		
20	5144						X							X				
21	5145						X		X					X				
22	5146						X		X							X		
23	5447		X						X					X				
24	5148		X						X					X				
25	5149		X						X							X		
26	5150		X						X					X				
27	5151		X						X							X		
28	5189		X							X					X			
29																		
30																		
31																		
32																		
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VS FOR
(SEP 2002)

PAGE ____ OF ____

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)

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FORM 1135
APPROVED
OMB NO.
0579-0160

2068853

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 157 airport rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
use	5270		X						X					X				
2	5271		X						X					X				
3	5272		X						X					X				
4	5253		X									X		X				
5	5254		X									X		X				
6	5123		X									X		X				
7	5255		X									X		X				
8	5256						X			X						X		
9	5224		X							X						X		
10	5187						X			X				X				
11	5186						X			X						X		
12	5257		X									X		X				
13	5258				X					X						X		
14	5248		X									X		X				
15	5251		X									X		X				

HORSES HAVE HAD ACCESS TO FOOD. WATER. AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIAT NCE.

SIGNATURE (b)(6)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to the be

(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)

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136M
APPROVED
OMB NO.
0579-0160

L06853

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chstn~~ SOR	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
16	5252						X			X				X				
17	5179						X		X					X				
18	5250		X									X		X				
19	5249						X			X						X		
20	5124		X									X				X		
21	5147		X									X		X				
22	5127		X									X		X				
23	5178		X						X					X				
24	5177		X					Pal		X				X				
25	5261		X									X				X		
26	5262		X										SB			X		
27	5263		X									X				X		
28	5274		X									X		X				
29	5275		X									X		X				
30	5276						X					X				X		
31																		
32																		
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SIGI ined 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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1137

FORM APPROVED OMB NO. 0579-0160

2066900

TIME HORSES LOADED ON CONVEYANCE: 12:00 pm

DATE: 11/3/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 456-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [x] 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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEX	5745						X			X				X				
2	5748						X			X				X				
3	5749		X							X						X		
4	5753		X							X				X				
5	5754						X			X						X		
6	5756						X			X				X				
7	5760						X			X						X		
8	5769																	
9	5772		X						X						X			
10	5774				X					X				X				
11	5775		X							X				X				
12	5777		X							X				X				
13	5778					X				X				X				
14	5779		X							X				X				
15	5860				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.

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FORM APPROVED OMB NO. 0579-0160

L060900

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chstn~~ SOR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USET 16	5780							Appl		X				X				
17	5782		X							X				X				
18	5783		X							X						X		
19	5784		X							X				X				
20	5785						X			X						X		
21	5786		X							X				X				
22	5787		X							X				X				
23	5788		X							X				X				
24	5789		X							X				X				
25	5790						X			X						X		
26	5793		X							X				X				
27	5796			i	X					X						X		
28	5797		X							X				X				
29																		
30																		
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.)

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PAGE ____ OF ____

(SEP 2002)

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)

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1139
FORM APPROVED
OMB NO. 0579-0160
2060898

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am
DATE: 11-03-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock
STREET ADDRESS: 457 Airport Rd.
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257
AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorry	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USET	5901						X			X				X				
2	5902		X									X		X				
3	5903							Appl		X						X		
4	5904		X									X				X		
5	5905			X						X						X		
6	5906		X									X				X		
7	5907		X									X				X		
8	5908		X									X				X		
9	5909		X									X				X		
10	5910		X										S/B			X		
11	5911		X									X				X		
12	5912						X					X		X				
13	5913		X									X				X		
14	5914		X									X		X				
15	5915		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 b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

PART 2 - OWNER/SHIPPER

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.

1140

FORM APPROVED OMB NO. 0579-0160

2060898

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chest~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
16	5916				X							X				X		
17	5917		X									X				X		
18	5918				X							X				X		
19	5919		X									X				X		
20	5920		X									X		X				
21	5921			X						X				X				
22	5922			X						X				X				
23	5923					X				X						X		
24	5924		X									X				X		
25	5925		X									X				X		
26	5926		X									X		X				
27	5927		X									X				X		
28	5928		X									X		X				
29	5929						X					X			X			
30	5761								Hereford	X						X		
31																		
32																		
33																		
34																		
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S r that the information contained in this form is true and correct to the best of my knowledge.)

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PAGE ____ OF ____

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)

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FORM 141
APPROVED
OMB NO.
0579-0160
L060899

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 11/5/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	S/N ~~Pony~~	Other	Mare	Stal	Geld		
1	5791		X							X				X				
2	5792						X			X				X				
3	5794		X							X				X				
4	5795							PAL		X				X				
5	5781							PAL		X						X		
6	5798						X				X			X				
7	5799		X									X		X				
8	5801						X					X				X		
9	5802						X			X				X				
10	5803						X			X						X		
11	5804				X					X				X				
12	5812						X			X				X				
13	5813							PONE		X						X		
14	5814				X					X				X				
15	5821		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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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.

142

FORM APPROVED
OMB NO.
0579-0160

USE +

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	SIN ~~Pony~~	Other	Mare	Stal	Geld		
16	5822						X			X				X				
17	5823						X			X						X		
18	5824						X		X							X		
19	5825		X									X		X				
20	5826		X							X						X		
21	5827		X									X		X				
22	5828		X						X							X		
23	5829		X						X							X		
24	5830							PAL		X						X		
25	5831		X							X				X				
26	5833		X							X						X		
27	5835		X									X				X		
28	5806						X			X				X				
29	5808						X			X				X				
30																		
31																		
32																		
33																		
34																		
35																		
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)

CANADIAN FOOD INSPECTION AGENCY
Canada
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

PAGE ___ OF ___

(SEP 2002)

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)

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1143
FORM APPROVED
OMB NO.
0579-0160
L061182

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 11-05-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shipp PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Roy's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Roy Roy's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vanda Rucheber meat Inc

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Massueville QC Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	~~Sheath~~ SW	Other	TB	QT	Draft	~~Pony~~ SW	Other	Mare	Stal	Geld		
1	5838		X									X			X			
2	5820		X							X				X				
3	5810					X				X						X		
4	5818							pal		X				X				
5	5809		X							X						X		
6	5815				X					X						X		
7	5805						X			X				X				
8	5811		X							X						X		
9	5819						X			X				X				
10	5807			X						X						X		
11	5817					X				X				X				
12	5839		X									X		X				
13	5840		X									X		X				
14	5841		X									X		X				
15	5842																	

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

SIGNATURE (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the be

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE NOV 09

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)

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144

FORM APPROVED OMB NO. 0579-0160

1061180

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOM	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
16	5843		X						X					X				
17	5844		X						X					X				
18	5845		X						X							X		
19	5846						X		X							X		
20	5847		X						X							X		
21	5848		X						X							X		
22	5849							Appl		X				X				
23	5930		X									X		X				
24	5931		X									X		X				
25	5932		X									X		X				
26	5933						X		X					X				
27	5934		X									X				X		
28	5935		X									X				X		
29	5936		X									X				X		
30	5930		X									X				X		
31																		
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CANADIAN FOOD INSPECTION AGENCY
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Gouvernement du Canada

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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145

FORM APPROVED OMB NO. 0579-0160

2061178

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 11/9/09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME:	NAME OF AUCTION/MARKET: Rotz Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viandes Richelieu meat INC
STREET ADDRESS: 457 Maple Rd	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg PA	CITY, STATE, ZIP CODE: Massueville QC
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USET 1	5937						X			X					X			
2	5938					X				X						X		
3	5939		X						X					X				
4	5940						X			X						X		
5	5941						X			X				X				
6	5942						X		X					X				
7	5943			X					X					X				
8	5944					X				X						X		
9	5945							Roan		X				X				
10	5946			X						X						X		
11	5947					X				X				X				
12	5948					X				X						X		
13	5949			X						X						X		
14	5950				X		X			X				X				
15	7001						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

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada CANADIENNE D'INSPECTION DES ALIMENTS

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.

146

FORM APPROVED OMB NO. 0579-0160

206178

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Gheetn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
16	7002						X		X			/				X		
17	7003		X							X				X				
18	7004		X									X				X		
19	7005						/			X				X				
20	7006		X							X						X		
21	7007				/					X						X		
22	7008		X							X				X				
23	7009			X						X						X		
24	5985		X							X						X		
25	5986		X							X						X		
26	5987		X							X						X		
27	5984						X			X						X		
28	5988						X				X					X		
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ertify that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM 1147 APPROVED OMB NO. 0579-0160

F02588

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am

DATE: 11-10-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-3881

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USE	7010		X						X					X				
2	7012							Appl		X				X				
3	7013							PAL		X						X		
4	7014							Appl		X				X				
5	7015							Appl		X				X				
6	7016						X			X				X				
7	7017						X			X				X				
8	7018							Rone		X				X				
9	7020						X			X				X				
10	7021							PAL		X						X		
11	7022							Appl		X				X				
12	7023			X						X						X		
13	7024							Appl		X				X				
14	7025						X			X				X				
15	7027							Appl		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

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FOR (b)(6)

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PART 2 - OWNER/SHIPPER

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.

1148

FORM APPROVED OMB NO. 0579-0160

FO2588

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorr. ~~Chestn~~	Other	TB	QT	Draft	S/N ~~Pony~~	Other	Mare	Stal	Geld		
USEX 16	7028		X						X					X				
17	7029			X						X				X				
18	7030				X					X				X				
19	7031		X							X						X		
20	7032						X			X				X				
21	7033				X					X				X				
22	7034						X			X						X		
23	7035						X			X						X		
24	7036		X							X						X		
25	7037		X							X						X		
26	7038			X						X						X		
27	7039							APPI		X						X		
28	7040				X					X						X		
29	7044		X									X				X		
30	5990		X									X				X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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)

PAGE ____ OF ____

(SEP 2002)

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)

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149

FORM APPROVED OMB NO. 0579-0160

F02587

TIME HORSES LOADED ON CONVEYANCE: 12:01am	DATE: 11/11/09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME:	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotze K. Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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	Sorry ~~Chestn~~	Other	TB	QT	Draft	SIN ~~Pony~~	Other	Mare	Stal	Geld		
USET 1	5510							Appl		X				X				
2	5511		X							X						X		
3	5512		X							X				X				
4	5513		X							X				X				
5	5514						X			X						X		
6	5515		X							X				X				
7	5516						X			X					X			
8	4790		X													X		
9	4791		X													X		
10	4792		X													X		
11	4793		X											X				
12	4794						X									X		
13	4795						X							X				
14	4796						X							X				
15	4797						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 AU[illegible] 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

DIRECTION GENERALE DE INSPECTION EN FRONTIERES (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)

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1150
FORM APPROVED
OMB NO. 0579-0160

F02587

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Sheetn~~ Sh-Y	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USDA 16	7799							APP		X				X				
17	4000						X			X						X		
18	5880				X					X						X		
19	5881		X							X				X				
20	5882						X			X						X		
21	5883						X			X						X		
22	5884							PA1		X						X		
23	5885						X			X						X		
24	5886						X			X						X		
25	5887		X							X						X		
26	5888		X							X						X		
27	5879							PA1		X				X				
28	4798						X			X				X				
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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)

PAGE ____ OF ____

(SEP 2002)

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)

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FORM 1151 APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 11-12-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massuville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USEX 1	7050						X			X				X				
2	7051						X			X						X		
3	7052						X			X						X		
4	7053						X			X				X				
5	7054		X							X						X		
6	7055						X			X				X				
7	7056		X							X						X		
8	7057		X							X						X		
9	7058		X							X				X				
10	7059						X			X				X				
11	7060		X							X				X				
12	7061						X			X				X				
13	7062						X			X						X		
14	7063						X			X				X				
15	7064		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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PART 2 - OWNER/SHIPPER

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 1152
APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Ches~~ Sorr In	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
16	7065						X			X				X				
17	7066		X							X				X				
18	7067		X							X						X		
19	7083		X							X				X				
20	7084						X			X				X				
21	7085		X						X							X		
22	7086						X		X					X				
23	7087		X						X							X		
24	7088		X						X							X		
25	7068		X						X					X				
26	7069						X		X					X				
27	7070						X		X					X				
28	7073		X						X							X		
29	7074		X							X				X				
30	7075		X							X						X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Government of Canada

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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)

PAGE ____ OF ____

(SEP 2002)

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.

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FORM APPROVED OMB NO. 0579-0160

F02590

TIME HORSES LOADED ON CONVEYANCE: 8:00pm	DATE: 11/16/09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME:	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorl	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	7118					X				X						X		
2	7119		X									X		X				
3	7120						X			X				X				
4	7121		X									X		X				
5	7122		X							X				X				
6	7123		X									X		X				
7	7124						X			X				X				
8	7125		X							X						X		
9	7126		X							X				X				
10	7127						X			X				X				
11	7128						X			X						X		
12	7129		X									X		X				
13	7130		X									X		X				
14	7131		X									X		X				
15	7132				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).

SIGNAT[illegible] information contained in this form is true and correct to the best [illegible]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada — SERVICE CANADIEN D'INSPECTION DES ALIMENTS

192

1154

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

F025-90

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
16	7133							Appl		X				X				
17	7134						X		X						X			
18	7135						X				X					X		
19	7142				X				X					X				
20	7143					X				X				X				
21	7144		X						X					X				
22	7145			X						X				X				
23	7146							Appl		X				X				
24	7147						X			X						X		
25	7148		X						X							X		
26	7149		X						X					X				
27	7150						X			X						X		
28	7151		X							X						X		
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(b)(6)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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155

FORM APPROVED OMB NO. 0579-0160

F02592

TIME HORSES LOADED ON CONVEYANCE: 7:30 AM

DATE: 11-17-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	SN ~~Pony~~	Other	Mare	Stal	Geld		
USET 1	7019						X			X				X				
2	7026						X						SB	X				
3	7040				X					X				X				
4	7041		X							X						X		
5	7042		X									X		X				
6	7043						X			X				X				
7	7046						X					X		X				
8	7047		X									X				X		
9	7048		X									X		X				
10	7049						X					1	SB			X		
11	7071		X							X				X				
12	7072						X			X				X				
13	7076						X			X				X				
14	7078							PAL		X						X		
15	7079						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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the bes

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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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156

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~~ SCM	Other	TB	QT	Draft	~~Pony~~ SH	Other	Mare	Stal	Geld		
16	7079		X									X		X				
17	7080					X				X						X		
18	7082					X				X				X				
19	7091						X		X					X				
20	7092																	
21	7093		X							X				X				
22	7094																	
23	7095																	
24	7096		X						X					X				
25	7097			X					X					X				
26	7136						X				X			X				
27	7137			X						X	X			X				
28	7138						X						SB	X				
29	7139						X						SB	X				
30	7141		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 [illegible] FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $[illegible]00 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGN

ify that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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(SEP 2002)

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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)

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157

FORM APPROVED OMB NO. 0579-0160

L0611 L061172

TIME HORSES LOADED ON CONVEYANCE: 9:00pm	DATE: 11-19-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME:	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	7106						X						S/B	X				
2	7103		X							X				X				
3	7114					X				X				X				
4	7104							APP		X						X		
5	7102		X									X	S			X		
6	7107							Rowe		X				X				
7	7110		X							X				X				
8	7105						X			X				X				
9	7112						X			X				X				
10	7108			X						X				X				
11	7111						X			X				X				
12	7109						X			X						X		
13	7098						X			X				X				
14	7113		X							X				X				
15	7101				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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

158

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

2061172

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chesta~~ Sad	Other	TB	QT	Draft	~~Pony~~ Sik	Other	Mare	Stal.	Geld		
16	7099		X							X				X				
17	7166					X				X						X		
18	7160		X						X					X				
19	7161					X				X				X				
20	7165						T			X				X				
21	7159		X							X				X				
22	7156		X							X						X		
23	7153						X			X				X				
24	7152					X				X				X				
25	7162				X					X				X				
26	7115		X							X		X				X		
27	7081		X						X					X				
28	5850	~~X~~	X						X						X			
29																		
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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.)

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CANADIAN FOOD INSPECTION AGENCY Government of Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

PAGE ____ OF ____

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

F02594

TIME HORSES LOADED ON CONVEYANCE: 10:00pm	DATE: 11/23/09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME:	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.
STREET ADDRESS: 457 AIrport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
1	7189		X						X					X				
2	7190						X			X				X				
3	7191		X						X	X						X		
4	7192				X					X						X		
5	7193			X						X				X				
6	7194						X			X				X				
7	7195		X							X						X		
8	7196						X			X						X		
9	7197		X							X						X		
10	7198				X					X				X				
11	7199						X			X				X				
12	7200		X							X						X		
13	7201							PAI		X						X		
14	7202						X				X			X				
15	7203		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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PART 2 - OWNER/SHIPPER

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

F02594

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
16	7204					X				X						X		
17	7205		X							X				X				
18	7187						X			X				X				
19	7188						X		X					X				
20	7206						X			X						X		
21	7207		X						X					X				
22	7208						X		X					X				
23	7209						X			X				X				
24	7210		X							X				X				
25	7211		X							X				X				
26	7212						X		X							X		
27	7213						X			X						X		
28	7214		X						X							X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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.)

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PAGE ____ OF ____

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

161

F02593

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am

DATE: 11-24-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	~~Cheatn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	7215		X						X					X		X		
2	7216		X						X					X				
3	7217		X						X							X		
4	7218												S/B			X		
5	7219											X				X		
6	7220											X				X		
7	7221									X				X				
8	7222											X				X		
9	7223											X				X		
10	7224		X						X	X					X			
11	7225						X		X							X		
12	7226		X						X							X		
13	7227						X		X					X				
14	7228						X		X					X				
15	7229			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.

1162

FORM APPROVED OMB NO. 0579-0160

F035931

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chesn~~ Solt	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
16	7230		X						X							X		
17	7231		X						X							X		
18	7232		X						X							X		
19	7234		X						X							X		
20	7235		X						X					X				
21	7236		X						X							X		
22	7237							PAL		X				X				
23	7238						X			X						X		
24	7239		X							X				X				
25	7240						X			X				X				
26	7241					X				X				X				
27	7242							App		X				X				
28	7243						X						mull	X				
29	7244		X									X				X		
30	7245		X									X				X		
31																		
32																		
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SIGNATURE OF SHIPPER ... information contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

PAGE ____ OF ____

(SEP 2002)

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)

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FORM 163 APPROVED OMB NO. 0579-0160

2061179

TIME HORSES LOADED ON CONVEYANCE: 8:06 pm

DATE: 11/25/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE #	7246					X				X						X		
2	7247						X			X						X		
3	7248					X				X						X		
4	7249							Appl		X						X		
5	7250		X						X					X				
6	7251		X						X					X				
7	7252		X						X					X				
8	7253		X						X					X				
9	7254		X						X					X				
10	7255		X						X					X				
11	7256		X						X					X				
12	7257						X			X				X				
13	7258						X			X				X				
14	7259						X			X				X				
15	7260		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)

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1164

FORM APPROVED OMB NO. 0579-0160

L061179

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Gheetn~~ Sorry	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
4 SEPB	7261		X							X						X		
17	7262		X							X				X				
18	7263							Buckskin		X				X				
19	7264		X						X					X				
20	7265						X			X				X				
21	7266		X							X				X				
22	7267		X							X				X				
23	7268				X								mull			X		
24	7269		X						X					X				
25	7270			X						X						X		
26	7271		X				X			X				X				
27	7272						X			X						X		
28	7273						X			X				X				
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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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)

VS
(SEP 2002)

PAGE ____ OF ____

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)

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FORM 165
APPROVED
OMB NO.
0579-0160
L 068894

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 11-19-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
1	7167		X									X				X		
2	7168						X			X				X				
3	7169						X			X						X		
4	7170							Roan		X				X				
5	7171						X			X				X				
6	7172						X			X				X				
7	7173						X		X							X		
8	7174		X									X		X				
9	7175		X									X				X		
10	7176		X						X					X				
11	7177		X									X		X				
12	7178		X							X				X				
13	7179							Roan		X				X				
14	7180		X									X		X				
15	7181						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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)

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1166
FORM APPROVED
OMB NO.
0579-0160
L060871

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 11/27/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450=788=2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7274						X			X				X				
2	7275					X				X						X		
3	7276						X			X				X				
4	7277					X				X				X				
5	7278					X				X				X				
6	7279					X				X						X		
7	7280						X			X				X				
8	7281		X							X						X		
9	7282						X			X				X				
10	7283						X			X				X				
11	7284							PAI		X				X				
12	7285				X					X				X				
13	7286		X						X					X				
14	7287		X							X				X				
15	7288						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

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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167
FORM APPROVED
OMB NO.
0579-0160

4060871

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Ghostn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ Sid	Other	Mare	Stal	Geld		
16	7289		X							X				X				
17	7290				X					X				X				
18	7291			X					X					X				
19	7292		X						X					X				
20	7293		X						X							X		
21	7294		X						X					X				
22	7295						X			X				X				
23	7296				X							X				X		
24	7297						X			X						X		
25	7298					X				X				X				
26	7299						X			X				X				
27	7300		X							X						X		
28	7233					X				X					X			
29																		
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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)

VS FORM 10-13A
(SEP 2002)

PAGE 1 OF 1

199

Plat

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)

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1168
FORM APPROVED
OMB NO.
0579-0160
206086 9

TIME HORSES LOADED ON CONVEYANCE: 6:00 pm

DATE: 11/30/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

ER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippebsburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorry	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USEX 1	7951		X									X						
2	7952		X									X						
3	7953		X									X						
4	7954		X									X						
5	7955		X									X						
6	7956						X			X								
7	7957						X						S/B					
8	7958		X									X						
9	7959		X									X						
10	7960						X					X						
11	7961				X							X						
12	7962						X			X								
13	7963		X									X						
14	7964			X					X									
15	7965			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)

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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)

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.

1169

FORM APPROVED
OMB NO.
0579-0160

L060869

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chstn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
16	7966		X									X				X		
17	7967		X									X		X				
18	7968		X									X		X				
19	7969		X							X						X		
20	7970		X						X							X		
21	7971		X							X						X		
22	7972					X				X					X			
23	7973					X				X				X				
24	7974							Roi		X				X				
25	7975		X									X		X				
26	7976						X			X				X				
27	7977		X									X				X		
28	7978		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.)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
CANADIAN FOOD INSPECTION AGENTS

(b)(6)

VS F
(SEP 2002)

PAGE ___ OF ___

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*): Rotz's Livestock, Bruce

2. CERTIFICATE NO.: L060870

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/28/19

5. U.S. PORT OF EMBARKATION (*City and State*): Shippensburg Penna.

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 457 Airport Rd.

8. CONSIGNOR'S CITY (*or Town*): Shippensburg

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17257

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Vianda Richelieu Meat Inc. 595 Rue Royale Massueville

DESTINATION COUNTRY: Quebec

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 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)

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEX 7301	10	F	QH											
7302	8	N	GH											
7304	8	F	GH											
7305	8	F	QH											
7306	6	F	TB											
7307	6	N	TB											
7308	6	N	GH											
7309	6	N	GH											
7310	6	N	QH											
7311	6	N	TB											
7312	7	N	SN											
7313	7	N	QH											
7314	[illegible]	F	SN											
7315	5	N	QH											
7316	5	N	CB											
7317	6	F	QH											
7318	6	N	SN											
7319	6	N	QH											

Rotz's Livestock
Bruce K. Rotz
457 Airport Rd.
Shippensburg Pa. 17257

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

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: 11 30 09

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial,- please print*): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32 Horse

24. NAME OF ENDORSING FEDERAL VET [illegible] stamp)

(b)(6)

25. SIGN

(b)(6)

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT 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

171

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)*: Rotz's Livestock, Bruce

16. CONSIGNEE'S NAME: Vianda Richelieu Meat inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1060870

3. PAGE NO.: 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
DATE M	DATE N	DATE O

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) ——

CERTIFIED BRUCELLOSIS FREE AREA

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
7320	10	N	SN								
7321	10	F	SN								
7322	8	F	SN								
7323	8	F	SN								
7324	8	F	SN								
7325	6	F	SN								
7326	6	F	SN								
7327	6	F	SN								
7328	7	F	SN								
7329	8	F	SN								
7341	8	F	SN								
7342	9	F	TN								
7344	6	N	GH								
7346	6	F	BL								

Rotz's Livestock
Bruce K. Rotz
457 Airport Rd.
Shippensburg Pa. 17257

1. During the previous twenty one days the animals in this shipment has/have not been in the state of Texas.
2. The animals being presented must have been either resident in the 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 tranported.
7. The exported has been advised that any deterioration in healthy or physical condition of the animals that may render animals unfit for tranport may result in the shipment to be refused entry to Canada.
8. Fit to be tranported means that on the day of inspection no animals has an infumity illness injury or any other condition that could be aggravated when the animal is being tranported causing tha animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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.

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FORM APPROVED
OMB NO.
0579-0160

L 046897

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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	~~Chesln~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USEX 1	5851						X				X					X		
2	5852		X									X				X		
3	5853		X									X				X		
4	5854		X									X				X		
5	5855		X									X				X		
6	5856		X									X				X		
7	5857		X									X				X		
8	5858						X					X				X		
9	5859		X									X		X				
10	5860		X									X		X				
11	5861							pal		X								
12	5862		X									X				X		
13	5863						X					X		X				
14	5864		X									X				X		
15	5865		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 bes

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE Oct 09
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.

1173

FORM APPROVED OMB NO. 0579-0160

2060897

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Sheep~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USDA 16	5866		X									X		X				
17	5867		X									X		X				
18	5868		X									X		X				
19	5869		X							X				X				
20	5870						X						HF		X			
21	5871					X				X				X				
22	5872		X									X				X		
23	5873						X			X				X				
24	5874			X						X				X				
25	5875		X									X		X				
26	5876		X									X				X		
27	5877		X									X				X		
28	5878						X				X					X		
29																		
30																		
31																		
32																		
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SI the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

V
(SEP 2002)

PAGE ____ OF ____

CANADIAN FOOD INSPECTION AGENCY
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Government of Canada
Gouvernement du Canada

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)

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FORM APPROVED OMB NO. 0579-0160

174

6660870

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am

DATE: 12-01-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ SOR	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	7301		X							X				X				
2	7303			X						X						X		
3	7304		X							X				X				
4	7305						X			X				X				
5	7306			X					X					X				
6	7307		X						X							X		
7	7308					X				X						X		
8	7309						X			X						X		
9	7310						X			X						X		
10	7311						X		X							X		
11	7312		X									X				X		
12	7313						X			X				X				
13	7314		X									X				X		
14	7315						X			X						X	off	
15	7323		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) 02/12/09

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE

TIME

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FOF

Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

2060870

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USDA 16	7316		X										Crit			X		
17	7317					X				X				X				
18	7318		X									X				X		
19	7319					X				X						X		
20	7320		X									X				X		
21	7321		X									X		X				
22	7322		X									X		X				
23	7324		X									X		X				
24	7325		X									X		X				
25	7326		X									X		X				
26	7327		X									X		X				
27	7328		X									X		X				
28	7329		X									X		X			offm	
29	7341		X									X		X				
30	7342			X					X					X				
31	7344						X			X						X		
32	7346			X							X			X		X		
33																		
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SIG (I hereby certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

L06/181

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 12/2/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Robs Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rob Robs Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg PA 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu meat Inc

STREET ADDRESS: 595 Rue Royal

CITY, STATE, ZIP CODE: Massueville QC Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ SOCT	Other	BREED/TYPE: TB	QT	Draft	~~Pony~~ SIN	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	7323		X						X					X				
2	7336		X						X					X				
3	7337		X						X					X				
4	7339					X				X				X				
5	7347							APPI		X						X		
6	7349			X						X						X		
7	7350						X				X					X		
8	7352		X									X				X		
9	7353		X						X						X			
10	7354						X			X				X				
11	7358						X		X					X				
12	7359						X			X				X				
13	7360							APPI		X				X				
14	7361				X					X						X		
15	7362						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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the bes

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

L 061181

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SCM	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7363						X			X				X				
17	7364							ABD		X				X				
18	7366						X			X						X		
19	7367		X							X				X				
20	7369		X							X				X				
21	7370						X						HF	X				
22	7371		X						X							X		
23	7372		X						X							X		
24	7373		X						X					X				
25	7374		X						X					X				
26	7375		X						X					X				
27	7376		X						X					X				
28	3766						X			X						X		
29																		
30																		
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)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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 178
APPROVED
OMB NO.
0579-0160
L061180

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am

DATE: 12-03-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USET	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheeth~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/W	Other	Mare	Stal	Geld		
1	7329		X									X		X				
2	7330		X							X				X				
3	7331		X							X						X		
4	7333		X							X						X		
5	7334						X			X						X		
6	7335						X			X				X				
7	7338		X						X					X				
8	7340				X								C/B	X				
9	7343		X									X		X				
10	7345		X									X				X		
11	7348			X						X				X				
12	7351						X		X					X				
13	7357		X						X							X		
14	7360							Appl		X				X				
15	7401						X						null	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 b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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.

1179
FORM APPROVED
OMB NO.
0579-0160

2061180

USEA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
16	7402						X			X				X				
17	7403						X		X					X				
18	7404						X			X				X				
19	7405						X				X			X				
20	7406						X				X					X		
21	7407		X						X					X				
22	7408		X						X					X				
23	7409		X						X					X				
24	7410		X						X					X				
25	7411					X				X						X		
26	7412					X				X				X				
27	7413							Appl		X						X		
28	7414		X										null	X				
29	7415		X									X		X				
30	7416		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)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Gouvernement du Canada SERVICE D'INSPECTION DES ALIMENTS

VS FORM 10-13A
(SEP 2002)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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.

APPROVED OMB NO. 0579-0160 180 2060868

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 12/7/09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ SOR	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USEK 1	7332		X							X				X				
2	7356		X						X					X				
3	7417		X									X		X				
4	7418		X									X		X				
5	7419		X									X				X		
6	7420		X									X				X		
7	7421		X									X				X		
8	7422						X				X			X				
9	7423							AM		X				X				
10	7424					X				X				X				
11	7426			X						X				X				
12	7428						X			X						X		
13	7430					X				X				X				
14	7431						X			X						X		
15	7433						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

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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.

181

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							X		X					X				
17						X				X						X		
18						X				X				X				
19						X				X				X				
20							X			X				X				
21							X			X						X		
22			X							X				X				
23				X						X						X		
24					X					X				X				
25			X							X						X		
26							X			X				X				
27					X					X						X		
28							X			X						X		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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P132
APPROVED
OMB NO.
0579-0160
K060895

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am

DATE: 12-08-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz / Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	~~Chstn~~ Solid	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1 (used)	7445						X			X				X				
2	7432						X			X						X		
3	7427						X			X						X		
4	7425						X			X				X				
5	7447						X			X						X		
6	7448					X				X						X		
7	7449						X			X				X				
8	7450							Buckskin		X				X			off.	
9	7451		X							X						X		
10	7452						X			X						X		
11	7453						X			X				X				
12	7454		X							X				X				
13	7455					X				X				X				
14	7456						X			X				X				
15	7457						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)

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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)

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.

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FORM APPROVED OMB NO. 0579-0160

L060895

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chstn~~ SMT	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
16	7458						X			X				X				
17	7459				X					X				X				
18	7460					X				X						X		
19	7461						X			X				X				
20	7462					X				X				X				
21	7463							A1		X				X			off	
22	7464						X						H1			X		
23	7465			X						X						X		
24	7466						X			X				X				
25	7467		X							X				X				
26	7468						X			X				X				
27	7469		X							X				X				
28	7470				X					X				X				
29	7471						X			X				X				
30	7472		X							X				X				
31																		
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SIGNAT ormation contained in this form is true and correct to the best of my knowledge.)

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PAGE ____ OF ____

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)

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APPROVED OMB NO. 0579-0160

2080856

TIME HORSES LOADED ON CONVEYANCE: 9:00pm

DATE: 12/9/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USEX 1	7479						X			X						X		
2	7480		X									X				X		
3	7481		X						X							X		
4	7482		X							X						X		
5	7483				X					X						X		
6	7484		X							X				X				
7	7485						X			X				X				
8	7486						X			X						X		
9	7487						X			X				X				
10	7488						X			X						X		
11	7489						X			X				X				
12	7490							PAL		X						X		
13	7491					X				X				X				
14	7492					X				X				X				
15	7493				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)

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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)

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.

185
FORM APPROVED
OMB NO.
0579-0160
460856

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
16	7494		X							X				X				
17	7495		X							X				X				
18	7496						X			X				X				
19	7497						X			X				X				
20	7498					X				X				X				
21	7499						X			X				X				
22	7500						X			X				X				
23	7501						X			X				X				
24	7502						X			X				X				
25	7503							Appl		X						X		
26	7504						X			X				X				
27	7450							Buckst		X				X				
28	7559		X							X				X				
29																		
30																		
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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
Government of Canada

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PAGE ____ OF ____

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)

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F188
APPROVED
OMB NO.
0579-0160
2080857

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am

DATE: 12-10-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Rotzsansburg Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450=788-2490

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

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

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	7505							Roan					C/B	X				
2	7506						X		X					X				
3	7507				X					X				X				
4	7508						X		X							X		
5	7509						X			X				X				
6	7510				X					X				X				
7	7511		X							X						X		
8	7512							PAL		X				X				
9	7513						X			X				X				
10	7514		X							X				X				
11	7515		X						X					X				
12	7516						X			X				X				
13	7517		X							X						X		
14	7518		X						X					X				
15	7519		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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

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PART 2 - OWNER/SHIPPER

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.

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FORM APPROVED
OMB NO.
0579-0160

K060857

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
16	7520				X				X					X				
17	7521						X			X				X				
18	7522						X			X				X				
19	7523						X			X				X				
20	7524						X			X				X				
21	7525			X						X						X		
22	7526		X						X					X				
23	7527		X						X					X				
24	7528		X						X					X				
25	7529		X						X					X				
26	7530		X						X							X		
27	7531						X			X				X				
28	7532		X						X							X		
29	7533		X						X					X				
30	7534		X						X					X				
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SIG at the information contained in this form is true and correct to the best of my knowledge.)

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PAGE ____ OF ____

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)

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FORM 188 APPROVED OMB NO. 0579-0160

2060858

TIME HORSES LOADED ON CONVEYANCE: 9:00 pm	DATE: 12/11/09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEX 1	7475		X							X						X		
2	7478		X							X						X		
3	7536		X						X					X				
4	7537		X						X					X				
5	7538		X						X					X				
6	7540					X				X				X				
7	7541						X			X				X				
8	7542		X							X						X		
9	7543		X							X						X		
10	7544		X							X				X				
11	7545		X							X						X		
12	7546					X				X				X				
13	7547					X				X				X				
14	7548					X				X						X		
15	7549					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)

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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)

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)

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FORM APPROVED
OMB NO.
0579-0160

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	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Cheste~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEX 16	7550					X				X						X		
17	7551					X				X						X		
18	7552					X				X						X		
19	7553						X			X						X		
20	7554		X							X				X				
21	7555					X				X						X		
22	7556					X				X				X				
23	7557						X			X						X		
24	7558					X				X						X		
25	7559						X			X				X				
26	7560							Roan		X				X				
27	7561						X			X						X		
28	7562						X			X						X		
29																		
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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.)

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PAGE ____ OF ____

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)

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F190
APPROVED
OMB NO.
0579-0160
I 48185

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 12/14/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu.

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450=788-2490

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~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	7555					X				X						X		
2	7563		X						X					X				
3	7564		X						X					X				
4	7565		X						X							X		
5	7566			X					X							X		
6	7569		X						X							X		
7	7570						X		X							X		
8	7571		X						X					X				
9	7572		X						X					X				
10	7573		X						X							X		
11	7574		X				X		X							X		
12	7575		X						X					X	X			
13	7576		X						X						X			
14	7577					X				X						X		
15	7578						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)

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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)

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)

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FORM APPROVED
OMB NO.
0579-0160

I48185

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chastn~~ Sing cite	~~Other~~	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7579							BSwt		X						X		
17	7580				X					X				X				
18	7581						X			X				X				
19	7582			X						X				X				
20	7583		X							X						X		
21	7584					X				X						X		
22	7585						X			X						X		
23	7586							PAL		X				X				
24	7588		X							X						X		
25	7589						X			X				X				
26	7590							PAL		X				X				
27	7591						X			X				X				
28	7592				X					X				X				
29																		
30																		
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32																		
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SIG PER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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PAGE ____ OF ____

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)

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FORM 192 APPROVED OMB NO. 0579-0160

F0259/

TIME HORSES LOADED ON CONVEYANCE: 7:15 AM

DATE: 12-15-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: 595 Rue Royale

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USE1

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sor	Other	TB	QT	Draft	~~Pony~~ SIN	Other	Mare	Stal	Geld		
1	7473		X						X					X				
2	7474					X				X				X				
3	7476		X							X					X			
4	7535									X								
5	7567		X						X							X		
6	7568						X		X							X		
7	7587			X						X				X				
8	7593			X									C/B	X				
9	7594		X									X		X				
10	7595					X				X				X				
11	7596						X			X				X				
12	7597						X			X						X		
13	7598						X				X					X		
14	7599		X						X					X				
15	7600		X									X				X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATEL

SIGNATURE (b)(6)

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SIGNATURE in this form is true and correct to the best of m (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 2 - OWNER/SHIPPER

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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193

FORM APPROVED
OMB NO.
0579-0160

F02591

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SRY	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
16	7601				X					X				X				
17	7602			X									CB	X				
18	7603		X									X				X		
19	7604		X						X					X				
20	7605						X			X						X		
21	7606		X							X				X				
22	7607							Rose		X				X				
23	7608		X									X				X		
24	7609			X					X					X				
25	7610						X						SB			X		
26	7612						X			X				X				
27	7613				X					X				X				
28	7614				X					X				X				
29	7615						X			X				X				
30	7616		X							X				X				
31																		
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(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Gouvernement du Canada

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)

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194
FORM APPROVED
OMB NO. 0579-0160
F02596

TIME HORSES LOADED ON CONVEYANCE: 8:60 pm

DATE: 12/16/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

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	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7477		X			[redacted]			X	[redacted]					[redacted]	X		
2	7611					X				X					X			
3	7617		X							X				X				
4	7618					[redacted]		Rose		X				X				
5	7619					X				X				X				
6	7620						X			X				X				
7	7621		X							X				X				
8	7622						X			X				X				
9	7623				X					X				X				
10	7624		X							X						X		
11	7625						X						mull	X				
12	7626						X		X							X		
13	7627				X				X							X		
14	7628		X						X					X				
15	7629		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

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Previous editions are obslete

PART 2 - OWNER/SHIPPER

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.

195

FORM APPROVED
OMB NO.
0579-0160

F62596

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	~~Pinto~~ Pinto	~~Chestn~~ Sorg	~~Other~~ other	TB	QT	Draft	~~Pntry~~ S/N	Other	Mare	Stal	Geld		
USE 16	7630						X		X					X				
17	7632						X						S/B			X		
18	7633						X						S/B	X				
19	7634						X						S/B			X		
20	7635		X									X		X				
21	7636		X									X				X		
22	7637		X									X		X				
23	7638		X									X		X				
24	7639		X									X		X				
25	7640		X									X				X		
26	7641						X			X				X				
27	7642		X							X				X				
28	7643							Rune		X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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)

PAGE ____ OF ____

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)

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~~FORM~~ 196
APPROVED
OMB NO.
0579-0160

F02595

TIME HORSES LOADED ON CONVEYANCE: 7:15

DATE: 12-17-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	~~Ches~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEX	7630						X		X						X			
2	7644		X						X					X				
3	7645						X			X				X				
4	7646		X						X					X				
5	7647						X		X					X				
6	7648		X						X							X		
7	7649		X							X						X		
8	7650		X							X						X		
9	7651					X				X						X		
10	7652					X				X						X		
11	7653							Bald		X						X		
12	7654		X							X						X		
13	7655			X						X						X		
14	7656						X			X						X		
15	7657						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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada Gouvernement du Canada SERVICE CANADIEN D'INSPECTION DES ALIMENTS

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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197

FORM APPROVED OMB NO. 0579-0160

F0D595

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	TB	QT	Draft	~~Roan~~ SIN	Other	Mare	Stal	Geld		
16	7658		X									X				X		
17	7659				X							X				X		
18	7660						X		X					X				
19	7661						X		X					X				
20	7662						X		X							X		
21	7663						X		X							X		
22	7664		X						X							X		
23	7665			X					X					X				
24	7666						X			X				X				
25	7667						X			X				X				
26	7668		X							X				X				
27	7669							PAL		X				X				
28	7670						X			X				X				
29	7671							PAL		X				X				
30	7672				X					X				X				
31																		
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SI t the information contained in this form is true and correct to the best of my knowledge.)

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PAGE OF

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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~~198~~ FORM APPROVED OMB NO. 0579-0160

2060867

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 12/26/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Ins.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USET

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	7698		X									X		X				
2	7699			X						X				X				
3	7709			X						X				X				
4	7710						X		X							X		
5	7711				X					X				X				
6	7712						X			X				X				
7	7713			X					X							X		
8	7714		X						X						X			
9	7715			X					X					X				
10	7716		X						X							X		
11	7717						X		X					X				
12	7718		X							X				X				
13	7719		X									X		X				
14	7720		X									X		X				
15	7721						X			X				X				

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

SIGNATU (b)(6)

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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)

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)

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199

FORM APPROVED OMB NO. 0579-0160

L060867

USEK	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
16	7722				X							X				X		
17	7723		X									X		X				
18	7724				X								S/B			X		
19	7725		X									X				X		
20	7726		X									X		X				
21	7727		X									X				X		
22	7728		X									X		X				
23	7729		X									X		X				
24	7730		X									X		X				
25	7731						X					X		X				
26	7732						X					X		X				
27	7733		X										C/B	X				
28	7734		X							X						X		
29																		
30																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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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.)

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VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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200
FORM APPROVED
OMB NO. 0579-0160
F02598

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 12/21/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Botz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USET 1	5994		X		X						X					X		
2	7673		X							X						X		
3	7676							PAI		X				X				
4	7677							AP		X						X		
5	7678		X							X				X				
6	7679			X						X				X				
7	7680						X			X						X		
8	7681						X		X					X				
9	7682		X							X				X				
10	7683				X					X				X				
11	7684		X							X				X				
12	7685						X		X							X		
13	7686		X						X							X		
14	7687						X		X							X		
15	7688		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)

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SIGNA ... rmation contained in this form is true and correct to the bes

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

F02598

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USEX 16	7689		X							X				X				
17	7690						X		X					X				
18	7691		X						X					X				
19	7692						X		X							X		
20	7693		X									X		X				
21	7695		X									X		X				
22	7697		X									X				X		
23	7698							Appaloosa		X				X				
24	7701		X							X				X				
25	7702		X							X				X				
26	7703						X			X				X				
27	7704						X			X				X				
28	7705						X			X				X				
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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~~FORM~~ 202
APPROVED
OMB NO.
0579-0160

L061188

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 12/28/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
USET 1	7979		X									X		X				
2	7980		X									X				X		
3	7981		X									X				X		
4	7982		X									X				X		
5	7983						X			X				X				
6	7984			X								X		X				
7	7985		X									X				X		
8	7986		X									X				X		
9	7987		X									X				X		
10	7988			X							X					X		
11	7989						X						mull			X		
12	7990		X									X				X		
13	7991		X									X				X		
14	7992		X									X						
15	7993						X						HF		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PAGE 1 OF ___

PART 2 - OWNER/SHIPPER

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

201188

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
USEK 16	7994						X					X				X		
17	7995		X									X				X		
18	7996		X									X				X		
19	7997		X							X				X				
20	7998		X						X					X				
21	7999						X			X						X		
22	8000						X			X						X		
23	7747						X					X				X		
24	7694		X									X				X		
25	7748						X		X							X		
26	7749						X						S/B			X		
27	7708		X									X				X		
28	7750		X						X							X		
29																		
30																		
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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)

CANADIAN FOOD INSPECTION AGENCY Government of Canada — Gouvernement du Canada — SAFE FOOD FOR CANADIANS — INSPECTION DES ALIMENTS

VS 1 CFIA 10-10-1
(SEP 2002)

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)

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204

FORM APPROVED
OMB NO.
0579-0160
06/1/87

TIME HORSES LOADED ON CONVEYANCE: 8H00 A.M

DATE: 29-12-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USED	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	7737				X					X						X		
2	7738					X				X				X				
3	7739					X				X				X				
4	7740					X				X				X				
5	7741					X				X						X		
6	7742					X				X				X				
7	7743						X			X						X		
8	7745				X				X					X				
9	7746		X							X						X		
10	7751			X									Mull			X		
11	7752		X									X		X				
12	7753		X									X		X				
13	7754						X						S/B			X		
14	7755		X									X				X		
15	7756		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

L061187

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ Sid	Other	Mare	Stal	Geld		
16	7757		X									X				X		
17	7758		X									X		X				
18	7759		X									X		X				
19	7760		X									X		X				
20	7761						X					X		X				
21	7762		X									X		X				
22	7763		X									X		X				
23	7764						X				X			X				
24	7765		X									X		X				
25	7766		X									X				X		
26	7767						X						Mull	X				
27	7674						X			X				X				
28	7675							Brown		X				X				
29	7606						X				X					X		
30	7607						X				X					X		
31																		
32																		
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34																		
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I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

RoTZ 2011

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)

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2

FORM APPROVED OMB NO. 0579-0160

L060407

TIME HORSES LOADED ON CONVEYANCE: 10 pm	DATE: 1-2-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFW

	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	1157		X							X				X				
2	1158		X						X					X				
3	1159		X							X				X				
4	1160		X							X						X		OFF
5	1161		X						X							X		
6	1162		X							X					X			
7	1163		X							X				X				
8	1164						X			X				X				
9	1165		X							X				X				
10	1166				X					X						X		
11	1167							WHITE		X				X				
12	1168		X							X						X		
13	1169							PAL		X				X				
14	1170				X								CB			X		
15	1171				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

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
10 pm (CONTINUATION SHEET) 1-2-11

(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

L060407

SEQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1172					X				X				X				
17	1173							PAL		X						X		
18	1174		X							X						X		
19	1175							Rowe		X				X				
20	1176		X							X						X		
21	1177				X					X				X				
22	1178						X			X				X				
23	1179						X						S.B	X				
24	1180		X							X						X		
25	1181						X						Mule	X				
26	1182							PAL		X				X				OFF
27	1183		X							X						X		
28	1184		X							X				X				
29																		
30																		
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.)

2-2

(b)(6)

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 0579-0180. 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.

4

FORM APPROVED OMB NO. 0579-0180

L060408

TIME HORSES LOADED ON CONVEYANCE: 11 pm	DATE: 1-3-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	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	1188						X				X			X				
2	1189							PAL		X				X				
3	1190						X			X				X				
4	1191						X			X				X				
5	1192						X			X				X				
6	1193		X							X				X				
7	1194		X							X				X				
8	1195		X							X				X				
9	1196						X			X				X				
10	1197						X			X				X				
11	1198							BSKIN		X						X		
12	1199					X				X				X				
13	1200					X				X				X				
14	1201		X							X				X				
15	1202						X			X				X				

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

SIGNATUR (b)(6)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

11 AB 1-3-11

(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

L060408

ISPO	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1203				X					X				X				
17	1204					X				X				X				
18	1205					X				X				X				
19	1206						X			X						X		
20	1208		X							X						X		
21	1209						X			X						X		
22	1210		X							X				X				
23	1211				X					X						X		
24	1212		X							X				X				
25	1213						X			X						X		
26	1214		X										MULE	X				
27	1216		X							X						X		
28	1217		X							X				X				
29																		
30																		
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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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6
FORM APPROVED
OMB NO. 0579-0160
L060409

TIME HORSES LOAD: 8:30am (b)(6) DATE: Jan 4/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	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	1105			X						X						X		
2	1108				X					X				X				
3	1131				X					X				X				
4	1135		X							X				X				
5	1138		X							X				X				
6	1139		X							X				X				
7	1207		X							X						X		
8	1215							APL		X				X				
9	1218		X							X						X		
10	1222		X							X						X		
11	1224		X							X						X		
12	1225		X							X						X		
13	1227						X			X				X				
14	1228						X			X				X				
15	1229		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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

L060409

USPC	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1230		X							X				X				
17	1234		X							X				X				
18	1235						X			X						X		
19	1236		X							X				X				
20	1237						X		X							X		
21	1238		X						X							X		
22	1239		X						X							X		
23	1240						X		X							X		
24	1241		X						X							X		
25	1242		X						X							X		
26	1243		X						X					X				
27	1244		X						X					X				
28	1245		X						X					X				
29	1246							AEP ROAN	X					X				
30	1247		X						X					X				
31	1248		X						X					X				
32																		
33																		
34																		
35																		
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.)

2 of 2

(b)(6)

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.

8

FORM APPROVED OMB NO. 0579-0160

L060410

TIME HORSES LOADED ON CONVEYANCE: 11 pm	DATE: 1-4-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1106		X							X						X		
2	1126		X							X				X				
3	1132		X							X						X		
4	1133		X							X						X		
5	1134		X					PAL		X				X				
6	1143		X							X				X				
7	1152		X							X				X				
8	1155		X							X						X		
9	1219						X					X		X				
10	1220							ROAN		X						X		
11	1221		X							X						X		
12	1233							PAL		X				X				
13	1254						X				X			X				
14	1255		X							X				X				
15	1256		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

PART 1 - INSPECTOR

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

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

11 pm 1-4-11

(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

L060410

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1257		X							X						X		
17	1258				X					X						X		
18	1259		X							X						X		
19	1260						X		X							X		
20	1261						X						HF	X				
21	1262				X					X						X		
22	1263		X							X						X		
23	1264						X			X				X				
24	1265		X							X						X		
25	1266		X							X						X		
26	1267		X							X						X		
27	1268					X				X				X				
28	1269						X			X					X			
29																		
30																		
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.)

2 of 2

(b)(6)

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)

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10
FORM APPROVED
OMB NO. 0579-0160
E060411

TIME HORSES LOADED ON CONVEYANCE: 22:00	DATE: 1-6-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1152		X							X				X				
2	1187			X						X					X			
3	1223		X							X				X	X			
4	1226		X							X				X				
5	1231					X				X				X				
6	1270						X			X						X		
7	1271		X							X				X				
8	1272						X			X						X		
9	1273		X							X				X				
10	1274				X					X				X				
11	1275							CR BA IR		X						X		
12	1276		X							X						X		
13	1277						X			X				X				
14	1278						X			X				X				
15	1279		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

PART 1 - INSPECTOR

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

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

2210 1-6-11

(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

L060411

SPO	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Poney	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1280						X			X				X				OFF
17	1281						X			X				X				
18	1282						X			X				X				
19	1283		X							X						X		
20	1284		X							X						X		
21	1285			X						X				X				
22	1286		X							X				X				
23	1287	145	X							X				X				
24	1288				X					X						X		
25	1289						X			X				X				
26	1290							Red Roan		X				X				
27	1291						X			X				X				
28	1292	X								X						X		
29	7156		X							X				X				
30																		
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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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12

FORM APPROVED OMB NO. 0579-0160

L060412

TIME HORSES LOADED ON CONVEYANCE: 8pm	DATE: 1-9-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1142						X			X				X				
2	1186		X							X				X				
3	1253				X					X				X				
4	1280						X			X				X				
5	1292						X				X					X		
6	1293							PAL		X				X				
7	1294						X				X			X				
8	1295		X							X				X				
9	1296		X							X						X		
10	1297					X				X				X				
11	1298		X							X				X				
12	1302						X						SB			X		
13	1303		X							X						X		
14	1305						X			X						X		
15	1306						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET) 1-9-11

(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

L060412

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Poney	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1307				X					X				X				
17	1308				X					X				X				
18	1310						X			X					X			
19	1315		X							X						X		
20	1316		X							X						X		
21	1318						X			X						X		
22	1322						X			X				X				
23	1324						X			X						X		
24	1327				X					X				X				
25	1328						X			X				X				
26	1329									X				X				
27	1334		X							X				X				
28	1335						X			X				X				
29																		
30																		
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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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14

FORM APPROVED
OMB NO. 0579-0160

L060413

TIME HORSES LOADED ON CONVEYANCE: 8 pm	DATE: 1-10-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1251						X			X						X		
2	1299		X							X						X		
3	1313		X							X						X		
4	1319				X					X				X				
5	1323						X			X				X				
6	1326						X			X						X		
7	1337		X							X				X				
8	1338		X							X						X		
9	1339						X			X				X				
10	1340					X				X				X				
11	1341						X			X						X		
12	1343							UH		X						X		
13	1350				X					X				X				
14	1352		X						X					X				
15	1353							PAL		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

PART 1 - INSPECTOR

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

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

8 pm 1-10-11

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060413

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Cremin	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	1354			X						X				X				
17	1355						X			X						X		
18	1356						X			X				X				
19	1357						X			X						X		
20	1358						X			X				X				
21	1360						X			X				X				
22	1361							PPL		X				X				
23	1362					X				X						X		
24	1364							PPL		X						X		
25	1367		X							X				X				
26	1368							PPL		X						X		
27																		
28																		
29																		
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2 of 2

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

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.

16

FORM APPROVED OMB NO. 0579-0160

T,060414

TIME HORSES LOADED ON CONVEYANCE: 8:00am (b)(6)

DATE: Jan 11 /11

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	1249						X			X						X		
2	1250		X					SN								X		
3	1300		X					SB						X				
4	1301						X	SB								X		
5	1304						X			X						X		
6	1311		X							X						X		
7	1312						X			X				X				
8	1314				X					X				X				
9	1317		X							X				X				
10	1320						X			X						X		
11	1321		X							X				X				
12	1325						X			X				X				
13	1330				X					X				X				
14	1331					X				X						X		
15	1332					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 know (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

8:00am (CON (b)(6) EET) 1/1/11

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

L060414

USPQ (b)(6)

	PREFIX	NO.	BREED/TYPE: Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	1333				X					X				X				
17	1336		X							X						X		
18	1342				X					X						X		
19	1344		X							X				X				
20	1345		X							X				X				
21	1346						X			X				X				
22	1347							B SAND		X				X				
23	1348						X			X						X		
24	1349			X						X				X				
25	1351		X						X					X				
26	1359							WHITE		X				X				
27	1363					X				X				X				
28	1365						X			X				X				
29	1366		X							X						X		
30	1369			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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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18

FORM APPROVED OMB NO. 0579-0160

L060415

TIME HORSES LOADED ON CONVEYANCE: 12:30 Am	DATE: 1-12-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	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	1160							R-Rose		X						X		
2	1185						X			X				X				
3	1370						X			X						X		
4	1371						X			X				X				
5	1372						X			X				X			OFF	
6	1373		X							X				X				
7	1374		X							X				X				
8	1375						X			X						X		
9	1376						X			X				X				
10	1377				X					X						X		
11	1378		X							X				X				
12	1379						X			X				X				
13	1380							R-Rose		X				X				
14	1381				X					X						X		
15	1382						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

L060015

USEQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cremo	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1383		X							X				X				
17	1384		X							X				X				
18	1385		X							X				X				
19	1386						X			X				X				
20	1387						X			X				X				
21	1388		X							X				X				
22	1389						X			X				X				
23	1390		X							X				X				
24	1391						X			X				X				
25	1392		X							X				X				
26	1393		X							X				X				
27	1394						X				X			X				
28	1395						X				X					X	OFF	
29																		
30																		
31																		
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2-2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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20

FORM APPROVED OMB NO. 0579-0160

L060416

TIME HORSES LOADED ON CONVEYANCE: 8:30 PM	DATE: 1-13-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	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	1385						X				X					X		
2	1386		X							X						X	off	
3	1399		X							X						X	opt	
4	1400		X							X						X		
5	1401					X				X				X				
6	1402						X			X						X		
7	1403		X							X						X		
8	1404		X							X						X		
9	1405						X			X						X		
10	1406						X						MULE	X				
11	1408		X							X				X				
12	1409		X							X						X		
13	1410					X							CB	X				
14	1411		X							X				X				
15	1412		X										SN			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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

8:30 AM 1-10-11

(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

L060416

SEQ

(b)(6)

	PREFIX	NO.	BREED/TYPE: Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1413		X							X				X				
17	1414		X							X						X		
18	1415				X					X					X			
19	1416			X						X						X		
20	1417						X			X				X				
21	1418		X							X				X				
22	1419		X							X				X				
23	1420		X							X				X				
24	1421						X			X				X				
25	1422						X			X				X			Off	
26	1423		X							X				X			Off	
27	1424							Roe		X				X				
28	1425							Pal		X				X				
29																		
30																		
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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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22

FORM APPROVED
OMB NO.
0579-0160

L060417

TIME HORSES LOADED ON CONVEYANCE: 10 PM

DATE: 1-16-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1396		X							X						X		
2	1397						X				X			X				
3	1398						X				X			X				
4	1399		X							X						X		
5	1401				X						X					X		
6	1426		X							X						X		
7	1427						X			X				X				off
8	1428		X							X				X				
9	1429							B. Skin		X						X		off.
10	1430		X							X				X				
11	1431						X			X						X		
12	1432		X							X						X		
13	1433						X			X						X		
14	1435						X		X							X		
15	1439					X				X					X			

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the be[illegible] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

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

L060417

(b)(6)

JSFQ	TAG PREFIX	Tag NO.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1440					X				X				X				
17	1441						X			X				X				
18	1442		X							X				X				
19	1443						X			X						X		
20	1444						X			X				X				
21	1445					X				X						X		
22	1446						X			X				X				
23	1447		X							X				X				
24	1448							White		X				X				
25	1449						X				X					X		
26	1450							White					Mare			X		
27	1451						X						Mare	X				
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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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.)

2-2

(b)(6)

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)

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24

FORM APPROVED OMB NO. 0579-0160

L060418

TIME HORSES LOADED ON CONVEYANCE: 11 PM	DATE: 1-17-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	1452						X			X						X		
2	1453						X			X						X		
3	1454							PAL		X				X				
4	1455		X							X						X		
5	1456							PAL		X				X				
6	1457						X			X				X				
7	1458						X			X				X				
8	1459		X							X				X				
9	1460						X			X				X				
10	1461							PAL		X				X				
11	1462					X				X				X				
12	1463		X							X						X		
13	1464		X							X						X		
14	1465		X							X				X				
15	1466						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

L060418

(b)(6)

	PREFIX	NO.	BREED/TYPE: Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Poney	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1467						X			X						X		
17	1468				X					X						X		
18	1469		X							X				X				
19	1470					X				X					X			
20	1471						X			X				X				
21	1472							PAL		X						X		
22	1473						X			X				X				
23	1474		X							X				X				
24	1475						X			X				X				
25	1476		X							X						X		
26	1477					X				X						X		
27	1478		X							X				X				
28	1479		X							X				X				
29																		
30																		
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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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26
FORM APPROVED
OMB NO. 0579-0160
L060420

TIME HORSES LOADED ON CONVEYANCE: 16:30

DATE: 1-18-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	1511						X				X			X				
2	1513		X							X				X				
3	1514		X							X				X				
4	1515						X			X						X		
5	1517				X					X				X				
6	1518		X							X				X				
7	1520		X								X					X		
8	1521						X			X				X				
9	1522					X				X				X				
10	1523					X				X				X				
11	1524					X				X						X		
12	1526						X						HF			X		
13	1527						X						HF			X		
14	1528						X						HF			X		
15	1529		X										HF			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

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET) 1-18-11

(b)(6)

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

L060420

USFO

	TAG PREFIX	TAG NO.	BREED/TYPE											SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Strwbr	Other	TB	QT	Dead	Poor	Other	Mare	Stal	Gald		
16	1530						X			X						X		
17	1531						X			X						X		
18	1532							BSuK		X						X		
19	1533					X				X				X				
20	1534					X				X						X		
21	1535					X				X				X				
22	1536				X					X						X		
23	1537						X			X						X		
24	1538		X							X						X		
25	1539						X			X						X		
26	1540		X							X						X		
27																		
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2 of 2

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)

28

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)

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FORM APPROVED OMB NO. 0579-0160

L060419

TIME HORSES LOADED: 1:00pm (b)(6) DATE: Jan 18/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

V (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFB

	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	1438					X				X					X			
2	1480						X			X				X				
3	1481					X				X				X				
4	1482		X							X				X				OFF
5	1483						X			X						X		
6	1484				X					X				X				
7	1485					X				X						X		
8	1486					X				X						X		
9	1487		X										Mule	X				
10	1488					X				X				X				
11	1489		X										Mule			X		
12	1490		X							X				X				
13	1491				X					X				X				
14	1492				X					X				X				
15	1493		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRA GHTER FACILITY
1,000 M(CO EET) Jan 18 //

(b)(6)

(b)(6)

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FORM APPROVED OMB NO. 0579-0160

L060419

ISEQ	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1494		X							X				X				
17	1495					X				X				X				
18	1496						X			X				X				
19	1497						X			X				X				
20	1498		X							X				X				
21	1499			X						X				X				
22	1500		X							X				X				
23	1501		X							X				X				
24	1502		X							X				X				
25	1503		X							X				X				
26	1504		X							X				X				
27	1505		X							X				X				
28	1506						X			X						X		
29	1508						X			X						X		
30	1509		X							X				X				
31	1510		X							X				X				
32																		
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SIGNAT[illegible] (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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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30
FORM APPROVED
OMB NO. 0579-0180
L060421

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFR

	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	1436						X			X					X			
2	1437					X				X					X			
3	1482		X							X				X				
4	1512				X					X				X				
5	1516		X							X						X		
6	1519		X							X						X		
7	1541		X							X				X				
8	1542		X							X				X				
9	1543				X					X				X				
10	1544				X					X						X		
11	1545						X			X						X		
12	1546				X					X				X				
13	1547						X			X				X				
14	1548						X			X				X				
15	1549						X			X				X				

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

SIGNATUR (b)(6)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

L060421

USFO	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Cherin	Other	TB	QT	Draft	Poay	Other	Mare	Stal	Geld		
16	1550						X			X				X				
17	1551		X							X				X				
18	1552						X			X						X		
19	1553				X					X				X				
20	1554		X							X				X				
21	1555							APL		X				X				
22	1556		X							X				X				
23	1557		X							X				X				
24	1558		X						X					X				
25	1559		X						X					X				
26	1560		X						X							X		
27	1561				X					X						X		
28	1562						X			X						X		
29																		
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SIGNATURE [illegible] 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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32

FORM APPROVED
OMB NO. 0579-0160

L060422

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 1-23-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFW

	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	1563		X							X						X		
2	1564		X							X						X		
3	1565						X			X						X		
4	1566		X							X						X		
5	1567		X							X				X				
6	1568						X			X				X				
7	1569		X							X				X				
8	1570		X							X						X		
9	1571		X							X				X				
10	1572		X							X				X				
11	1573		X							X				X				
12	1581		X							X						X		
13	1582						X			X				X				
14	1584						X			X						X		
15	1587						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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
0060422

USFQ

(b)(6)

	PREFIX	NO.	BREED/TYPE Bay	Gray	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Gald	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1591		X							QH					X			
17	1592						X			QH				X				
18	1595				X					QH				X				
19	1596						X			QH				X				
20	1597				X					QH				X				
21	1598						X			QH				X				
22	1599						X			QH						X		
23	1600		X							QH						X		
24	1601							Pay		QH				X				
25	1602		X							QH				X				
26	1603						X			QH				X				
27	1604						X				X					X		OFF
28	1605						X			QH						X		
29	1606		X							QH						X		
30																		
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 [illegible] tion 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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34

FORM APPROVED OMB NO. 0579-0160

L060423

TIME HORSES LOADED ON CONVEYANCE: 9:00 pm	DATE: 1-25-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFP

	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	1607			X						X				X				
2	1608		X							X						X		
3	1609		X							X				X				
4	1610				X					X				X				
5	1611							Dun		X				X				
6	1612							Sor		X						X		
7	1613							Sor		X				X				
8	1614		X							X				X				
9	1615					X				X						X		
10	1616		X							X						X		
11	1617		X							X				X				
12	1618		X							X				X				
13	1619							Dun		X				X				
14	1620							Sor		X				X				
15	1621					X				X						X		

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

SIG (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

PART 1 - INSPECTOR

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

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

7:00 pm 1-25-11

(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

L060423

(b)(6)

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	1622			X						X						X		
17	1623		X							X						X		
18	1624							Sor		X				X				
19	1625							Sor		X				X				
20	1626							Sor		X				X				
21	1627					X				X						X		
22	1628							Sor		X				X				
23	1629		X							X						X		
24	1574		X							X						X		
25	1575							Sor		X				X				
26	1576							Sor		X				X				
27	1577							Sor		X				X				
28	1578	0						Sor		X				X				
29	1579							Sor		X				X				
30																		
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32																		
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2 OF 2

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

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

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36

FORM APPROVED OMB NO. 0579-0160

L060425

TIME HORSES LOADED ON: 9:00am (b)(6)

DATE: Jan 25/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFR

	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	1656					X				X						X		
2	1661						X						Mule	X				
3	1662						X						Mule	X				
4	1663						X						Mule			X		
5	1664						X			X				X				
6	1665						X						Mule	X				
7	1666						X			X						X		
8	1667					X				X						X		
9	1668						X				X					X		OFF
10	1669		X							X				X				
11	1670		X							X				X				
12	1671		X							X				X				
13	1672		X							X					X			
14	1673		X							X				X				
15	1674		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

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

9:00am (CONTI (b)(6)), Jan 25

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

L060425

JSFQ

(b)(6)

	PREFIX	NO.	BREED/TYPE Bay	Grey	Blk.	Pinto	Brown	Other	TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1675		X										MLE			X		
17	1676						X			X						X		
18	1677		X							X				X				
19	1678							PAL		X						X		
20	1679				X					X				X				
21	1680						X			X						X		
22	1681		X							X				X				
23	1682		X							X				X				
24	1683						X			X						X		
25	1684						X			X						X		
26	1685		X							X						X		
27	1686		X							X				X				
28	1687				X					X				X				
29	1688						X			X				X				
30	1689		X							X				X				
31																		
32																		OFF
33																		
34																		
35																		
36																		
37																		
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2 of 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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38

FORM APPROVED
OMB NO. 0579-0160

L060424

TIME HORSES LOADED ON CONVEYANCE: 9:00 pm	DATE: 1-25-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFW

	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	1583		X							X				X				
2	1585						X			X				X				
3	1588		X							X				X				
4	1589		X							X				X				
5	1590						X			X				X				
6	1593					X				X				X				
7	1594				X					X				X				
8	1630					X				X					X			
9	1631					X				X						X		
10	1632		X							X						X		
11	1633						X			X				X				
12	1634					X				X						X		
13	1635						X			X						X		
14	1636						X						H.F			X		
15	1637						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

9:00 PM 1-25

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

L060424

ISPO.	PREFIX	NO.	(b)(6) Bay	Grey	Blk.	Pinto	Chestn	Other	TB	CT	ED/TYPE Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	1638						X				X			X				
17	1639						X			X						X		
18	1640						X			X				X				
19	1641							Ap L		X						X		
20	1642						X			X				X				
21	1643							Dun		X						X		
22	1644		X							X				X				
23	1645				X					X						X		
24	1646						X			X						X		
25	1647		X							X						X		
26	1648						X			X				X				
27	1649				X					X				X				
28	1654						X			X						X		
29																		
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2 of 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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40

FORM APPROVED OMB NO. 0579-0160

L060426

TIME HORSES LOADED ON CONVEYANCE: 8 AM	DATE: 1-27-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1507		X							X					X			
2	1525						X						HF			X	off	
3	1586						X			X						X		
4	1650		X							X				X				
5	1651						X			X				X				
6	1652							APL		X						X		
7	1653		X							X				X				
8	1655							APL		X				X				
9	1657							APL		X				X				
10	1658					X				X				X				
11	1659					X				X				X				
12	1690					X				X						X		
13	1691				X								MULE			X		
14	1692		X							X						X		
15	1693		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

L060426

ISFQ	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	1694					X				X				X				
17	1695		X							X						X		
18	1696		X							X				X				
19	1697					X				X				X				
20	1698							BL Roan		X				X				
21	1699		X							X				X				
22	1700		X							X				X				
23	1701		X						X					X				
24	1702							AP L		X						X		
25	1703						X			X						X		
26	1704					X				X						X		
27	1705		X							X				X				
28	1706			X						X				X				
29	1707		X							X						X		
30																		
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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

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.

42

FORM APPROVED OMB NO. 0579-0160

L060427

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM	DATE: 1-30-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USFP

	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	1708									X								
2	1711							WHITE		X				X				
3	1712							PAL		X				X				
4	1713						X			X				X				
5	1714							BL ROW		BL ROW				X				
6	1715					X				X				X				
7	1716			X						X						X		
8	1717		X							X				X				
9	1718						X			X				X				
10	1719		X							X				X				
11	1720						X			X				X				
12	1721						X			X				X				
13	1722		X							X						X		
14	1723					X				X						X		
15	1724						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

T060427

(b)(6)

USE	TAG PREFIX	Tag NO.	Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1725						X			X				X				
17	1726		X							X						X		
18	1727							APL		X						X		
19	1728		X							X						X		
20	1729					X				X						X		
21	1730		X							X				X				
22	1731				X					X				X				
23	1732		X							X						X		
24	1733							POND		X						X		
25	1734		X							X				X				
26	1735						X				X					X		
27	1736						X						MARE	X				
28	1737						X						MARE			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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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44

FORM APPROVED OMB NO. 0579-0160

L060428

TIME HORSES LOADED ON CONVEYANCE: 11.00 AM

DATE: 2-1-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1709			X						X						X		
2	1710			X						X						X		
3	1738						X				X			X				
4	1739		X							X						X		
5	1740		X							X						X		
6	1741							PAL		X				X				
7	1742			X						X						X		
8	1743		X							X				X				
9	1744						X			X				X				
10	1745		X							X						X	off	
11	1746						X			X				X				
12	1748		X										SN			X		
13	1749		X										CB	X				
14	1750						X			X						X		
15	1751		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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

L060428

ISFQ

(b)(6)

	PREFIX	NO.	REED/TYPE Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Poor	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	1752						X				X					X		
17	1753		X										SN			X		
18	1754						X			X						X		
19	1755		X										HF			X		
20	1756		X										SN	X				
21	1757		X										SN			X		
22	1758		X										SN	X				
23	1759		X										SN	X				
24	1760		X										SN			X		
25	1761		X										SN	X				
26	1762						X						CB	X				
27	1763						X			X						X		
28	1764		X										SN			X		
29																		
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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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46

FORM APPROVED OMB NO. 0579-0160

L060429

TIME HORSES LOADE: 8:30am

(b)(6)

DATE: Feb 1/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

V

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USED

	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	1525						X			X						X		
2	1604						X				X					X		
3	1747					X				X						X		
4	1765		X							X				X				
5	1766						X			X						X		
6	1767							APL		X				X				
7	1768						X				X					X		
8	1769						X				X					X		
9	1770				X					X						X		
10	1771						X			X						X		
11	1772		X										SN			X		
12	1773		X										SN	X				
13	1774		X										SN			X		
14	1775					X				X				X				
15	1776				X								SN	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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRA[illegible] TO A SLAUGHTER FACILITY

8:30am (CO) (b)(6) ET) Feb 1/11

(b)(6)

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

D060429

STO	TAG PREFIX	TAG NO.	BREED/TYPE: Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	1777				X								SN			X		
17	1778		X							X				X				
18	1779		X										SN			X		
19	1780		X							X						X		
20	1781						X			X				X				
21	1782							PAL		X				X				
22	1784				X								SN			X		
23	1785				X								CB			X		
24	1786		X										SN	X				
25	1787		X										SN			X		
26	1788		X										SN			X		
27	1789		X										SN	X				
28	1790		X										SN			X		
29	1791		X										SN	X				
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2 of 2

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

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.

48

FORM APPROVED
OMB NO. 0579-0180

L060430

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM	DATE: 2-3-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USFB

	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	1791		X							X						X		
2	1792			X							X					X		
3	1793							AP L		X						X		
4	1794						X			X						X		
5	1795			X						X						X		
6	1796					X				X						X		
7	1797						X			X				X				
8	1798				X					X				X				
9	1799					X				X				X				
10	1800						X						H F	X				
11	1801						X			X				X				
12	1802						X						H F	X				
13	1803		X							X				X				
14	1804							R RON		X						X		
15	1805				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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

8:00 AM 2-3-11

(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

L060430

SFO

(b)(6)

	Freeze Br.	No.	Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1806						X						HF			X		
17	1807						X			X				X				
18	1808						X			X				X				
19	1809		X							X				X				
20	1810					X				X						X		
21	1811					X				X				X				
22	1812					X				X				X				
23	1813		X							X						X		
24	1814					X				X						X		
25	1815		X							X						X		
26	1816		X										ME	X				
27	1817		X							X						X		
28	1818		X							X						X		
29																		
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SIGNATURE (I, 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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51 25
FORM APPROVED
OMB NO. 0579-0160
L060432

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM	DATE: 2-7-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	1833						X						SB		X			
2	1839							RNE		X				X				
3	1845			X						X				X				
4	1846							APL		X				X				
5	1851		X							X				X				
6	1852						X						MNE	X				
7	1853						X						MNE	X				
8	1854						X			X						X		
9	1855		X							X						X		
10	1856				X					X						X		OFF
11	1857		X							X						X		
12	1858		X							X						X		
13	1859		X							X				X				
14	1860		X							X				X				
15	1861		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

PART 1 - INSPECTOR

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

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

11:00 AM 2-2-11

(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.

25

FORM APPROVED OMB NO. 0579-0160

L060432

SFO

(b)(6)

	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Sheeln	Other	TB	QT	ED/TYPE Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1862		X											X				
17	1863				X											X		
18	1864					X								X				
19	1865		X													X		
20	1866						X							X				
21	1867		X											X				
22	1868				X									X				
23	1869				X											X		
24	1870						X							X				
25	1871				X									X				
26	1872						X									X		
27	1873		X													X		
28	1874		X													X		
29																		
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31																		
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OFF

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2-6-2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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53

FORM APPROVED OMB NO. 0579-0160

L060433

TIME HORSES LOADED ON: 8:00am (b)(6)

DATE: Feb 8/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville, QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1875		X						X							X		
2	1876		X						X					X				
3	1877		X						X					X				
4	1878		X						X					X				
5	1879		X							X						X		
6	1880		X							X						X		
7	1881		X							X				X				
8	1882		X							X						X		
9	1883		X						X							X		
10	1884		X							X						X		
11	1885		X							X				X				
12	1886						X			X				X				
13	1887						X			X				X				
14	1888		X							X						X		
15	1889		X										Mule	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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

8 CCaWCONT (b)(6) D FEB 8/1

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

L060433

(b)(6)

	PREFIX	NO.	Bay	Gray	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	1890		X							X				X				
17	1891					X				X					X			
18	1892					X				X				X				
19	1893		X						X					X				
20	1894						X			X				X				
21	1895					X				X						X		
22	1896						X			X						X		
23	1897		X							X						X		
24	1898							PAL		X						X		
25	1899		X							X						X		
26	1900						X			X				X				
27	1901							PAL		X						X		
28	1902						X			X				X				
29	1903					X		[illegible]		X				X				
30	1904							DSW								X		
31																		
32																		
33																		
34																		
35																		
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1 of 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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55-26
FORM APPROVED
OMB NO. 0579-0160

L060431

TIME HORSES LOADED ON CONVEYANCE: 5:00PM	DATE: 2-8-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1819				X					X						X		
2	1820				X					X				X				
3	1821						X			X						X		
4	1822						X			X						X		
5	1823						X			X				X				
6	1824						X			X				X				
7	1825							APL		X					X			
8	1826							APL		X				X				
9	1827						X						CB			X		
10	1828						X			X				X				
11	1829							APL		X				X				
12	1830				X					X						X		
13	1831				X					X				X				
14	1832				X					X				X				
15	1834						X			X				X				

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

SIGNATUI (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

PART 1 - INSPECTOR

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

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

(b)(6)

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26

FORM APPROVED OMB NO. 0579-0160

L060431

USFO	TAG PREFIX	Tag NO.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	1835						X			X				X				
17	1836							DON		X				X				
18	1837		X							X				X				
19	1838							RUE		X				X				
20	1840						X			X				X				
21	1841		X							X				X				
22	1842							WHITE		X				X				
23	1843						X			X						X		
24	1844					X				X						X		
25	1847						X			X						X		
26	1848		X							X				X				
27	1849					X				X						X		
28	1850		X						X							X		
29																		
30																		
31																		
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2 OF 2

SIGNAT[illegible] (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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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57

FORM APPROVED
OMB NO. 0579-0160

L060434

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM	DATE: 2-15-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ SOR	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	1856				X					X						X		
2	1905						X			X				X				
3	1906							A, Row	X							X		
4	1907		X						X					X				
5	1908						X		X					X				
6	1909					X				X						X		
7	1910						X			X				X				
8	1911						X			X						X		
9	1912		X							X				X				
10	1913							CR, Fam		X						X		
11	1914		X							X				X				
12	1915							Ap L		X						X		
13	1916					X				X				X				
14	1917							Ap L		X				X				
15	1918					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

PART 1 - INSPECTOR

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

L060434

JSFQ	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	~~Cream~~ SR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	1919		X							X				X				
17	1920		X							X				X				
18	1921							PAL		X				X				
19	1922				X					X				X				
20	1923		X										SN			X		
21	1924		X										SN			X		
22	1925		X										SN			X		
23	1926						X						SB			X		
24	1927		X										SN	X				
25	1928		X							X				X				
26	1929		X							X				X				
27	1930						X			X						X		
28	1939		X							X					X			
29																		
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2 of 2

SIGNATURE OF O[illegible] 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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59

FORM APPROVED OMB NO. 0579-0160

T,060435

TIME HORSES LOADED ON CONVEYANCE: 4:30 AM	DATE: 2-12-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Glasstn~~ Esp	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	1931		X							X						X		
2	1932							PAL		X						X		
3	1933		X							X						X		
4	1934						X						SN	X				
5	1935				X								SN			X		
6	1936		X							X						X		
7	1937		X							X						X		
8	1938		X							X						X		
9	1940						X				X			X				
10	1941					X				X				X				
11	1942		X										SN	X				
12	1943					X				X				X				
13	1944						X						MULE			X		
14	1945							BSKIN		X						X		
15	1946						X						MULE	X				

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

SIGNATUI (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

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
4-30 (CONTINUATION SHEET) 2-12-11
(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

L060435

(b)(6)

	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
			BREED/TYPE										SEX				
16	1947					X			QH				X				
17	1948					X			QH				X				
18	1949		X						QH				X				OFF
19	1950						X		QH				X				
20	1951		X						QH				X				
21	1952					X			QH				X				
22	1953						X		QH				X				
23	1954		X						QH						X		
24	1955		X									MOVE			X		
25	1956		X						QH						X		
26	1957		X						QH						X		
27	1958						X		QH						X		
28	1959				X				QH				X				
29	1996					X			QH					X			
30																	
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)

30

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)

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61
FORM APPROVED
OMB NO. 0579-0160
L060436

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm	DATE: 2-13-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1960				X					X				X				
2	1961						X			X						X		
3	1962				X					X				X				
4	1963		X							X				X				
5	1969		X						X							X		
6	1965						X		X					X				
7	1966				X					X						X		
8	1967		X							X				X				
9	1968						X						SB			X		
10	1969		X							X				X				
11	1970		X							X				X				
12	1971					X				X						X		
13	1986						X			X				X				
14	1987						X			X				X				
15	1988		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)

8:00 AM 2-13-11

(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

L060436

ISFO

(b)(6)

	PREFIX	NO.	Bay	Grey	Blk.	Pinto	Sheath	Other	TB	QT	BREED/TYPE Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	1989				X					X				X				
17	1990			X						X				X				
18	1991		X							X						X		
19	1992					X				X				X				
20	1993					X				X				X				
21	1994						X			X						X		
22	1995						X			X				X				
23	1998						X			X				X				
24	1999		X							X					X			
25	2000		X							X				X				
26	2001						X			X						X		
27	2002		X							X				X				
28	2005						X						HF			X		
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2 of 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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63

FORM APPROVED OMB NO. 0579-0160

L060438

TIME HORSES LOADED ON CONVEYANCE: 8:30 A.M	DATE: 15-02-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2007							APL		X				X				
2	2008							APL		X				X				
3	2009							APL		X				X				
4	2038		X						X							X		
5	2041						X						CB	X				
6	2044						X			X				X				
7	2045						X			X				X				
8	2046						X			X				X				
9	2047						X			X				X				
10	2048			X						X				X				
11	2049		X							X						X		
12	2050		X							X						X		
13	2051							APL		X				X				
14	2052							APL		X				X				
15	2053							RED ROAN		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.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

81150 15-02-11

(b)(6)

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

L060438

SFO	TAG PREFIX	Tag NO.	SEX						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cremo	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2054						X			X				X				
17	2055						X			X				X				
18	2056						X			X				X				
19	2057			X						X				X				
20	2058		X							X				X				
21	2059							R RANE		X				X				
22	2060		X							X				X				
23	2061				X					X				X				
24	2062							APL		X				X				
25	2063							PAL		X				X				
26	2064						X			X				X				
27	2065						X			X				X				
28	2066		X							X						X		
29	2067							PAL		X						X		
30	2074		X							X						X		
31																		
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2 of 2

SIGNATURE [illegible] 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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65 31

FORM APPROVED
OMB NO. 0579-0160

L060437

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
7:30 AM	2-15-11	Shippensburg, Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
(b)(6)	Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
Rotz's Livestock, Bruce	Viande Richelieu Meat Inc.
STREET ADDRESS	STREET ADDRESS
457 Airport Rd.	595 Rue Royale
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
Shippensburg, Pa. 17257	Massueville, QU. Canada
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.
717-532-5691	450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	1972		X							X				X				
2	1973		X							X				X				
3	1974		X							X				X				
4	1975		X							X						X		
5	1976						X			X				X				
6	1977						X			X				X				
7	1978			X						X				X				
8	1979		X							X				X				
9	1980					X				X				X				
10	1981		X							X						X		
11	1982					X				X						X		
12	1983		X							X						X		
13	1984					X				X				X				
14	1985		X							X				X				
15	1997		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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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31

FORM APPROVED OMB NO. 0579-0160

L 060437

USFq	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Black~~ SAB	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2014						X			X				X				
17	2015						X			X				X				
18	2017		X						X					X				
19	2018						X		X					X				
20	2019		X							X				X				
21	2020							APL		X						X		
22	2021		X						X					X				
23	2022						X			X				X				
24	2024		X						X							X		
25	2025		X						X					X				
26	2026		X						X					X				
27	2029		X						X							X		
28	2034						X			X				X				
29																		
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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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6734
FORM APPROVED
OMB NO. 0579-0160
L060440

TIME HORSES LOADED ON CONVEYANCE: 9:00 PM	DATE: 2-16-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg, Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257	CITY, STATE, ZIP CODE: Massueville, QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	2010							Ap		X					X			
2	2091		X						X							X		
3	2092			X					X					X				
4	2093		X						X					X				
5	2094						X		X					X				
6	2095		X						X					X				
7	2096		X						X					X				
8	2097						X		X					X				
9	2098						X		X					X				
10	2099							Ap		X						X		
11	2100						X		X							X		
12	2101		X						X					X				
13	2102		X						X					X				
14	2103						X		X					X				
15	2104				X				X							X		

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

SIGNATUF (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

PART 1 - INSPECTOR

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

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

9:00 PM (Please type or print in ink) 2-16-11

(b)(6)

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.

34

FORM APPROVED OMB NO. 0579-0160

L060440

									BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Cremo	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2105		X						X					X				
17	2106		X						X					X				
18	2107						X			X						X		
19	2108					X				X						X		
20	2109								X					X				
21	2110								X					X				
22	2111									X						X		
23	2112		X						X					X				
24	2113		X						X					X				
25	2114		X						X					X				
26	2115		X						X					X				
27	2116		X						X					X				
28	2117		X						X							X		
29																		
30																		
31																		
32																		
33																		
34																		
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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).

2 of 2

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

#35

69

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

L060441

TIME HORSES LOADED ON CONVEYANCE: 10:00 PM	DATE: 2-20-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	2130		X							X						X		
2	2131				X					X				X				
3	2132							PAL		X				X				
4	2133						X			X				X				
5	2136		X							X				X				
6	2137						X			X						X		
7	2138						X			X				X				
8	2139						X			X						X		
9	2140						X			X						X		
10	2141						X			X						X		
11	2143						X			X						X		
12	2145						X			X				X				
13	2149					X				X						X		
14	2150				X					X						X		46
15	2151		X							X				X				

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

SIGNATUI (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

PART 1 - INSPECTOR

#35

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
10.00 (CONTINUATION SHEET) 2-20-11
(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

L060441

(b)(6)

USFQ	Freeze	No.	Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
										BREED/TYPE				SEX				
16	2152				X					X				X				
17	2155						X			X				X				
18	2156			X						X						X		
19	2157						X				X					X		
20	2158						X			X				X				
21	2159		X							X				X				
22	2160							AP L		X				X				
23	2161							AP L		X				X				
24	2162						X			X				X				
25	2163					X				X						X		
26	2164							PA L		X				X				
27	2166		X							X					X			
28	2167				X					X					X			
29																		
30																		
31																		
32																		
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2 of 2

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

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

L060444

TIME HORSES LOADED O: 8:300m (b)(6) DATE: Feb 22/11

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257

CITY, STATE, ZIP CODE: Massueville,QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	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	1949		X							X				X				
2	2012				X					X				X				
3	2031						X			X						X		
4	2033						X			X						X		
5	2042						X				X					X		
6	2069					X				X				X				
7	2070						X			X						X		
8	2071			X						X						X		
9	2073			X						X						X		
10	2118		X							X						X		
11	2119						X			X				X				
12	2120						X			X				X				
13	2121		X							X				X				
14	2122				X					X				X				
15	2123						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

PART 1 - INSPECTOR

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.

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FORM APPROVED OMB NO. 0579-0160

L060444

JSFO

	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	Male	Stal	Geld		
16	2124					X				X						X		
17	2127		X							X						X		
18	2128						X			X				X				
19	2129				X					X						X		
20	2134					X				X						X		
21	2135						X			X				X				
22	2142		X							X				X				
23	2144						X			X				X				
24	2146				X					X				X				
25	2148		X							X				X				
26	2154		X							X				X				
27	2153						X			X				X				
28	2212						X			X						X		
29	2213		X							X						X		
30	2196				X					X				X				
31	2006							Appo		X					X			
32																		
33																		
34																		
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2 of 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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7337
FORM APPROVED
OMB NO. 0579-0160
L060443

TIME HORSES LOADED ON CONVEYANCE: 8H30 Am	DATE: 22-02-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND PROVINCE NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2003		X							X						X		
2	2004						X						HF	X				
3	2125				X					X						X		
4	2126					X				X				X				
5	2147		X							X						X		
6	2165				X					X				X				
7	2168						X						MULE			X		
8	2169		X										SN			X		
9	2170						X				X					X		
10	2171						X			X				X				
11	2172							PAL		X						X		
12	2173							CRCROW		X						X		
13	2174		X										SN			X		
14	2175						X			X				X				
15	2176		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

PART 1 - INSPECTOR

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

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

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.

37

FORM APPROVED OMB NO. 0579-0160

L060443

(b)(6)

ISFO	PREFIX	NO.	BREED/TYPE: Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	2177		X										SN			X		
17	2178							DUN		X				X				
18	2179		X							X						X		
19	2180		X							X				X				
20	2181						X			X				X				
21	2182				X					X				X				
22	2183		X							X						X		
23	2184		X							X				X		X		
24	2185						X			X						X		
25	2186							APL		X				X				
26	2191					X				X				X				
27	2192					X				X						X		
28	2208						X						SB			X		
29	2209					X				X				X				
30	2210					X				X				X				
31																		
32																		
33																		
34																		
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2 of 2

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

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 0579-0180. 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.

7538
FORM APPROVED
OMB NO. 0579-0180

L060445

TIME HORSES LOADED ON CONVEYANCE: 10:00 Am	DATE: 2-24-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2187							APL		X				X				
2	2188						X			X				X				
3	2189							APL		X				X				
4	2190		X							X						X		
5	2193		X							X				X				
6	2194							APL		X				X				
7	2195		X							X						X		
8	2197							APL		X				X				
9	2198					X				X				X				
10	2199		X							X						X		
11	2200		X							X						X		
12	2201		X							X				X				
13	2202							8 SKIN		X						X		
14	2203						X			X				X				
15	2204			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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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.

38

FORM APPROVED OMB NO. 0579-0160

L060445

ISFQ	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	2205						X			X				X				
17	2206						X			X				X				
18	2207					X				X				X				
19	2211			X							X			X				
20	2214		X							X				X				
21	2216		X						X							X		
22	2217		X						X					X				
23	2219						X			X				X				
24	2222						X						Mule			X		
25	2225		X							X				X				
26	2226		X							X				X				
27	2227				X					X				X				
28	2228							Appl		X						X		
29																		
30																		
31																		
32																		
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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).

2 of 2

SI (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

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.

7B9
FORM APPROVED
OMB NO. 0579-0160
L060446

TIME HORSES LOADED ON CONVEYANCE: 8:00PM	DATE: 2-23-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg,Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg,Pa. 17257	CITY, STATE, ZIP CODE: Massueville,QU. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ BLK	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2218		X							X				X				
2	2221						X				X			X				
3	2229				X					X				X				
4	2230					X				X						X		
5	2231		X							X				X				
6	2232						X			X				X				OFF
7	2233						X						MULE			X		
8	2235					X				X				X				
9	2236		X							X						X		
10	2237		X						X							X		
11	2238		X						X					X				
12	2239		X							X						X		
13	2240		X							X				X				
14	2241		X							X						X		
15	2242		X							X						X		

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

SIGNA

(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

PART 1 - INSPECTOR

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

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

8:00, 12-27-11

(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.

39

FORM APPROVED OMB NO. 0579-0160

L060446

JSFQ

(b)(6)

	Freeze	No.	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	BREED/TYPE QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	2243		X							X				X				
17	2244				X					X				X				
18	2257				X					X					X			
19	2275						X			X				X				
20	2276					X				X						X		
21	2277						X			X				X				
22	2278							APL		X						X		
23	2279		X							X				X				
24	2280		X							X				X				
25	2281		X							X				X				
26	2282						X			X				X				
27	2283						X			X				X				
28	2284		X										MULE	X				
29																		OFF
30																		
31																		
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2 of 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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79

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8469						X			X						X		
2	8470						X						S/B	X				
3	8471						X				X			X				
4	8472						X				X					X		
5	8473		X						X					X				
6	8474						X			X						X		
7	8475		X										SN			X		
8	8476		X										SN					
9	8477		X						X					X				
10	8478		X						X					X				
11	8479		X						X					X				
12	8480		X				X		X					X				
13	8481		X										SN	X				
14	8482						X		X					X				
15	8483					X							C/B	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEI

SIGNATURE (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 01/03/2010

TIME 7h00

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	~~Chstn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8484		X										CIB	X				
17	8485		X							X				X				
18	8486		X						X					X				
19	8487		X						X					X				
20	8488				X				X							X		
21	8489						X			X				X				
22	8490						X			X				X				
23	8491		X						X					X				
24	8492						X						SIB	X				
25	8493		X						X					X				
26	8494		X						X					X				
27	8495		X						X					X				
28	8496		X										SIN	X				
29	8451			X						X				X				
30	8452			X						X				X				
31																		
32																		
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(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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81

FORM APPROVED
OMB NO. 0579-0160

F02600

TIME HORSES LOADED ON CONVEYANCE: 7:00 AM

DATE: 01-07-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Rotale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
used 1	7853						X			X						X		
2	7854					X				X						X		
3	7856		X							X						X		
4	7858						X			X				X				
5	7859					X				X				X				
6	7860			X						X						X		
7	7861		X							X				X				
8	7862		X							X				X				
9	7863			X						X				X				
10	7864						X			X						X		
11	7865						X			X				X				
12	7866				X					X				X				
13	7868						X			X				X				
14	7869				X					X				X				
15	7870						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)

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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)

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

F02600

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOG	Other	TB	QT	Draft	~~Pony~~ S/H	Other	Mare	Stal	Geld		
16	7872						X			X				X				
17	7874			X						X				X				
18	7875					X				X				X				
19	7876		X							X				X				
20	7879		X						X							X		
21	7881		X						X					X				
22	7882		X						X					X				
23	7883						X		X					X				OFF
24	7885		X						X					X				
25	7886		X						X					X				
26	7888		X						X	X				/		X		
27	7890		X						X					X				
28	7891		X						X					X				
29	7892						X		X						X			
30	7893		X						X							X		OFF
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)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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83

FORM APPROVED OMB NO. 0579-0160

2060877

TIME HORSES LOADED ON CONVEYANCE: 8:00 PM

DATE: 1/11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Cheain~~ SOR	Other	BREED/TYPE: TB	QT	Draft	~~Pony~~ S/N	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	7911							Appl		X				X				
2	7912		X							X				X				
3	7913		X							X						X		
4	7914		X							X						X		
5	7915			X						X						X		
6	7916			X					X					X				
7	7917		X							X						X		
8	7918						X						S/B	X				
9	7919		X						X							X		
10	7920		X						X						X			
11	7921		X									X		X				
12	7922		X									X		X				
13	7923		X									X		X				
14	7924		X									X		X				
15	7925		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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the

(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

L060877

USER	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Bany~~ Sjd	Other	Mare	Stal	Geld		
16	7927						X				X			X				
17	7928						X				X			X				
18	7929		X							X				X				
19	7930							Roan					mull			X		
20	7931						X		X							X		
21	7932		X						X							X		
22	7935		X				X			X						X		
23	7936				X					X						X		
24	7937						X			X				X				
25	7938						X			X						X		
26	7939		X							X						X		
27	7940		X						X							X		
28	7941						X		X					X				
29																		
30																		
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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)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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

2060878

TIME HORSES LOADED ON CONVEYANCE: 12:00Am

DATE: 1/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	7377						X			X						X		
2	7378							PI		X				X				
3	7379						X				X			X				
4	7380						X			X						X		
5	7381		X							X				X				
6	7382						X			X				X				
7	7383				X					X						X		
8	7384						X			X				X				
9	7385						X			X						X		
10	7386						X			X				X				
11	7387		X							X				X				
12	7388			X						X				X				
13	7389			X							X					X		
14	7390		X							X				X				
15	7391						X			X						X		

4SEX

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 bes

(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

2060878

	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	7392						X			X				X				
17	7393						X			X						X		
18	7394						X			X						X		
19	7395			X						X						X		
20	7396		X							X						X		
21	7397			X									S/B			X		
22	7398				X					X						X		
23	7399		X							X						X		
24	7400		X							X						X		
25	5994		X							X						X		
26	5995						X			X						X		
27	5996						X			X						X		
28	5997		X							X						X		
29																		
30																		
31																		
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(b)(6)

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)

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L 860877

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 01-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: ~~Bruce Rotz~~ ~~Rotz's Livestock~~

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	Pony	~~Other~~ S/N	Mare	Stal	Geld		
1	7946		X							X				X				
2	7947						X			X						X		
3	7948					X				X						X		
4	7949				X					X				X				
5	8001						X			X				X				
6	8002		X							X				X				
7	8003						X			X				X				
8	8004		X							X						X		
9	8005			X						X				X				
10	8006		X					Appl		X				X				
11	8007		X							X			X	X				
12	8008		X										X			X		
13	8009		X										X	X				
14	80010						X				X			X				
15	8001						X			X						X		

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

SIGNATUR (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to th

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

L06 of 79

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

[redacted]

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8012		X							X						X		
17	8013		X							X						X		
18	8014		X							X						X		
19	8015						X			X	X			X				
20	8016		X							X						X		
21	8017						X			X				X				
22	8018		X							X				X				
23	8019						X			X				X				
24	8020							Appl		X				X				
25	8021		X							X				X				
26	8022		X							X				X				
27	8023						X			X				X				
28	7934		X						X						X			
29	7943						X			X				X				
30	7944		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)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

L061193

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 1/19/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

ER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7942		X							X						X		
2	7945						X				X			X				
3	7883						X		X					X				
4	8024						X						S/B			X		
5	8025		X										S/N	X				
6	8026		X										S/N	X				
7	8027							Buckskin		X				X				
8	8028					X				X				X				
9	8029						X			X				X				
10	8030				X					X						X		
11	8031		X							X				X				
12	8032					X				X				X				
13	8033					X				X						X		
14	8034							Roan		X				X				
15	8035						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)

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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)

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FORM APPROVED OMB NO. 0579-0160

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USER	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8036					X				X						X		
17	8037			X					X							X		
18	8038						X			X				X				
19	8039						X			X						X		
20	8040						X			X				X				
21	8041			X						X					X			
22	8042			X						X				X				
23	8043		X							X				X				
24	8044							PAI		X						X		
25	8045						X			X						X		
26	8046					X				X				X				
27	8047						X			X				X				
28	8048						X			X				X				
29																		
30																		
31																		
32																		
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(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

2061195

TIME HORSES LOADED ON CONVEYANCE: 6:00 pm

DATE: 1/21/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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
USDA			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7933		X									X			X			
2	8049		X							X				X				
3	8050						X			X						X		
4	8051							PAL		X				X				
5	8052					X				X				X				
6	8053						X			X				X				
7	8054				X					X				X				
8	8055					X				X				X				
9	8056						X			X				X				
10	8057						X			X						X		
11	8058						X			X				X				
12	8059		X							X						X		
13	8060		X							X						X		
14	8061						X			X						X		
15	8063		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)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the b

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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)

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FORM APPROVED
OMB NO.
0579-0160

2061195

USET	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Sheeln~~ SOR	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8063			X						X	•			X				
17	8064		X							X						X		
18	8065						X			X				X				
19	8066		X							X				X				
20	8067						X			X						X		
21	8068		X							X				X				
22	8069						X			X				X				
23	8070						X			X				X				
24	8071			X						X				X				
25	8072				X						X			X				
26	8073						X			X						X		
27	8074			X									mull			X		
28	8075			X									C/B			X		
29																		
30																		
31																		
32																		
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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)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

2061194

TIME HORSES LOADED ON CONVEYANCE: 9:00pm

DATE: 1/24/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8076						X		X					X				
2	8077						X		X					X				
3	8078		X						X							X		
4	8079						X			X				X				
5	8080						X			X				X				
6	8081				X								S/N			X		
7	8082						X			X						X		
8	8083		X							X				X				
9	8084							Appl		X				X				
10	8085		X							X				X				
11	8087		X										S/N			X		
12	8088						X						S/B	X				
13	8091					X				X				X				
14	8093						X			X				X				
15	8094						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 b

(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

2061194

USDA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Sheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8096		X							X				X				
17	8097						X			X				X				
18	8098						X			X				X				
19	8099						X			X				X				
20	8100		X							X				X				
21	8102		X							X				X				
22	8104				X					X					X			
23	8107						X			X						X		
24	8108		X							X				X				
25	8109							Blue		X						X		
26	8111							Appl		X				X				
27	8112							Appl		X				X				
28	8113							PAL						X				
29																		
30																		
31																		
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SIGNATU [illegible] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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95

FORM APPROVED OMB NO. 0579-0160

2061198

TIME HORSES LOADED ON CONVEYANCE: 6:00 PM

DATE: 01-26-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USE	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Chestn~~ Sor	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	8086		X										S/N	X				
2	8095			X						X				X				
3	8110		X							X						X		
4	8116		X							X				X				
5	8118					X				X				X				
6	8119						X			X						X		
7	8121						X			X						X		
8	8122					X				X				X				
9	8123					X				X				X				
10	8124					X				X				X				
11	8125						X			X				X				
12	8126						X			X				X				
13	8127						X			X						X		
14	8128					X				X				X				
15	8129							NP		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)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the best

(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

A061198

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chstn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8130				X					X						X		
17	8131		X							X				X				
18	8137					X				X				X				
19	8136					X	X			X					X	X		
20	8139						X			X						X		
21	8140						X			X				X				
22	8147			X						X				X				
23	8144							PRL		X						X		
24	8145						X			X						X		
25	8146					X				X				X				
26	8151							PRL		X				X				
27	8152					X				X				X				
28	8160		X							X						X		
29	8179						X			X				X				
30	5891		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

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

L061199

TIME HORSES LOADED ON CONVEYANCE: 8:00pm

DATE: 1/28/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8951						X			X						X		
2	8952		X										S/N			X		
3	8953						X						S/B			X		
4	8954		X										S/N	X				
5	8955						X						null			X		
6	8956						X				X					X		
7	8957		X								X			X				
8	8958						X						null	X				
9	8959		X										S/N	X				
10	8960					X				X						X		
11	8961						X				X			X				
12	8962		X										S/N			X		
13	8963						X						S/N			X		
14	8964					X							S/N			X		
15	8965						X						S/N			X		

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

SIGNATURI (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

2061199

	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	8966		X										SIN			X		
17	8967		X							X				X				
18	8968					X				X				X				
19	8969		X										SIN			X		
20	8970		X										SIN			X		
21	8971		X										SIN			X		
22	8972		X										SIN	X				
23	8973						X						SIN			X		
24	8974						X						SIN	X				
25	8975		X										SIN	X				
26	8976		X										SIN	X				
27	8979		X						X						X			
28	8135		X							X				X				
29																		
30																		
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.)

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)

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99

FORM APPROVED OMB NO. 0579-0160

2061197

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inn.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 15257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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
USEA			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8101		X							X				X				
2	8103						X			X						X		
3	8105						X			X				X				
4	8106		X							X				X				
5	8014						X			X				X				
6	8115		X							X				X				
7	8117						X			X				X				
8	8133		X							X				X				
9	8134		X							X				X				
OFF 10	~~8135~~		X							X				X				
11	8137		X							X				X				
12	8138						X				X			X				
13	8141						X				X			X				
14	8143							Rove			X				X			
15	8163						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)

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SIGNATURE OF OWNER/SHIPPER: I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

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

L061197

USEA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8164						X		X					X				
17	8165		X							X				X				
18	8166		X						X					X				
19	8167		X						X					X				
20	8168		X							X				X				
21	8169		X						X					X				
22	8170		X							X				X				
23	8171		X						X							X		
24	8172		X						X					X				
25	8173		X						X					X				
26	8174		X						X							X		
27	8175		X						X							X		
28	8176		X						X					X				
29	8177		X						X							X		
30																		
31																		
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(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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101 FORM APPROVED OMB NO. 0579-0160

L0612000

TIME HORSES LOADED ON CONVEYANCE: 9 PM

DATE: 2-1-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz ~~Rotz's Livestock~~

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu MeatIInc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] 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~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	8977		X									X		X				
2	8978				X							X		X				
3	8979		X									X				X		
4	8980		X									X		X				
5	8981						X					X				X		
6	8982		X									X				X		
7	8983		X									X		X				
8	8984				X							X		X				
9	8985		X									X				X		
10	8986		X									X				X		
11	8987							Appl		X				X				
12	8988				X							X		X				
13	8989					X				X						X		
14	8990						X				X					X		
15	8991		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)

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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)

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

2061200

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	~~Other~~ SIN	Mare	Stal	Geld		
16	8992		X										X			X		
17	8993		X										X			X		
18	8994						X			X				X				
19	8995							AH		X					X			
20	8996						X				X			X				
21	8997						X			X				X				
22	8998						X			X				X				
23	8999						X			X				X				
24	9000		X							X				X				
25	8189		X							X						X		
26	8190						X			X				X				
27	8191						X			X				X				
28	8188		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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ___ OF ___

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)

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FORM APPROVED OMB NO. 0579-0160

2066893

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 02-02-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	7700						X				X				X			
2	8147					X				X						X		
3	8148						X			X				X				
4	8150		X									X		X				
5	8153		X							X						X		
6	8154		X							X				X				
7	8155			X						X				X				
8	8156		X							X				X				
9	8157		X							X				X				
10	8158		X							X				X				
11	8159		X							X				X				
12	8162				X					X						X		
13	8180		X									X		X				
14	8181					X				X				X				
15	8182		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

L060803

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Ghostn~~ Sorr	Other	TB	QT	Draft	~~Rony~~ S/N	Other	Mare	Stal	Geld		
16	8183						X			X				X				
17	8184				X					X				X				
18	8185						X			X						X		
19	8186		X							X				X				
20	8187						X			X						X		
21	8201		X									X				X		
22	8202		X									X				X		
23	8203		X									X				X		
24	8204						X						S/B			X		
25	8205				X							X		X				
26	8206						X						C/B	X				
27	8207		X									X		X				
28	8208		X									X		X				
29	8192							Appl		X						X		
30	8209						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)

VS FORM 10-13A
(SEP 2002)

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)

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105
FORM
APPROVED
OMB NO.
0579-0160

406379

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am

DATE: 02-03-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock Bruce Rotz

STREET ADDRESS: 457 Airport Rd

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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	8448			X						X				X				
2	8449							X		X				X				
3	8450		X										X	X				
4	8453							X		X						X		
5	8454							X		X				X				
6	8455							X		X						X		
7	8497							X		X				X				
8	8498		X						X					X				
9	8499							X		X						X		
10	8500					X				X						X		
11	8501				X								X			X		
12	8502							X		X				X				
13	8503		X							X				X				
14	8504				X					X				X				
15	8505					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).

SI[illegible] nation contained in this form is true and correct to the

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. C76

DATE 3/3/2010

TIME 6:45

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

2061379

	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	8506		X							X				X				
17	8507					X				X				X				
18	8509		X							X				X				
19	8510		X							X						X		
20	8511							X		X				X				
21	8512							X		X				X				
22	8513			X						X						X		
23	8514		X							X				X				
24	8515		X							X						X		
25	8516							X		X						X		
26	8532		X						X					X				
27	8546							X		X						X		
28	8561				X								X	X				
29	8562			X						X				X				
30	8563					X				X					X			
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SIGNATURE OF OWNER/ form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

L060804

TIME HORSES LOADED ON CONVEYANCE: 9:30 PM

DATE: 2-4-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

USEA

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SRL	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8178		X						X						X			
2	8193		X						X					X				
3	8194		X							X				X				
4	8195				X					X				X				
5	8196						X			X						X		
6	8197		X						X							X		
7	8198		X						X					X				
8	8199		X						X							X		
9	8211							APP		X				X				
10	8213							APP		X				X				
11	8214					X				X				X				
12	8218						X			X				X				
13	8219						X			X						X		
14	8220		X							X						X		
15	8221						X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME EYANCE.

SIGNATURE (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the bes

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 5-02-2010

TIME 11hrs

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

L060804

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ S-7	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8222		X							X						X		
17	8223		X							X				X				
18	8224		X							X				X				
19	8225		X						X					X				
20	8226		X						X					X				
21	8227		X						X					X				
22	8228						X				X					X		
23	8229		X						X					X				
24	8230		X						X							X		
25	8231						X		X							X		
26	8232		X										S/N			X		
27	8233		X										S/N			X		
28	8234		X										S/N	X				
29	8235						X						S/N			X		
30	8216						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)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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109

FORM APPROVED OMB NO. 0579-0160

2060802

TIME HORSES LOADED ON CONVEYANCE: 9:30 pm.

DATE: 2-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USEX 1	8212		X							X				X				
2	8215						X			X				X				
3	8236						X			X				X				
4	8237						X			X				X				
5	8238						X				X			X				
6	8239						X			X						X		
7	8240		X							X						X		
8	8241						X			X				X				
9	8242					X				X				X				
10	8243					X				X				X				
11	8244						X			X				X				
12	8245		X							X						X		
13	8246							APP		X						X		
14	8247					X				X				X				
15	8248		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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the

(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)

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FORM APPROVED OMB NO. 0579-0160

L060802

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorr ~~Sham~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8249					X				X				X				
17	8250		X							X				X				
18	8251			X						X						X		
19	8252					X	X			X				X				
20	8253		X							X				X				
21	8254						X			X						X		
22	8255						X			X						X		
23	8256		X							X						X		
24	8257		X							X				X				
25	8258						X			X						X		
26	8259							App				X		X				
27	8260						X					X		X				
28	8261				X							X		X				
29	8262			X								X		X				
30																		
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S[illegible] the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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.

111
FORM
APPROVED
OMB NO.
0579-0160

L06/352

TIME HORSES LOADED ON CONVEYANCE: 7:00 AM

DATE: 02-09-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz Bruce Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	~~Other~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8263			X						X				X				
2	8264						X			X				X				
3	8265						X			X						X		
4	8266							APP		X						X		
5	8267		X							X				X				
6	8268					X				X						X		
7	8269		X							X				X				
8	8270						X			X						X		
9	8271		X							X				X				
10	8272						X			X				X				
11	8273		X							X						X		
12	8274						X			X				X				
13	8275							APP		X						X		
14	8276						X						mul			X		
15	8277						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

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

2061352

USEA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8278		X							X				X				
17	8279		X										SN			X		
18	8280						X						SB			X		
19	8281						X						SN			X		
20	8282		X										SN			X		
21	8283		X										SB			X		
22	8284						X						SN			X		
23	8285		X										SN			X		
24	8286		X										SN			X		
25	8287		X						X							X		
26	8210					X				X					X			
27	8215						X			X			X					
28	8291		X							X				X				
29	8297		X							X						X		
30	8293						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

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

L061351

TIME HORSES LOADED ON CONVEYANCE: 8pm

DATE: 2-15-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.:

AREA CODE & TELEPHONE NO.: 450-788-2490

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	Ches'n	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8288		X				X						SN			X		
2	8289		X				X			X				X				
3	8290						X			X				X				
4	8295							PAL		X				X				
5	8296		X						X							X		
6	8297			X					X					X				
7	8298						X			X				X				
8	8299		X							X						X		
9	8300						X			X						X		
10	8301						X			X				X				
11	8302						X			X				X				
12	8303		X						X					X				
13	8304						X		X					X				
14	8306			X									Mull	X				
15	8307		X										SN	X				

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

SIGNATUR (b)(6)

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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

(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.

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FORM APPROVED OMB NO. 0579-0160

2061357

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Roan~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8305				X						X					X		
17	8307		X										SN			X		
18	8310		X										SN	X				
19	8311		X										SN	X				
20	8312		X										SN			X		
21	8313		X										SN	X				
22	8314		X										SN			X		
23	8315		X										SN			X		
24	8305						X			X						X		
25	8294		X							X					X			
26	8316		X							X				X				
27	8317		X							X				X				
28	8318		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)

VS FORM 10-13A
(SEP 2002)

PAGE ___ OF ___

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)

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115 FORM APPROVED OMB NO. 0579-0160

L061353

TIME HORSES LOADED ON CONVEYANCE: 6:00PM

DATE: 02-16-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	8178		X							X					X			
2	8319		X						X							X		
3	8320		X							X						X		
4	8321					X				X						X		
5	8323		X							X						X		
6	8324							X		X						X		
7	8327			X					X					X				
8	8328							X	X					X				
9	8330					X				X						X		
10	8331		X										X	X				
11	8332		X										X			X		
12	8333							X		X						X		
13	8334		X							X						X		
14	8335							X		X				X				
15	8336		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)

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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)

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.

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FORM APPROVED OMB NO. 0579-0160

L06/353

	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	8337							X		X						X		
17	8338							X		X				X				
18	8339							X		X						X		
19	8340		X										X	X				
20	8341					X				X				X				
21	8342		X							X				X				
22	8343							X		X				X				
23	8344							X		X				X				
24	8345			X						X						X		
25	8346							X		X				X				
26	8347							X		X						X		
27	8348							X		X				X				
28	8349		X							X						X		
29	8350		X							X						X		
30	8351		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)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 PM

DATE: 2-18-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz 6 ~~Rotz's Livestock~~

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: ~~Shippensburg Pa. 17257~~

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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	8325							X		X				X				
2	8326							X		X				X				
3	8353		X										X			X		
4	8355		X										X			X		
5	8356					X				X				X				
6	8357							X		X				X				
7	8358					X				X						X		
8	8360							X		X					X			
9	8363							X		X				X				
10	8364							X		X				X				
11	8365		X									X				X		
12	8369							X				X		X				
13	8373							X				X		X				
14	8374							X				X		X				
15	8375		X									X		X				

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

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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)

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		
16	8376					X						X				X		
17	8379							X				X		X				
18	8380							X				X		X				
19	8384							X				X				X		
20	8388							X				X		X				
21	8394							X				X		X				
22	8398							X				X		X				
23	8399							X				X		X				
24	8400							X				X		X				
25	8401							X		X				X				
26	8402							X		X				X				
27	8403		X							X				X				
28	8404							X		X				X				
29	8405					X				X				X				
30	8406							X		X				X				
31	8407							X		X						X		
32	8408					X				X				X				
33	8409							X		X				X				
34	8410					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.)

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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)

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FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 pm

DATE: 2-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa.

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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	8352					X				X				X				
2	8354					X				X						X		
3	8361					X				X				X				
4	8362					X							X	X				
5	8366							X				X		X				
6	8367							X				X		X				
7	8368		X									X				X		
8	8370		X									X				X		
9	8371							X				X		X				
10	8372					X				X				X				
11	8377							X				X				X		
12	8378							X				X		X				
13	8381		X										X			X		
14	8382							X				X				X		
15	8383							X				X		X				

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

SIGNATUR (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		
16	8385							X				X				X		
17	8386							X				X				X		
18	8387							X				X				X		
19	8389					X						X				X		
20	8390					X						X		X				
21	8391							X				X		X				
22	8392							X				X		X				
23	8393							X				X		X				
24	8395					X						X		X				
25	8396							X				X		X				
26	8397							X				X		X				
27	8412		X							X						X		
28	8413		X										X			X		
29	8415							X					X			X		
30	8418							X			X					X		
31	8419							X		X				X				
32	8420		X										X	X				
33	8421							X					X			X		
34	8422							X	X							X		
35	8423					X				X				X				
36	8424		X										X	X				
37																		
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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)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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121
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 PM

DATE: 2-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8456		X							X		/		X				
2	8457					X				X				X				
3	8458						X			X						X		
4	8459		X							X				X				
5	8460		X							X						X		
6	8461						X			X				X				
7	8462					X				X				X				
8	8463		X							X						X		
9	8464					X				X						X		
10	8465						X			X				X				
11	8466						X			X				X				
12	8467						X			X						X		
13	8468		X							X			SN		X			
14	8517		X										S/N	X				
15	8518							Apple		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

...(Law 27 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Rotz's Livestock, Bruce

2. CERTIFICATE NO.: L061378 (122)

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/23/2010

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 457 Airport Rd.

8. CONSIGNOR'S CITY (or Town): Shippensburg

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17257

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Vianda Richelieu Meat Inc. 595 Rue Royale Massueville

DESTINATION COUNTRY: Quebec

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 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
DATE M	DATE N	DATE O

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

USEX
Rotz's Livestock
Bruce K. Rotz
457 Airport Rd.
Shippensburg Pa. 17257

MODIFIED ACCREDITED AREA (TB)

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

CERTIFIED BRUCELLOSIS FREE AREA

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
8469	10	M	QH								
8470	10	F	SB								
8471	8	F	BL								
8472	6	F	BL								
8473	6	F	TH								
8474	6	M	QH								
8475	7	M	SN								
8476	7	F	SN								
8477	7	F	TH								
8478	7	F	TH								
8479	8	F	TH								
8480	8	F	TH								
8481	8	F	SN								
8482	9	F	TH								
8483	9	F	C/B								
8484	10	F	C/B								
8485	10	F	QH								
8486	10	F	TH								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(b)(6)

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: 2/24/2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print) (b)(6)

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) (b)(6)

25. SIG (b)(6)

VS FORM 17-140 (MAR 98) Previous edition may be used.

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.

123 FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00AM

DATE: 2/24/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [x] 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	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8469						X			X						X		
2	8470						X						S/B	X				
3	8471						X				X			X				
4	8472						X				X					X		
5	8473		X						X					X				
6	8474						X			X						X		
7	8475		X										SN			X		
8	8476		X										SN	X				
9	8477		X						X					X				
10	8478		X						X					X				
11	8479		X						X					X				
12	8480		X				X		X					X				
13	8481		X										SN	X				
14	8482						X		X					X				
15	8483					X							C/B	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME

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 th

(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~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8519							Appl		X						X		
17	8520				X					X						X		
18	8521						X			X						X		
19	8522						X			X						X		
20	8523						X		X					X				
21	8524			X			X		X	X				X		X		
22	8525						X			X				X				
23	8526							Appl		X				X				
24	8527						X			X						X		
25	8528						X			X						X		
26	8529					X				X						X		
27	8530		X							X				X				
28	8531			X									Appl			X		
29																		
30																		
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.)

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)

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FORM APPROVED OMB NO. 0579-0160

L061380

TIME HORSES LOADED ON CONVEYANCE: 8:00 PM

DATE: 3-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (9)(q)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

STREET ADDRESS: 457 Airpott Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532=5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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	8549							X		X					X			
2	8550							X	X					X				
3	8551		X						X					X				
4	8552							X	X					X				
5	8553							X	X					X				
6	8554		X										X			X		
7	8555		X										X	X				
8	8556		X										X			X		
9	8557				X								X			X		
10	8558				X								X	X				
11	8559		X										X	X				
12	8560		X										X			X		
13	8561				X								X	X				
14	8562				X								X			X		
15	8563				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 (9)(q)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the b

(9)(q)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 0 160

DATE 03 03 2010

TIME 10:00

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

L061380

	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	8854		X										X	X				
17	8855		X										X			X		
18	8856				X								X			X		
19	8857		X										X			X		
20	8858				X								X			X		
21	8859				X								X			X		
22	8860		X										X	X				
23	8861		X										X	X				
24	8862		X										X	X				
25	8863							X					X	X				
26	8864		X							X						X		
27	8865					X				X				X				
28	8866		X										X	X				
29																		
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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.)

(9)(q)

Canada

VS FORM 10-13A
(SEP 2002)

PAGE ___ OF ___

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.

127

FORM APPROVED OMB NO. 0579-0160

L060807

TIME HORSES LOADED ON CONVEYANCE: 4:45 AM

DATE: 3 5 10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (9)(q)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450=788-2490

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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8605						X			X				X				
2	8607						X			X						X		
3	8608						X			X						X		
4	8609		X							X				X				
5	8610					X				X				X				
6	8611						X			X				X				
7	8612		X							X				X				
8	8613		X							X				X				
9	8614		X							X				X				
10	8615						X			X				X				
11	8616		X							X				X				
12	8617		X							X				X				
13	8618		X							X						X		
14	8619							PAL		X				X				
15	8620		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 (9)(q)

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 b

(9)(q)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 8-18-2010

TIME 6h30

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

206087

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8621						X			X				X				
17	8622		X							X				X				
18	8623		X							X						X		
19	8626						X				X			X				
20	8628		X						X							X		
21	8629		X						X							X		
22	8632		X						X					X				
23	8634		X						X							X		
24	8635		X						X							X		
25	8636						X		X					X				
26	8637						X		X					X				
27	8638		X						X							X		
28	8639		X						X							X		
29	8640						X		X					X				
30	8627			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.)

(9)(q)

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)

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129
FORM
APPROVED
OMB NO.
0579-0160

F02599

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport R d.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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.
- [x] 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	8533							X		X				X				
2	8534							X		X				X				
3	8535							X	X					X				
4	8537							X		X				X				
5	8540							X		X						X		
6	8542							X			X					X		
7	8543							X		X						X		
8	8545		X							X				X				
9	8548							X		X						X		
10	8566				X					X				X				
11	8567				X					X				X				
12	8568				X					X				X				
13	8569			X							X			X				
14	8570		X							X				X				
15	8571					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 (9)(q)

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 b

(9)(q)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076
DATE 5 Mars 10
TIME 17h00

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.

~~130~~

FORM APPROVED
OMB NO.
0579-0160

F-02599

	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	8573					X				X				X				
17	8575		X							X				X				
18	8576							X		X						X		
19	8577							X		X				X				
20	8578		X							X						X		
21	8579							X		X				X				
22	8580							X		X				X				
23	8581							X		X						X		
24	8582							X		X						X		
25	8584		X							X				X				
26	8585					X				X				X				
27	8586		X							X						X		
28	8589		X										X			X		
29	8590							X	X						X			
30	8605							X		X				X				
31																		
32																		
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SIG ertify that the information contained in this form is true and correct to the best of my knowledge.)

(9)(q)

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)

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131
FORM
APPROVED
OMB NO.
0579-0160
L060809

TIME HORSES LOADED ON CONVEYANCE: 9:00 PM	DATE: 3-8-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (9)(q)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USE#	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Roan	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	8648			X					X					X				
2	8657						X			X				X				
3	8662		X							X				X				
4	8664					X				X				X				
5	8667			X						X						X		
6	8668							Buckskin		X						X		
7	8671		X							X				X				
8	8672		X							X						X		
9	8684					X				X						X		
10	8685							PAL					mull	X				
11	8690					X				X				X				
12	8694					X				X						X		
13	8696		X							X						X		
14	8698		X							X						X		
15	8700		X						X									

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

SIGNATURE (9)(q)

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.)

(9)(q)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076
DATE 9-03-2010
TIME 1430

PART 1 - OWNER/SHIPPER

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

2060809

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8701		X						X					X				
17	8702		X						X					X				
18	8703		X						X					X				
19	8704		X						X					X				
20	8718		X						X							X		
21	8719		X						X					X				
22	8720		X						X					X				
23	8721			X					X							X		
24	8722		X						X							X		
25	8723		X						X					X				
26	8724		X						X					X				
27							X			X					X			
28	5892							GRY		X						X		
29																		
30																		
31																		
32																		
33																		
34																		
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(9)(q)

VS FORM 10-13A

PAGE ___ OF ___

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)

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FORM APPROVED OMB NO. 0579-0160

L061385

TIME HORSES LOADED ON CONVEYANCE: 130 AM

DATE: 3/8/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (9)(q)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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
USEX			Bay	Grey	Blk.	Pinto	~~Cremin~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8783					X				X						X		
2	8784					X				X								
3	8786		X							X								
4	8788		X							X				X				
5	8789		X						X							X		
6	8790		X						X					X				
7	8791						X		X					X				
8	8792						X		X					X				
9	8793			X					X							X		
10	8794		X						X					X				
11	8795		X										SN			X		
12	8796		X										SN			X		
13	8797						X			X						X		
14	8798							Appl		X						X		
15	8799		X										SN			X		

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

SIGNATURE (9)(q)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the I

(9)(q)

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

2061385

USDA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sorrel	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	8800						X			X						X		
17	8801		X										SN	X				
18	8802						X			X				X				
19	8803							Pin		X						X		
20	8804		X										SN			X		
21	8805		X										SN			X		
22	8806		X						X					X				
23	8807						X		X							X		
24	8808		X						X					X				
25	8809			X						X					X			
26	8810						X		X					X				
27	8811		X										SN			X		
28	8812		X										SN	X				
29	8813													X				
30	8823			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.)

(9)(q)

PAGE ___ OF ___

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.

135
FORM APPROVED
OMB NO. 0579-0160

L061388

TIME HORSES LOADED ON CONVEYANCE: 10:00 pm 3/10/10

DATE: 3/10/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE I: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] 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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8624						X			X				X				
2	8642		X							X				X				
3	8644		X							X						X		
4	8658						X			X				X				
5	8679		X							X						X		
6	8692						X			X						X		
7	8708		X							X						X		
8	8712			X						X				X				
9	8714						X			X				X				
10	8727						X			X						X		
11	8734					X				X						X		
12	8738		X							X						X		
13	8739						X		X					X				
14	8740		X						X							X		
15	8741			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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 11-03-2010

TIME 14:00

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

1061388

USET

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8742		X						X					X				
17	8743		X						X					X				
18	8744						X						HY	X				
19	8745		X						X							X		
20	8746			X									null			X		
21	8747		X										STE	X				
22	8748		X										ST	X				
23	8749		X										ST	X				
24	8750			X						X				X				
25	8751						X						SN			X		
26	8752		X										SB			X		
27	8753			X					X							X		
28	8754		X						X						X			
29																		
30																		
31																		
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

PAGE ___ OF ___

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)

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FORM APPROVED OMB NO. 0579-0160

20608/0

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am

DATE: 03-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USEF	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Sorr	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	8630		X							X				X				
2	8631							Appl		X				X				
3	8650					X				X				X				
4	8652						X			X				X				
5	8655							PAI		X						X		
6	8665	8656					X			X				X				
7	8659		X							X						X		
8	8660		X							X						X		
9	8663		X							X						X		
10	8666						X			X				X				
11	8668						P	Bash		X						X		
12	8669						X			X				X				
13	8670						X			X				X				
14	8673							PAP		X				X				
15	8674		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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. C-116

DATE 11-03 2010

TIME 0936

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

206810

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8676						X			X						X		
17	8677			X						X						X		
18	8678							Buckskin		X						X		
19	8683		X							X						X		
20	8686		X							X				X				
21	8687					X				X				X				
22	8688					X				X				X				
23	8691		X							X						X		
24	8695							Appy		X				X				
25	8697						X			X						X		
26	8705		X							X				X				
27	8707		X							X				X				
28	8715						X			X				X				
29	8716							Blk		X				X				
30	8717		X							X				X				
31																		
32																		
33																		
34																		
35																		
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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

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

L061389

TIME HORSES LOADED ON CONVEYANCE: 4:00 AM

DATE: 3/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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					X SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8693		X										Sol			X		
2	8735						X			X			X			X		
3	8647		X						X							X		
4	8711					X	X			X			X			X		
5	8682					X		BKind		X						X		
6	8641				X					X						X		
7	8706		X							X						X		
8	8736						X			X				X				
9	8732						X			X				X				
10	8733		X							X				X				
11	8728							Pal		X						X		
12	8646		X							X						X		
13	8737		X							X						X		
14	8726						X			X				X				
15	8574		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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 12-03-2010

TIME 7:00

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

606 1389

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8633		X							X				X				
17	8709		X							X				X				
18	8699		X							X						X		
19	8625		X							X						X		
20	8651		X							X				X				
21	8665							PAL		X						X		
22	8729		X							X				X				
23	8645					X				X				X				
24	8730						X			X				X				
25	8731						X			X				X				
26	8653						X			X						X		
27	8710						X			X				X				
28	8681					X				X						X		
29	8713		X							X						X		
30	8725						X			X					X			
31																		
32																		
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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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141

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:15AM

DATE: 03-16-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: BRuce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USEX	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Sheen~~ Sorr	Other	BREED/TYPE: TB	QT	Draft	~~Pony~~ SIN	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	8755				X					X					X			
2	8756						X			X						X		
3	8757						X							X				
4	8758			X							X			X				
5	8759						X			X				X				
6	8760						X			X						X		
7	8761							X		X						X		
8	8762						X			X				X				
9	8763						X		X					X				
10	8764						X			X				X				
11	8765							X		X						X		
12	8766						X		X					X				
13	8767		X						X					X				
14	8768		X							X						X		
15	8769							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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Grey	Blk.	Pinto	Chesta	Other Sor	TB	QT	Draft	Pony	Other SU	Mare	Stal	Geld		
16	8770				X					X						X		
17	8771							X		X				X				
18	8772				X				X					X				
19	8773							X			X					X		
20	8774		X									X				X		
21	8775							X					X	X				
22	8776		X									X				X		
23	8777							X		X				X				
24	8778		X							X						X		
25	8779			X						X				X				
26	8780		X							X						X		
27	8781		X							X				X				
28	8782		X							X				X				
29	8785					X				X						X		
30	8785		X							X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER (I verify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

PAGE ___ OF ___

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)

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143

FORM APPROVED OMB NO. 0579-0160

L061387

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am

DATE: 03-18-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rptz;s Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USEA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	~~Cream~~ Sorr	Other	BREED/TYPE: TB	QT	Draft	~~Pony~~ S/N	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	8814						X				X				X			
2	8815		X						X							X		
3	8816		X						X					X				
4	8817		X									X				X		
5	8818		X									X		X				
6	8819		X									X				X		
7	8820		X									X				X		
8	8821		X									X		X				
9	8822		X									X				X		
10	8824						X			X						X		
11	8825						X			X						X		
12	8826		X						X							X		
13	8827						X			X				X				
14	8828							PAL		X				X				
15	8829		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)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to the

(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 APPROVI OMB NO 0579-016

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMAR Includ precond
			Bay	Grey	Blk.	Pinto	Champ	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8830		X							X				X				
17	8831		X						X					X				
18	8832		X							X						X		
19	8833						X			X						X		
20	8834		X							X				X				
21	8835						X			X						X		
22	8836						X			X				X				
23	8837		X							X				X				
24	8838					X				X				X				
25	8839		X							X				X				
26	8840		X							X				X				
27	8841		X							X				X				
28	8842					X				X				X				
29	8843		X							X						X		
30	8844						X			X				X				
31																		
32																		
33																		
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER (I verify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

VS FORM 10-13A

PAGE ___ 1

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)

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FORM APPROVED OMB NO. 0579-0160

G29752

TIME HORSES LOADED ON CONVEYANCE: 8 PM

DATE: 3-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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.

USDA	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sorrel~~ Chestn	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9076		X									X		X				
2	9077						X						C/B	X				
3	9078						X			X				X				
4	9079				X				X							X		
5	9080						X			X				X				
6	9081				X				X							X		
7	9082				X				X							X		
8	9083				X				X							X		
9	9084		X						X							X		
10	9085		X						X					X				
11	9086						X		X					X				
12	9087		X						X							X		
13	9088		X						X					X				
14	9031						X				X					X		
15	9039						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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

G29752

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
USFI			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Beef	Other	Mare	Stal	Geld		
16	9057				X					X					X			
17	9065		X									X		X				
18	9066					X				X						X		
19	9068		X							X				X				
20	9069		X							X				X				
21	9070						X			X				X				
22	9071		X							X						X		
23	9072		X							X				X				
24	9073		X							X						X		
25	9074		X							X						X		
26	9067		X							X						X		
27																		
28																		
29																		
30																		
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.)

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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)

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147 FORM APPROVED OMB NO. 0579-0160

G29754

TIME HORSES LOADED ON CONVEYANCE: 6:00 PM

DATE: 03-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] 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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9057		X							X				X				
2	9058		X							X						X		
3	9059						X				X			X				
4	9060		X							X				X				
5	9061						X			X				X				
6	9062					X				X						X		
7	9063		X							X				X				
8	9064				X					X						X		
9	6951		X							X						X		
10	6952						X			X				X				
11	6953						X			X				X				
12	6954						X			X						X		
13	6955		X										X			X		
14	6956		X										X			X		
15	6957						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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to th

(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)

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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	Black	Other	TB	QH	Draft	Pony	Other	Mare	Stal	Geld		
16	6958							X		X					X			
17	6959						X				X					X		
18	6960						X			X						X		
19	6961		X										X			X		
20	6962						X			X						X		
21	6963						X						X	X				
22	6964		X										X	X				
23	6965		X										X	X				
24	6966		X										X	X				
25	6967		X										X	X				
26	6968		X										X	X				
27	6969						X				X					X		
28	6970		X										X			X		
29	6971		X										X			X		
30	6972							X		X				X				
31																		
32																		
33																		
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Canadian Food Inspection Agency — Agence canadienne d'inspection des aliments — Canada

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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.)

VS FORM 10-13A

PAGE ___ OF ___

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)

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FORM APPROVED OMB NO. 0579-0160

629753

TIME HORSES LOADED ON CONVEYANCE: 2AM

DATE: 32410

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: BRUce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [x] 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	8850		X							X				X				
2	9002		X							X				X				
3	9003		X							X						X		
4	9018			X						X				X				
5	9027		X										X			X		
6	9028						X			X						X		
7	9029				X						X					X		
8	9030							X		X						X		
9	9032					X				X						X		
10	9033		X										X	X				
11	9034				X								X	X				
12	9035						X				X			X				
13	9036		X										X	X				
14	9037						X				X			X				
15	9038		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)

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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)

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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	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9040				X						X			X				
17	9041		X							X				X				
18	9042						X			X				X				
19	9043		X							X						X		
20	9044							X		X				X				
21	9045						X			X				X				
22	9046		X							X						X		
23	9047						X			X				X				
24	9048					X				X						X		
25	9049		X							X						X		
26	9050						X			X				X				
27	9051				X					X					X		Not on	
28	9052					X				X						X		
29	9053						X			X				X				
30	9054						X						X			X		
31	9055						X			X				X				
32	9056						X			X				X				
33																		
34																		
35																		
36																		
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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151
FORM
APPROVED
OMB NO.
0579-0160

G29751

TIME HORSES LOADED ON CONVEYANCE: 8 p.m.

DATE: 3-29-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorr ~~Chestn~~	Other	TB	QT	Draft	S/N ~~Pony~~	Other	Mare	Stal	Geld		
1	8888				X							X				X		
2	8889						X					X				X		
3	8890		X									X				X		
4	8891		X								X					X		
5	8892		X									X				X		
6	8893		X									X				X		
7	8894						X					X				X		
8	8895		X									X		X				
9	8896				X							X		X				
10	8897						X			X				X				
11	8898		X									X				X		
12	8899		X									X		X				
13	8900		X									X				X		
14	8901		X									X				X		
15	8902				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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

G29751

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Beef	Other	Mare	Stal	Geld		
16	8903		X								X					X		
17	8904		X									X				X		
18	8905		X									X				X		
19	8906						X					X				X		
20	8907		X									X		X				
21	8908		X									X		X				
22	8909				X							X				X		
23	8910						X			X				X				
24	8911						X			X					X			
25	8912						X			X						X		
26	8913							Plum		X						X		
27	8914						X			X				X				
28	8915						X				X			X				
29																		
30																		
31																		
32																		
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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)

VS FORM 19-13A

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

6060814

TIME HORSES LOADED ON CONVEYANCE: 7:30 am

DATE: 03-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ SOCT	Other	TB	QT	Draft	~~Pony~~ SN	Other	Mare	Stal	Geld		
1	8916		X						X					X				
2	8917		X						X							X		
3	8918		X						X							X		
4	8919						X			X				X				
5	8920		X						X							X		
6	8921					X				X				X				
7	8922		X						X					X				
8	8923		X						X							X		
9	8924						X		X					X				
10	8925						X		X					X				
11	8926		X						X					X				
12	8927		X						X							X		
13	8928		X						X					X				
14	8929						X		X					X				
15	8930						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

2060814

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pelty	Other	Mare	Stal	Geld		
16	8931						X		X							X		
17	8932						X		X							X		
18	8933						X						HF	X				
19	8934						X			X						X		
20	8935						X			X						X		
21	8936		X									X				X		
22	8937		X									X				X		
23	8938						X			X				X				
24	8939					X				X					X			
25	8940		X									X		X				
26	8941		X						X							X		
27	8942						X		X							X		
28	8943			X							X			X				
29	9215		X						X							X		
30	9217		X						X							X		
31																		
32																		
33																		
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Canadian Food Inspection Agency
Government of Canada
Canada

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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)

VS FORM 10-178

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.

155
FORM
APPROVED
OMB NO.
0579-0160

K060812

TIME HORSES LOADED ON CONVEYANCE: 8 pm	DATE: 3-31-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	~~Bany~~ S/N	Other	Mare	Stal	Geld		
1	9101		X				X			X				X				
2	9102						X			X				X			off	
3	9103		X									X				X		
4	9104		X							X				X				
5	9106		X							X				X				
6	9107						X			X				X				
7	9108		X							X				X				
8	9109		X							X				X				
9	9110					X				X				X				
10	9111				X					X				X				
11	9112					X				X				X				
12	9113						X			X				X				
13	9114		X							X						X		
14	9115				X					X				X				
15	9117						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

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

PART 2 - OWNER/SHIPPER

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

L060812

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Paint	Other	Mare	Stal	Geld		
16	9118		X							X				X			off	
17	9120							Rove		X				X				
18	9122		X							X						X		
19	9123		X							X						X		
20	9125						X			X				X				
21	9127						X			X				X				
22	9128		X						X							X		
23	9129		X						X							X		
24	9131						X			X				X				
25	9132						X			X				X				
26	9133						X			X				X				
27	9134						X			X				X				
28	9135						X			X				X				
29	9136					X				X					X			
30	9137						X				X					X		
31																		
32																		
33																		
34																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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)

VS FORM 40-178

PAGE ___ OF ___

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)

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FORM APPROVED OMB NO. 0579-0160

L660811

TIME HORSES LOADED ON CONVEYANCE: 730 AM

DATE: 3/3/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chesh~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9105		X							X				X				
2	9116				X					X						X		
3	9119						X			X						X		
4	9130		X							X				X				
5	9131						X			X				X				
6	9138		X									X		X				
7	9139				X							X				X		
8	9140						X					X				X		
9	9141		X									X		X				
10	9142		X									X				X		
11	9143		X									X		X				
12	9144		X									X				X		
13	9145						X					X				X		
14	9146		X									X				X		
15	9147		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)

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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)

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

L060811

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Gray	Blk.	Pinto	Sheets	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9148		X									X		X				
17	9149		X									X		X				
18	9150		X									X		X				
19	9201		X									X				X		
20	9203						X			X				X				
21	9204					X				X				X				
22	9205		X							X				X				
23	9206		X							X					X			
24	9207		X						X					X				
25	9208		X						X					X				
26	9209		X						X					X				
27	9210		X						X					X				
28	9211		X						X					X				
29	9202	9207					X		X		X			X		X		
30	9126	9126					X		X					X				
31																		
32																		
33																		
34																		
35																		
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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)

VS FORM 10-13A

PAGE ___ OF ___

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.

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FORM APPROVED OMB NO. 0579-0160

2008/5

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 04-01-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

UBFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ CNY	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9118		X							X				X				
2	9212		X	X					X					X				
3	9213		X						X					X				
4	9216		X						X							X		
5	9218		X						X							X		
6	9220						X			X				X				
7	9221		X							X				X				
8	9235						X		X							X		
9	9236					X						X			X			
10	9222		X						X					X		X		
11	9223		X						X							X		
12	9224		X						X					X				
13	9225		X						X					X				
14	9226		X						X							X		
15	9227		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 2010

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canadian Food Inspection Agency Government of Canada Canada Agence canadienne d'inspection des aliments Gouvernement du Canada

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PART 2 - OWNER/SHIPPER

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

L060815

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Cremo	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9228		X						X					X				
17	9229		X						X					X				
18	9230						X			X				X				
19	9231						X			X				X				
20	9232		X							X				X				
21	9233						X			X						X		
22	9234		X							X						X		
23	9235		X					NP		X						X		
24	9239						X			X				X				
25	9237							PI		X				X				
26	9240						X			X				X				
27	9241						X			X				X				
28	9242						X			X				X				
29	9243		X							X						X		
30	9246						X			X				X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
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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)

PAGE ___ OF ___

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

161
2060801

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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	8536		X							X						X		
2	8538					X				X				X				
3	8539		X							X						X		
4	8541					X				X						X		
5	8544					X				X				X				
6	8547							X		X						X		
7	8564							X		X					X			
8	8565							X		X						X		
9	8572		X							X				X				
10	8574							X		X				X				
11	8583							X		X				X				
12	8587		X						X							X		
13	8588			X					X							X		
14	8591		X							X				X				
15	8592							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 (

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

TEST
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

TEST. C76
DATE 4/3/2010
TIME 11h00

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.

162
FORM APPROVED
OMB NO.
0579-0160
L065801

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	~~Black~~ Sor	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8593						X			X						X		
17	8594						X			X				X				
18	8595		X						X					X				
19	8596						X		X					X				
20	8597						X			X						X		
21	8598						X			X						X		
22	8599		X							X						X		
23	8600		X							X						X		
24	8601							PAL		X						X		
25	8602							PAL		X				X				
26	8603		X										SN	X				
27	8604		X										SN	X				
28	8606		X										SN	X				
29																		
30																		
31																		
32																		
33																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGN[illegible] at the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

V

PAGE ____ OF ____

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

168

L060808

TIME HORSES LOADED ON CONVEYANCE: 8 pm

DATE: 4-5-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheste~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9153						X			X				X				
2	9154			X						X				X				
3	9156						X			X						X		
4	9157					X				X				X				
5	9158					/	X			X				X				
6	9159						X			X				X				
7	9160		X							X				X				
8	9162		X							X				X				
9	9163		X							X				X				
10	9164		X							X						X		
11	9165		X							X				X				
12	9166		X							X				X				
13	9168		X							X				X				
14	9169		X							X				X				
15	9170		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

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

2060808

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Finto	Sicy Blestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9171						X			X				X				
17	9172						X			X				X				
18	9173						X			X				X				
19	9174						X			X						X		
20	9175		X							X						X		
21	9178		X							X				X				
22	9247						X						C/B			X		
23	9248				X					X				X				
24	9249						X			X				X				
25	9280						X			X				X				
26	9281					X				X				X				
27	9282						X			X				X				
28	9288		X							X					X			
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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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)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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)

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165
FORM
APPROVED
OMB NO.
0579-0160

606817

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am

DATE: 04-06-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville QU. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9180						X			X				X				4/6
2	9185						X			X				X				
3	9197		X							X						X		
4	9198		X							X						X		
5	9186						X			X				X				
6	9167						X			X						X		
7	9177						X			X						X		
8	9191					X				X				X				
9	9259				X					X				X				
10	9260		X							X				X				
11	9261		X							X				X				
12	9262		X							X				X				
13	9263		X							X				X				
14	9264		X							X				X				
15	9265		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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to t

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

PART 2 - OWNER/SHIPPER

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

L080817

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9266						X			X				X				
17	9267						X			X				X				
18	9268		X							X				X				
19	9269					X				X				X				
20	9270						X			X				X				
21	9271		X							X				X				
22	9272		X							X				X				
23	9273						X			X						X		
24	9274		X							X					X	X		
25	9275		X							X						X		
26	9276		X							X						X		
27	9277						X			X						X		
28	9278		X							X						X		
29	9279						X			X				X		X		
30	9253						X			X				X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER [illegible] (The information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

(b)(6)

VS FORM 10-13A

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)

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167
FORM APPROVED
OMB NO.
0579-0160
L060816

TIME HORSES LOADED ON CONVEYANCE: 12AM Start

DATE: 4/7/0

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

(b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Scar	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9157						X			X				X				
2	9155						X			X				X				
3	9179		X							X						X		
4	9181						X			X					X			
5	9182						X			X				X				
6	9183							PAI		X				X				
7	9184							PAI		X						X		
8	9187						X			X						X		
9	9188						X			X						X		
10	9189						X			X						X		
11	9190		X							X				X				
12	9192						X			X						X		
13	9193						X			X						X		
14	9194		X							X						X		
15	9195						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECTION GENERALE D'INSPECTION EN FRONTIERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada — CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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.

APPROVED OMB NO. 0579-0160

L0168816

TIME HORSES LOADED ON CONVEYANCE: 12 AM Start — DATE: 4/7/10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9152						X			X				X				
2	9155						X			X				X				
3	9179		X							X						X		
4	9181						X			X					X			
5	9182						X			X				X				
6	9183							PAJ		X				X				
7	9184							PAJ		X						X		
8	9187						X			X						X		
9	9188						X			X						X		
10	9189						X			X						X		
11	9190		X							X				X				
12	9192						X			X						X		
13	9193						X			X						X		
14	9194		X							X						X		
15	9195						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

CANADIAN FOOD INSPECTION AGENCY — Canada — Government of Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PART 1 - INSPECTOR

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

L060816

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	B/L	Fmtr	Sorry ~~Gmtr~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9196						X			X				X				
17	9199		X							X						X		
18	9200							PAI		X				X				
19	9251						X			X				X				
20	9252		X							X				X				
~~21~~	~~[illegible]~~																	
22	9254							BSW		X						X		
23	9255		X							X				X				
24	9256						X			X				X				
25	9257		X										C/B	X				
26	9258						X			X					X			
27	9283						X			X				X				
28	9284				X								C/B	X				
29	9285						X				X					X		
30	9286							AP		X				X				
31	9287		X							X						X		
32																		
33																		
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35																		
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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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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170
FORM
APPROVED
OMB NO.
0579-0160
6 297 371

TIME HORSES LOADED ON CONVEYANCE: 8PM
DATE: 4-7-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz Bruce Rotz's Livestock
STREET ADDRESS: 457 Airport Rd
CITY, STATE, ZIP CODE: Shippeburg Pa. 17257
AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 450-788-2590

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Ghostn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9289		X							X						X		
2	9290		X						X							X		
3	9291		X						X					X				
4	9292		X						X					X				
5	9293		X						X							X		
6	9294		X						X					X				
7	9295		X						X					X				
8	9296						X		X							X		
9	9297			X					X					X				
10	9298		X						X							X		
11	9300		X						X							X		
12	9301		X	X					X	X				X				
13	9302		X						X							X		
14	9305		X							X				X				
15	9306		X										SV			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

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Agence canadienne d'inspection des aliments Gouvernement du Canada

VS FORM 10-13 (AUG 2004) Previous editions are obslete

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

OWNER/SHIPPER CERTIFICATE
NESS 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

G 29761

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
	9307						X			X						X		
	9308					X				X						X		
	9309					X				X						X		
	9310		X							X				X				
1	9311				X					X				X				
1	9312					X				X						X		
2	9313		X							X						X		
23	9314						X						SN	X				
24	9315						X				X				X			
25	9316						X				X			X				
26	9317						X						HF	X				
27	9318						X						HF	X				
28	9319							PAN		X				X				
29																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

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.

172
FORM
APPROVED
OMB NO.
0579-0160
G 29762

TIME HORSES LOADED ON CONVEYANCE: 6:00pm

DATE: 04-08-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestnut~~ Sorrel	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9320		X							X				X				
2	9322			X						X				X				
3	9323		X									X				X		
4	9324		X									X		X				
5	9325		X									X		X				
6	9326						X			X				X				
7	9327		X									X		X				
8	9328					X				X				X				
9	9329		X										S/B			X		
10	9330		X									X						
11	9304		X						X					X				
12	9303		X						X					X				
13	9331		X							X						X		
14	9332				X					X				X				
15	9334						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

G 29762

USFP

	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	9335		X							X				X				
17	9336					X				X				X				
18	9337						X			X				X				
19	9339						X			X						X		
20	9340					X				X				X				
21	9341					X				X				X				
22	9342		X							X				X				
23	9343		X							X						X		
24	9344						X			X						X		
25	9347		X							X				X				
26	9348						X			X				X				
27	9349						X			X				X				
28	9350							PAL		X				X				
29	9351		X							X				X				
30	9352							BAY		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)

PAGE ___ OF ___

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

G 29763

TIME HORSES LOADED ON CONVEYANCE: 9 PM

DATE: 4-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 505 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

- [x] 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.
- [x] Horses are able to walk unassisted.

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cream~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9353						X			X						X		
2	9354						X			X				X				
3	9360		X						X					X				
4	9361		X						X					X				
5	9362							Appl		X					X			
6	9363							Appl		X				X				
7	9356		X						X					X				
8	9357		X						X					X				
9	9358		X						X							X		
10	9359						X			X				X				
11	9364		X							X						X		
12	9365						X			X						X		
13	9366			X						X				X				
14	9367						X			X				X				
15	9368							Appl		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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECTION GENERALE DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

G 29763

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9369		X							X						X		
17	9370							APP		X						X		
18	9371		X										mul	X				
19	9372						X			X				X				
20	9373		X							X				X				
21	9374						X			X						X		
22	9375		X										mul	X				
23	9376						X			X						X		
24	9377		X							X						X		
25	9378						X			X						X		
26	9379						X			X				X		X		
27	9380		X							X				X				
28	9381		X							X				X				
29																		
30																		
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

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.

176
FORM APPROVED
OMB NO.
0579-0160
G29764

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am	DATE: 04-13-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Gbestn~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9333		X							X				X				
2	9338						X			X				X				
3	9345						X			X				X				
4	9346						X			X						X		
5	9382					X				X				X				
6	9383					X				X				X				
7	9384							Appy		X						X		
8	9385							Appy		X				X				
9	9386						X			X						X		
10	9387		X							X						X		
11	9388					X				X				X				
12	9389					X				X				X				
13	9390		X							X				X				
14	9391		X							X						X		
15	9392						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)

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SIGNA[illegible] information contained in this form is true and correct to the bes[illegible]

(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

G 29764

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Cliesta	Other	TB	QT	Draft	Rangr	Other	Mare	Stal	Geld		
16	9393			X						X				X				
17	9394		X						X					X				
18	9395						X			X						X		
19	9399						X			X					X			
20	9396						X			X				X				
21	9397						X		X					X				
22	9398			X						X						X		
23	9399			X						X				X				
24	9400		X						X							X		
25	9401		X						X							X		
26	9402						X		X							X		
27	9403			X					X							X		
28	9404			X					X					X				
29	9405		X						X					X				
30	9406		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)

PAGE ___ OF ___

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)

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178
FORM APPROVED
OMB NO. 0579-0160

L 061371

TIME HORSES LOADED ON CONVEYANCE: 9 PM

DATE: 4-14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd,

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9407		X						X							X		
2	9408		X						X					X				
3	9409						X		X							X		
4	9410						X		X					X				
5	9411						X		X						X			
6	9412		X							X						X		
7	9413							Roan		X				X				
8	9415				X								C/B			X		
9	9416		X							X				X		X		
10	9417		X							X						X		
11	9418		X							X						X		
12	9419		X							X						X		
13	9420		X							X				X				
14	9421					X				X						X		
15	9422							Roan		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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

L 061371

USFP	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	9423							PAL.		X						X		
17	9424							Buck		X				X				
18	9426						X			X				X				
19	9427						X			X						X		
20	9428					X				X				X				
21	9434		X							X				X				
22	9438		X						X					X				
23	9439					X			X							X		
24	9440					X			X					X				
25	9441		X						X					X				
26	9442		X						X					X				
27	9443		X						X							X		
28	9444		X						X					X				
29																		
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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)

Canada Government of Canada — CANADIAN FOOD INSPECTION AGENCY — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13A

PAGE ___ OF ___

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)

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180
FORM
APPROVED
OMB NO.
0579-0160
[redacted]
2061375

TIME HORSES LOADED ON CONVEYANCE: 11:59 PM

DATE: 4-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Bruce K. Rotz Rotz's Livestock

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheek~~ Sorr	Other	TB	QT	Draft	~~Pony~~ S/N	Other	Mare	Stal	Geld		
1	9445		X							X						X		
2	9446		X						X						X			
3	9447		X									X		X				
4	9448		X									X		X				
5	9449							AP		X						X		
6	9450					X				X				X				
7	9451			X					X					X				
8	9452						X			X				X				
9	9453		X							X				X				
10	9454		X							X				X				
11	9455					X				X				X				
12	9456					X				X				X				
13	9457					X				X				X				
14	9458		X							X				X				
15	9459						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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 19/04/2010

TIME 10:00

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

2061375

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Sorrel Blesia	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9460				X					X				X				
17	9461		X							X				X				
18	9462		X							X				X				
19	9463				X					X				X				
20	9464							Rove		X				X				
21	9465		X							X				X				
22	9466		X							X				X				
23	9467		X															
24	9428	9429	X							X				X				
25	9430						X			X				X				
26	9432		X							X						X		
27	9435			X						X						X		
28	9431		X							X				X				
29																		
30																		
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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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182
FORM
APPROVED
OMB NO.
0579-0160

1 061184

TIME HORSES LOADED ON CONVEYANCE: 9 pm	DATE: 4-20-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat inc.
STREET ADDRESS: 457 airport rd.	STREET ADDRESS: 5395 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	6974		X							X				X				
2	6975						X			X				X				
3	6976					X				X				X				
4	6977					X				X				X				
5	6978							PAL		X				X				
6	6979					X				X				X				
7	6980		X							X						X		
8	6981		X						X					X				
9	6982		X						X					X				
10	6983						X		X					X				
11	6984		X						X					X				
12	6985		X							X				X				
13	6986					X				X				X				
14	6987		X						X							X		
15	6988							PAL		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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076
DATE 21/04/2010
TIME 12 hou

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

L061184

	USFP TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Black	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	6989		X							X						X		
17	6990							Roan		D				X				
18	6991						X				X			X				
19	6992		X						X							X		
20	9468		X						X					X				
21	9469		X						X							X		
22	9471					X				X					X			
23	9472		X						X							X		
24	9473		X						X							X		
25	9477		X										SN			X		
26	9478		X										SN	X				
27	9480					X				X				X				
28	9481					X				X				X				
29																		
30																		
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SIG [illegible] y 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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184
FORM
APPROVED
OMB NO.
0579-0160
L 061370

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am
DATE: 04-21-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce
CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.
STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257
CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691
AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheem~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9482						X			X				X				
2	9483		X							X						X		
3	9484		X							X				X				
4	9485						X			X				X				
5	9486						X			X						X		
6	9487							App		X						X		
7	9488		X							X				X				
8	9489		X							X				X				
9	9490		X							X				X				
10	9491		X							X						X		
11	9492		X							X				X				
12	9493					X				X				X				
13	9494						X			X				X				
14	9495					X				X						X		
15	9496		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)

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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 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076
DATE 22/04/2010
TIME 7h00

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

L 061370

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition
			Bay	Grey	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9498					X				X				X				
17	9499						X		X					X				
18	9500						X			X				X				
19	9501		X						X					X				
20	9502							BSIM		X				X				
21	9503		X						X							X		
22	9504		X						X					X				
23	9505							Blank		X				X				
24	9506						X		X							X		
25	9507		X						X					X				
26	9508		X							X						X		
27	9509						X		X							X		
28	9510						X		X							X		
29	9511		X						X					X				
30	9512		X						X						X			
31																		
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(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

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.

186
FORM
APPROVED
OMB NO.
0579-0160

G29774

TIME HORSES LOADED ON CONVEYANCE: 11:59 pm 4-21-10

DATE: 4-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu meat inc

STREET ADDRESS: 457 Airport Rd

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA

CITY, STATE, ZIP CODE: Massueville QC Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9414					X				X						X		
2	9433					X				X					X			
3	9436		X						X							X		
4	9437		X						X					X				
5	9474						X			X				X				
6	9475		X										SN			X		
7	9476		X							X						X		
8	9513		X							X				X				
9	9514		X						X							X		
10	9515		X						X					X				
11	9516		X						X					X				
12	9517			X						X				X				
13	9521				X					X				X				
14	9522						X			X				X				
15	9523						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. 0766

DATE 22 AVRIL 2010

TIME 1300

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

G29774

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9524		X							X						X		
17	9525				X					X				X				
18	9526				X					X				X				
19	9527					X				X						X		
20	9528					X				X				X				
21	9529						X			X				X				
22	9530		X							X				X				
23	9531						X			X						X		
24	9532						X			X						X		
25	9533					X				X				X				
26	9535				X					X				X				
27	9536		X							X				X				
28	9537						X			X				X				
29																		
30																		
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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.

188
FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10 PM

DATE: 4-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Road

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

SFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9497					X				X					X			
2	9518					X				X				X				
3	9534							PAL		X				X				
4	9538			X						X				X				
5	9539			X						X				X				
6	9540				X					X						X		
7	9541			X						X				X				
8	9542							PAL		X				X				
9	9543				X					X				X				
10	9544		X							X				X				
11	9547		X							X						X		
12	9549						X			X						X		
13	9550		X							X				X				
14	9552		X							X				X				
15	9553		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 be

(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

G29772

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
CESFF			Bay	Grey	Blk.	Pinto	Sheets SOCT	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9555						X			X						X		
17	9556		X							X						X		
18	9557						X		X							X		
19	9558		X						X					X				
20	9559		X						X					X				
21	9561		X						X					X				
22	9563						X		X	X				X				
23	9564		X							X				X				
24	9567		X							X						X		
25	9568					X				X				X				
26	9573		X							X						X		
27	9582						X			X						X		
28	9583					X				X						X		
29	9584		X							X						X		
30																		
31																		
32																		
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SIG [illegible] 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

Arrive 2pm 6-28-10 4:00

(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.

190
FORM APPROVED
OMB NO. 0579-0160

G29773

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 04-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Jr

STREET ADDRESS: 4571 Airport Rd.

STREET ADDRESS: 5915 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

USFP

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] 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~~ Sorry	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9089						X			X						X		
2	9090						X			X				X				
3	9091				X					X						X		
4	9092		X							X						X		
5	9093		X							X				X				
6	9094			X						X				X				
7	9095				X					X				X				
8	9096		X							X				X				
9	9097		X							X						X		
10	9098		X							X				X				
11	9099							PAL		X				X				
12	9100						X			X				X				
13	9978		X							X				X				
14	9979							Roan		X				X				
15	9980			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)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the i

(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

629773

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9981		X							X						X		
17	9982		X							X				X				
18	9983					X				X				X				
19	9984							Pinto		X						X		
20	9985		X							X						X		
21	9986		X							X						X		
22	9987						X			X				X				
23	9988				X					X				X				
24	9989						X			X						X		
25	9990			X							X					X		
26	9991						X			X				X				
27	9992						X			X						X		
28	9993		X							X				X				
29	9994		X							X				X				
30	9995		X							X				X				
31																		
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Sil [illegible] fify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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)

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192
FORM
APPROVED
OMB NO.
0579-0160

G29775

TIME HORSES LOADED ON CONVEYANCE: 12:01

DATE: 4-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Rochelle Meat Inc

STREET ADDRESS: 4557 Airport Road

STREET ADDRESS: 5915 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg PA 17257

CITY, STATE, ZIP CODE: Mossure VIC Quebec Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-8240

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

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

USFTP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	S/N ~~Pony~~	Other	Mare	Stal	Geld		
1	9951		X									X				X		
2	9952						X			X				X				
3	9953						X			X				X				
4	9954		X									X				X		
5	9955					X				X						X		
6	9956		X									X				X		
7	9957		X									X				X		
8	9958		X									X				X		
9	9959		X									X		X				
10	9960		X									X				X		
11	9961		X									X				X		
12	9962		X									X		X				
13	9963			X								X		X				
14	9964			X							X					X		
15	9965		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)

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SIGN[illegible] contained in this form is true and correct to the be[illegible]

(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

629725

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn.~~	Other	TB	QT	Draft	~~Dairy~~ SIM	Other	Mare	Stal	Geld		
16	9966		X							X		X		X				
17	9967		X							X		X		X				
18	9968		X							X		X				X		
19	9969		X							X		X		X				
20	9970						X			X			X		X			
21	9971						X			X						X		
22	9972			X						X						X		
23	9973							PAL		X				X				
24	9974			X						X						X		
25	9975							APR		X						X		
26	9976						X			X			HF	X				
27	9977		X							X		X		X				
28	8944		X							X				X			off	
29																		
30																		
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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)

VS FORM 10-13A

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)

Arrive BL 2-24-10

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.

194
FORM APPROVED
OMB NO. 0579-0160
2060820

TIME HORSES LOADED ON CONVEYANCE: 10 PM

DATE: 4-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9519					X	X			X						X		
2	9520						X			X						X		
3	9544		X							X				X				
4	9546						X			X				X				
5	9551					X				X						X		
6	9560			X					X					X				
7	9563						X			X				X				
8	9565						X			X						X		
9	9570						X			X				X				
10	9571						X			X						X		
11	9589							APP		X				X				
12	9590					X				X						X		
13	9592					X				X				X				
14	9593							APP		X						X		
15	9594				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

L060830

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Gray	Blk.	Pinto	Cheste	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Gelding	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9596				X					X				X				
17	9597							AHP		X				X				
18	9598		X							X				X				
19	9599							PAI		X						X		
20	9601						X			X				X				
21	9602		X							X				X				
22	9603		X							X				X				
23	9604		X							X						X		
24	9605			X						X				X				
25	9606		X							X						X		
26	9607						X			X						X		
27	9608						X				X			X				
28	9609					X				X				X				
29	9610					X				X					X			
30																		
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SIG [illegible] rify 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

PHOB AM 30-4-10

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.

196
FORM APPROVED
OMB NO.
0579-0160

2060819

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 04-29-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

US

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9554		✓			X				X				X				
2	9569						X			X				X				
3	9570						X			X				X				
4	9574						X						mul	X				
5	9575		X							X						X		
6	9576						X						S/B			X		
7	9577		X							X						X		
8	9578		X							X						X		
9	9579		X							X						X		
10	9580					X				X				X				
11	9581				X					X						X		
12	9585		X							X						X		
13	9586						X			X				X				
14	9587		X							X				X				
15	9588				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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

L060819

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9596				X					X				X				
17	9610		X							X						X		
18	9612						X		X							X		
19	9614		X						X							X		
20	9615						X		X					X				
21	9616						X		X							X		
22	9617		X						X					X				
23	9618		X						X							X		
24	9619		X						X					X				
25	9620		X						X					X				
26	9622						X		X					X				
27	9623							APP		X				X				
28	9624							PAL		X				X				
29	9625		X											X				
30	9626		X										SN	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)

APHIS FORM 10-13A

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.

198
FORM APPROVED
OMB NO. 0579-0160

1060822

TIME HORSES LOADED ON CONVEYANCE: 9 30 PM

DATE: 5/3/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz'S Livestock, Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 4157 Airport Rd.

STREET ADDRESS: 515 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa, 17257

CITY, STATE, ZIP CODE: Mussuerville Qu. Canada

AREA CODE & TELEPHONE NO.: 717- 532- 5691

AREA CODE & TELEPHONE NO.: 450- 788- 2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorrel ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9613				X			PAL	X	X					X	X		
2	9627		X						X							X		
3	9628							PAL		X				X				
4	9629		X						X					X				
5	9630		X						X					X				
6	9631		X							X				X				
7	9632						X		X					X				
8	9634		X						X					X				
9	9636			X		X				X				X		X		
10	9637							BSIP		X						X		
11	9640					X				X				X				
12	9641						X			X								
13	9642						X			X				X				
14	9643							PAL		X								
15	9644		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)

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SIGI nation contained in this form is true and correct to the b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 4/05/2010

TIME 10h20

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

206877

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precaution
16	9645		X							X				X				
17	9646		X							X				X				
18	9647		X							X						X		
19	9649						X			X				X				
20	9651		X							X				X				
21	9653					X				X				X				
22	9656		X							X				X				
23	9657		X							X				X				
24	9659						X			X				X				
25	9661					X				X				X				
26	9662		X							X				X				
27	9663		X							X				X				
28	9664				X						X					X		
29																		
30																		
31																		
32																		
33																		
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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

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.

200 FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:30 Am

DATE: 05-05-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

UsFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Sheein~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	8867		X							X				X				
2	8868						X			X						X		
3	8869						X			X						X		
4	8870						X			X						X		
5	8871			X					X							X		
6	8872		X							X						X		
7	8873						X			X				X				
8	8874		X				X			X				X		X		
9	8875		X				X			X						X		
10	8876			X						X				X				
11	8877		X							X						X		
12	8878						X			X				X				
13	8879		X				X			X						X		
14	8880		X							X				X				
15	8881		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)

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SIGN. e information contained in this form is true and correct to the be

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCIÓN GENERAL DE INSPECCIÓN 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	Sorry ~~Sheets~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	8887		X							X				X				
17	8883		X							X				X				
18	8884						X			X						X		
19	8885						X			X				X				
20	8886		X							X				X				
21	8945		X							X				X				
22	8946		X							X				X				
23	8947		X							X				X				
24	9681			X					X					X				
25	9682		X						X					X				
26	9683						X		X					X				
27	9684		X						X					X				
28	9685		X						X							X		
29	9479						X			X				X				
30	9621		X						X							X		
31																		
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SI

at the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

VS FORM 10-T3A

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.

202 FORM APPROVED OMB NO. 0579-0160

L060873

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM	DATE: 5-5-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chesh~~ Soy	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9470					X				X					X			
2	9633		X						X					X				
3	9635			X						X				X				
4	9638					X	X			X				X				
5	9639					X	X			X						X		
6	9648					X	X			X						X		
7	9650					X				X						X		
8	9652						X			X				X				
9	9654					X				X				X				
10	9655		X							X				X				
11	9658		X							X				X				
12	9660		X							X				X				
13	9665		X										S/P			X		
14	9666						X						S/P					
15	9667						X						S/P					

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 nation contained in this form is true and correct to the best of m

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 0760

DATE 5/5/2010

TIME 11h00

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

2060823

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Sheet	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9668		X										S/N			X		
17	9669		X										S/N			X		
18	9670						X				X					X		
19	9671				X								SN	X				
20	9672					X				X						X		
21	9673						X			X						X		
22	9674		X										SN			X		
23	9675			X									SN	X				
24	9676		X										SN			X		
25	9677						X				X			X				
26	9678						X				X					X		
27	9679						X			X			X					
28	9680		X										S/N			X		
29																		
30																		
31																		
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SIG (the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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)

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204
FORM
APPROVED
OMB NO.
0579-0160

L061360

TIME HORSES LOADED ON CONVEYANCE: 9:00	DATE: 5-6-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Vianda Richelieu Meat
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9690						X		X							X		
2	9691		X							X			S/N	X				
3	9692		X							X			SN			X		
4	9699		X							X					X			
5	9700		X							X				X				
6	9701		X						X					X				
7	9702		X							X						X		
8	9703					X				X						X		
9	9704				X					X				X				
10	9705					X				X						X		
11	9706						X			X				X				
12	9707						X			X				X				
13	9708						X			X						X		
14	9709			X						X						X		
15	9710							PAL		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)

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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 n

(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)

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FORM APPROVED OMB NO. 0579-0160

2061360

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION Bay	Grey	Blk.	Pinto	Glasta	Other	BREED/TYPE TB	QT	Draft	Pony	Other	SEX Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	9611		X													X		
17	9612				X											X		
18	9613							Roan						X				
19	9614		X													X		
20	9615						X									X		
21	9616		X													X		
22	9617		X											X				
23	9618						X							X				
24	9619						X									X		
25	9620					X										X		
26	9621				X											X		
27	9622						X				X			X				
28	9623						X			X				X				
29																		
30																		
31																		
32																		
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S (I hereby 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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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206
FORM
APPROVED
OMB NO.
0579-0160

L060818

TIME HORSES LOADED ON CONVEYANCE: 11 PM

DATE: 5/9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz'sLivestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock Bruce

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 457 Airport Rd.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Shippensburg, Pa. 17257

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 717-532-5691

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Sorr ~~Chestn~~	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9695		X										mull			X		
2	9725		X										SN	X				
3	9726						X						SN	X				
4	9727				X					X				X				
5	9728						X						HF			X		
6	9730					X				X				X				
7	9731						X			X				X				
8	9732		X							X						X		
9	9733		X							X				X				
10	9734						X			X				X				
11	9735					X				X				X				
12	9738						X			X						X		
13	9740		X							X				X				
14	9742		X										mull	X				
15	9746						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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - OWNER/SHIPPER

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

L060818

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9748						X			X				X				
17	9749						X			X						X		
18	9752					X				X				X				
19	9753						X			X						X		
20	9755						X				X			X				
21	9759				X					X				X				
22	9760						X			X				X				
23	9762							BS.NK		X						X		
24	9763		X							X				X				
25	9766						X			X				X				
26	9768		X							X				X				
27	9769					X				X					X			
28	9770						X			X				X				
29																		
30																		
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)

VS FORM 10-13A

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)

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208 FORM APPROVED OMB NO. 0579-0160

L060824

TIME HORSES LOADED ON CONVEYANCE: 12:00 pm	DATE: 5-10-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Gheetn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9689						X						S/B			X		
2	9693		X										S/N			X		
3	9694						X						S/N	X				
4	9697						X						null	X				
5	9729							BS/N		X				X				
6	9729		X										S/N	X				
7	9736		X							X				X				
8	9739				X					X				X				
9	9741					X				X						X		
10	9743		X							X				X				
11	9745		X							X				X				
12	9747		X							X				X				
13	9754							X		X					X			
14	9757							X		X						X		
15	9761							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)

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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)

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)

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FORM APPROVED OMB NO. 0579-0160

L060824

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Sheets	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9764			X						X				X				
17	9765						X			X				X				
18	9771		X						X					X				
19	9772						X		X							X		
20	9779			X					X					X				
21	9780						X		X					X				
22	9781		X						X							X		
23	9784		X						X							X		
24	9786		X										3N	X				
25	9787				X					X						X		
26	9788		X							X				/		X		
27	9790		X						X							X		
28	9791		X						X							X		
29																		
30																		
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)

VS FORM 10-13A

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)

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210 FORM APPROVED OMB NO. 0579-0160

2060829

TIME HORSES LOADED ON CONVEYANCE: 7:15 Am	DATE: 05-11-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450-788=2490

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

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

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Chestn~~ Sorr	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9737		X							X						X		
2	9750					X				X				X				
3	9751						X			X				X				
4	9756						X			X						X		
5	9767						X			X						X		
6	9774		X						X					X				
7	9775		X						X					X				
8	9776		X						X					X				
9	9777						X		X							X		
10	9779			X					X					X				
11	9782		X						X							X		
12	9783		X						X							X		
13	9786		X						X					X				
14	9789						X			X						X		
15	0000						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).

SIGN the information contained in this form is true and correct to the b

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 2 - OWNER/SHIPPER

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

L060829

USFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Sheets	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9799		X							X						X		
17	9792						X			X					X			
18	9793						X			X				X				
19	9794		X						X					X				
20	9795		X						X					X				
21	9796				X				X					X				
22	9797						X			X				X				
23	9798						X			X						X		
24	9799						X			X				X				
25	9800		X							X				X				
26	9801						X			X						X		
27	9802	✓				X				X						X		
28	9803					X				X				X				
29	9804	✓					X			X				X				
30	9805						X			X				X				
31																		
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S[illegible] OF OWNER/SHIPPER [illegible] certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

[illegible] FORM 10-13A

PAGE ___ OF ___

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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212
FORM
APPROVED
OMB NO.
0579-0160

L060827

TIME HORSES LOADED ON CONVEYANCE: 830 pm	DATE: 5-12-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Rotz's Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock, Bruce	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: 457 Airport Rd.	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: Shippensburg Pa. 17257	CITY, STATE, ZIP CODE: Massueville Qu. Canada
AREA CODE & TELEPHONE NO.: 717-532-5691	AREA CODE & TELEPHONE NO.: 450=788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Cheetn~~ Sorrel	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9806							Buck		X				X				
2	9807				X					X				X				
3	9808		X							X						X		
4	9809						X			X						X		
5	9810						X			X				X				
6	9811							App		X				X				
7	9813		X							X				X				
8	9814						X			X						X		
9	9815		X							X						X		
10	9816							Buck		X				X				
11	9818					X				X				X				
12	9819					X				X				X				
13	9820		X							X				X				
14	9821			X						X						X		
15	9822			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)

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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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

PART 2 - OWNER/SHIPPER

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

L060827

JSFP

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	9823		X							X				X				
17	9824					X				X				X				
18	9825				X					X						X		
19	9826				X					X				X				
20	9827		X						X	X				X				
21	9828		X						X					X				
22	9829		X													X		
23	9830					X				X					X			
24	9831						X			X				X				
25	9832					X				X				X				
26	9833		X							X				X				
27	9834					X				X				X				
28	9835		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)

VS FORM 16-73A

PAGE ___ OF ___

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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214
FORM
APPROVED
OMB NO.
0579-0160
L060826

TIME HORSES LOADED ON CONVEYANCE: 7:00 pm

DATE: 05-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Shippensburg Pa.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Rotz's Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Rotz's Livestock,Bruce

STREET ADDRESS: 457 Airport Rd.

CITY, STATE, ZIP CODE: Shippensburg Pa. 17257

AREA CODE & TELEPHONE NO.: 717-532-5691

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville Qu. Canada

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

USFP	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	~~Gleestn~~ Sorry	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	9812							PAL		X					X			
2	9839					/		PAL		X				X				
3	9840					X				X				X				
4	9842		X							X				X				
5	9843						X			X						X		
6	9844						X			X				X				
7	9845						X			X				X				
8	9847		X							X						X		
9	9848						X			X				X				
10	9849						X		X					X				
11	9852						X		X					X				
12	9857		X							X						X		
13	9858							ABA		X						X		
14	9859		X						X							X		
15	9861						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)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to the

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME