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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024139

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN Owner's name (Last name, two initials, & business name) Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6260	84	F	PAINT			BLACK, BLAZE, LF-STOCKING, PAINTED BLACK AND WHITE								
102 BUCKEYE ST.	USEU6261	96	F	SN			BAY, STAR								
SUGARCREEK, OH 44681	USEU6262	120	F	SN			BLACK, STAR, LR-SOCK								
	USEU6263	60	F	QH			ROAN, NO MARKS								
	USEU6264	36	F	QH			BLACK, LR, RR-SOCK								
	USEU6265	60	F	QH			BAY, BLAZE, LR, RR- STOCKING								
	USEU6266	300	N	BL			SORREL, STRIPE, SNIP, LF, LR, RF, RR-SOCK								
	USEU6267	144	F	TW			BLACK, STRIPE, SNIP, LR-SOCK								
	USEU6268	72	N	QH			BLACK, RR-SOCK								
	USEU6269	48	M	QH			RED ROAN, BLAZE, LR,RF, RR-STOCKING								
	USEU6270	48	M	QH			CHESTNUT, STRIPE, SNIP, LR, RR-SOCK								
	USEU6271	48	M	QH			CHESTNUT, STAR								
	USEU6272	96	F	QH			GREY, SPOTTED								
	USEU6273	84	F	QH			DARK CHESTNUT, BLAZE, LF, LR, RF, RR-STOCKING								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:PM
DATE: 6-28-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6) (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT. INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. BAKER
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports 912 Second ave. west

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452
STREET ADDRESS: OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681
CITY, STATE, ZIP CODE: 517 Rang ste julrest jov1wo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USEU	6385			X								DONKEY		X			
2		6386	X										SN		X			
3		6387						Sor			BL			X				
4		6388						Sor			BL					X		
5		6389						Sor			BL					X		
6		6390						Sor			BL					X		
7		6391					X						Mule			X		
8		6392	X										SN	X				
9		6393					X			X				X				
10		6394	X										SN			X		
11		6395					X			X				X				
12		6396	X										SN	X				
13		6397	X										SN	X				
14		6398					X						SN	X				
15		6399			X								TW	X				

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. 505
DATE 29-06-2010
TIME 11:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
SUGARCREEK LIVESTOCK AUCTION, INC.	L024114	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
6/25/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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)	DESTINATION COUNTRY	ENTER CODE
CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON	CANADA	CA

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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

17. FARM ORIGIN	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 DISEASE M	DISEASE TYPE TEST DISEASE N	DISEASE TYPE TEST DISEASE O
GARCREEK LIVESTOCK AUCTION, INC.	USEU6385	60	M	DONKEY											
2 BUCKEYE ST.	USEU6386	96	M	SN											
GARCREEK, OH 44681	USEU6387	300	F	BL											
	USEU6388	156	N	BL											
	USEU6389	300	N	BL											
	USEU6390	144	N	BL											
	USEU6391	42	N	MULE											
	USEU6392	120	F	SN											
	USEU6393	30	F	QH											
	USEU6394	300	N	SN											
	USEU6395	144	F	QH											
	USEU6396	180	F	SN											
	USEU6397	180	F	SN											
	USEU6398	84	F	SN											
	USEU6399	132	F	TW											
	USEU6400	108	N	QH											
	USEU6401	300	N	SN											
	USEU6402	84	F	PAINT											

17. FARM ORIGIN	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 DISEASE M	DISEASE TYPE TEST DISEASE N	DISEASE TYPE TEST DISEASE O

BLACK, NO MARKS
BAY, STRIPE, SNIP, LF, LR, RR-SOCK, RF-PASTERN
SORREL, BLAZE
SORREL, STAR, STRIPE, SNIP
SORREL, STRIPE
SORREL, BLAZE
CHESTNUT, NO MARKS
BAY, STRIPE, RR-STOCKING
CHESTNUT, STAR, RR-PASTERN
BAY, STAR, WHITE SPOT ON BACK, NECK BRAND OA191
CHESTNUT, STAR, STRIPE
BAY, STAR, STRIPE, SNIP, LF-STOCKING, LR, RF, RR-SOCK
BAY, NO MARKS
CHESTNUT, LF, RF-PASTERN, LR, RR-SOCK, NECK BRAND 72373
BLACK, NO MARKS
BAY, LR, RR-SOCK
BAY, LF-PASTERN, LR, RR-SOCK
BAY, LF-STOCKING, RF-SOCK, PAINTED BAY AND WHITE

FOIA-FREE IMAGE

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUN 28,2010	SUMMERS, DENNIS M. 9130	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	28

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

23. Signature of Endorsing Federal Veterinarian

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: E02411A

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

vner's name *(Last name, two initials, & business name)*
vner's street address
vner'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
GARCREEK LIVESTOCK AUCTION, INC.	USEU6403	84	F	QH										
Z BUCKEYE ST.	USEU6404	144	F	QH										
GARCREEK, OH 44681	USEU6405	300	N	QH										
	USEU6406	84	F	PAINT										
	USEU6407	42	N	AP										
	USEU6408	144	N	TW										
	USEU6409	300	N	SN										
	USEU6410	48	N	TH										
	USEU6411	96	N	TH										
	USEU6412	96	N	TH										

						CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK								
						CHESTNUT, STAR, LR-SOCK								
						CHESTNUT, STAR, STRIPE, LR-SOCK								
						BAY, BLAZE, PAINTED BAY AND WHITE								
						CHESTNUT, BLAZE, LF, RF-SOCK, LR, RR-STOCKING								
						BAY, RR-SOCK								
						BAY, NECK BRAND 37								
						BAY, STAR, STRIPE, SNIP, RR-SOCK								
						GREY, BLAZE								
						BAY, STAR, STRIPE, LF, LR, RF-CORONET								

THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FORM 17-140a (R 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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:PM	DATE: 6-21-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST. P.O Bx 452	STREET ADDRESS: 912 Second Ave WEST OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: 517 Rang Ste juliest Jovlwo
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	USEU	6336	X										MN		X			
2		6337						Sor					Haf		X			
3		6338	X							X						X		
4		6339	X										SN	X				
5		6340	X							X				X				
6		6341	X										SN			X		
7		6342					X			X				X				
8		6343	X										SN			X		
9		6344	X										SN			X		
10		6345					X			X				X				
11		6346	X										SN			X		
12		6347						Sor					PAINT	X				
13		6348			X								MN			X		
14		6349	X										SN			X		
15		6350						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).

SIGNATURE 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. 505

DATE 22-06-2010

TIME 11:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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)	2. CERTIFICATE NO.	3. PAGE NO.
SUGARCREEK LIVESTOCK AUCTION, INC.	L024137	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
6/18/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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)	DESTINATION COUNTRY	ENTER CODE
CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON	CANADA	CA

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)

17. FARM ORIGIN	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
GARCREEK LIVESTOCK AUCTION, INC. 2 BUCKEYE ST. GARCREEK, OH 44681	USEU6336	84	M	MN		BAY, STAR, STRIPE, SNIP, LF, LR, RR-SOCK									
	USEU6337	48	M	HAFLINGER		SORREL, STAR, STRIPE									
	USEU6338	180	N	QH		BAY, LR, RR-PASTERN									
	USEU6339	96	F	SN		BAY, LF, RF-PASTERN, LR-SOCK									
	USEU6340	120	F	QH		BAY, BLAZE, LR-STOCKING, RF-SOCK									
	USEU6341	84	N	SN		BAY, STAR, STRIPE, SNIP, LR, RR-STOCKING									
	USEU6342	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR, RF-STOCKING, RR-SOCK									
	USEU6343	300	N	SN		BAY, STAR, RR-SOCK									
	USEU6344	144	N	SN		BAY, STAR, LR-STOCKING									
	USEU6345	84	F	QH		CHESTNUT, STAR									
	USEU6346	96	N	SN		BAY, NO MARKS									
	USEU6347	84	F	PAINT		SORREL, STAR, STRIPE, SNIP, LF, LR, RF, RR-STOCKING									
	USEU6348	144	N	MN		BLACK, STAR									
	USEU6349	84	N	SN		BAY, STAR									
	USEU6350	144	F	QH		ROAN, LR-SOCK, RR-PASTERN									
	USEU6351	120	F	QH		CHESTNUT, STAR, STRIPE, SNIP									
	USEU6352	60	F	QH		SORREL, BLAZE									
	USEU6353	300	F	BL		SORREL, NO MARKS									

FOIA FOI2010003509

VALID ONLY IF USDA VETERINARIAN'S 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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUN 21,2010	SUMMERS, DENNIS M. 9130	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	24

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

23. Signature of Endorsing Federal Veterinarian

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L024137

3. PAGE NO.: 2 OF 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

SUGARCREEK LIVESTOCK AUCTION, INC.
202 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USEU6354	240	F	PE									BLACK, STAR, WHITE SPOT ON LEFT SIDE		
USEU6355	120	N	BL									SORREL, BLAZE, LR, RR-STOCKING		
USEU6356	60	F	TH									BAY, STAR, SNIP, LF, LR, RF, RR-CORONET		
USEU6357	120	N	TH									GREY, BLAZE		
USEU6358	84	N	TH									BAY, STAR, SNIP, RR-CORONET		
USEU6384	48	F	TH									BAY, LR, RR-CORONET		

THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Keith Weaver

ORM 17-140a (R 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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9 PM

DATE: 6-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	26521	6359					X			X				X				
2		6360					X			X					X			
3		6361					X			X				X				
4		6362	X							X				X				
5		6363					X			X				X				
6		6364	X										AS	X				
7		6365	X							X				X				
8		6366					X						PAINT	X				
9		6367					X						PAINT	X				
10		6368					X			X				X				
11		6369					X			X				X				
12		6370			X								PAINT	X				
13		6371					X			X				X				
14		6372	X							X						X		
15		6373					X						PAINT	X				

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. 505

DATE 24-10-2010

TIME 12:00

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

	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	26SEQ	6374			X								PAINT	X				
17	↑	6375	X							X				X				
18		6376					X			X						X		
19		6377	X										SW			X		
20		6378					X						TW			X		
21	↓	6379	X										SW	X				
22		6380					X						PAINT	X				
23		6381	X										SW	X				
24		6382		X						X						X		
25	↓	6383	X										MULE	X				
26																		
27																		
28																		
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.)

(b)(6)

FOIA11F301A010509

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024147

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/18/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

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: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)*

17. FARM ORIGIN	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
GARCREEK LIVESTOCK AUCTION, INC. 2 BUCKEYE ST. GARCREEK, OH 44681	USEU6359	144	F	QH		CHESTNUT, STAR, STRIPE, LR-PASTERN									
	USEU6360	24	M	QH		CHESTNUT, BLAZE, LF-CORONET, RF, RR-SOCK									
	USEU6361	36	F	QH		CHESTNUT, BLAZE, LR, RR-SOCK									
	USEU6362	24	F	QH		BAY, STAR, LF, RF, RR-PASTERN									
	USEU6363	12	F	QH		CHESTNUT, BLAZE, LF, LR, RF-SOCK									
	USEU6364	120	F	AS		BAY, NO MARKS									
	USEU6365	12	F	QH		BAY, STAR, STRIPE, SNIP									
	USEU6366	144	F	PAINT		CHESTNUT, BLAZE, PAINTED CHESTNUT AND WHITE									
	USEU6367	60	F	PAINT		CHESTNUT, BLAZE, PAINTED CHESTNUT AND WHITE									
	USEU6368	96	F	QH		CHESTNUT, BLAZE, LF-PASTERN, LR, RR-STOCKING, RF-SOCK									
	USEU6369	24	F	QH		CHESTNUT, STAR, STRIPE									
	USEU6370	60	F	PAINT		BLACK, STAR, STRIPE, PAINTED BLACK AND WHIER									
	USEU6371	144	F	QH		CHESTNUT, STAR, RR-STOCKING, WHITE SPOT ON BACK									
	USEU6372	24	N	QH		BAY, STAR, LR, RR-STOCKING									
	USEU6373	60	F	PAINT		CHESTNUT, BLAZE, PAINTED CHESTNUT AND WHITE									
	USEU6374	84	F	PAINT		BLACK, BLAZE, PAINTED BLACK AND WHITE									
	USEU6375	144	F	QH		BAY, NO MARKS									
	USEU6376	120	N	QH		CHESTNUT, STAR, SNIP, STRIPE, LR, RR-STOCKING									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FREQUENCY

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: JUN 21,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: SUMMERS, DENNIS M 9130

21. STATUS: [ ] 1 State [X] 2 Federal [ ] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

CERTIFICATE NO. FROM VS FORM 17-140: L024147

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
ner's name *(Last name, two initials, & business name)*
ner's street address
ner'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	DATE M	DATE N	DATE O
UGARCREEK LIVESTOCK AUCTION, INC.	USEU6377	180	N	SN	BAY, NECK BRAND WE651									
02 BUCKEYE ST.	USEU6378	144	N	TW	CHESTNUT, BLAZE, LR, RR-SOCK									
UGARCREEK, OH 44681	USEU6379	240	F	SN	BAY, LR-SOCK									
	USEU6380	120	F	PAINT	CHESTNUT, BLAZE, PAINTED CHESTNUT AND WHITE									
	USEU6381	84	F	SN	BAY, NO MARKS									
	USEU6382	60	N	QH	GREY, LF, LR, RF, RR-SOCK									
	USEU6383	156	F	MULE	BAY, NO MARKS									

) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FORM 17-140a
R 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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00

DATE: 7-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O. Bx 452

STREET ADDRESS: 912 Second ave west Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681

CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USEU	6413			X								AP		X			
2		6414						Sor			BL			X				
3		6415						Sor			BL			X				
4		6416						Sor			BL			X				
5		6417						Sor			BL			X				
6		6418						Sor			BL			X				
7		6419						Sor			BL			X				
8		6420	X										SN			X		
9		6421	X										SN			X		
10		6422					X			X				X				
11		6423	X							X						X		
12		6424	X										SN	X				
13		6425			X								SN			X		
14		6426	X										SN	X				
15		6427					X			X				X				

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. 505

DATE 8 Juillet 2010

TIME 12:05

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A00512

U.S. DEPARTMENT OF AGRICULTURE
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	USDA	6428					X			X						X		
17	↑	6429						Roan		X				X				
18		6430					X			X				X				
19		6431	X							X				X				
20		6432	X										SW			X		
21		6433						Sor		X				X				
22		6434						Sor		X						X		
23		6435			X								Must.	X				
24		6436	X										SW			X		
25		6437					X						Bay			X		
26		6438	X										SW			X		
27		6439	X							X				X				
28		6440					X						TW			X		
29		6441			X					X				X				
30		6442					X			X				X				
31	↓	6443						Blue Roan					Bay			X		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
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45																		

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

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

(b)(6)

FOIA11F30IA010513

ie 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. FORM APPROVED. OMB NO. 0579-0007

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: IL 024153

3. PAGE NO.: 1 OF 2

DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
7/2/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
GARCREEK LIVESTOCK AUCTION, INC. 2 BUCKEYE ST. GARCREEK, OH 44681	USEU6413	48	M	AP				BLACK, GREY AROUND EYES, LEOPARD SPOTS							
	USEU6414	240	F	BL				SORREL, BLAZE, LR, RR-STOCKING							
	USEU6415	96	F	BL				SORREL, BLAZE, LF, LR, RF, RR-STOCKING							
	USEU6416	156	F	BL				SORREL, STAR, STRIPE, SNIP							
	USEU6417	60	F	BL				SORREL, STAR, STRIPE, SNIP, WHITE SPOT/LEFT HIP							
	USEU6418	240	F	BL				SORREL, BLAZE, LF, RF-STOCKING							
	USEU6419	96	F	BL				SORREL, STAR, STRIPE, SNIP							
	USEU6420	84	N	SN				BAY, NO MARKS							
	USEU6421	84	N	SN				BAY, RR-PASTERN, NECK BRAND 24374							
	USEU6422	180	F	QH				CHESTNUT, BLAZE, RR-STOCKING							
	USEU6423	108	N	QH				BAY, STAR, STRIPE, SNIP							
	USEU6424	96	F	SN				BAY, STAR, NECK BRAND X4720							
	USEU6425	300	N	SN				BLACK, NO MARKS							
	USEU6426	180	F	SN				BAY, STAR, SNIP, LF, RF, RR-SOCK, LR-PASTERN, NECK							
	USEU6427	144	F	QH				CHESTNUT, STAR BRAND T6688							
	USEU6428	120	N	QH				CHESTNUT, BLAZE, LF, LR, RR-PASTERN							
	USEU6429	84	F	QH				ROAN, STAR, LF-PASTERN, TRR-SOCLK							
	USEU6430	96	F	QH				CHESTNUT, STAR, STRIPE, RR-SOCK							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FEB 2010 0514

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial; please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUL 6, 2010	SUMMERS, DENNIS M. 9130	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

his 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. 0579-0620

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024153

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

ner's name (Last name, two initials, & business name)
ner's street address
ner'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
GARCREEK LIVESTOCK AUCTION, INC.	USEU6431	36	F	QH	BAY, STAR, LR-SOCK, RR-PASTERN									
2 BUCKEYE ST.	USEU6432	72	N	SN	BAY, STAR, STRIPE, SNIP, LF, LR, RF, RR-SOCK									
GARCREEK, OH 44681	USEU6433	24	F	QH	SORREL, STAR, STRIPE, SNIP									
	USEU6434	108	N	QH	SORREL, STAR, STRIPE, SNIP									
	USEU6435	120	F	MUSTANG	BLACK, LR, RR-PASTERN, MUSTANG BRAND									
	USEU6436	120	N	SN	BAY, LR, RR-PASTERN									
	USEU6437	72	N	PONY	CHESTNUT, STAR, SNIP, PAINTED CHESTNUT AND WHITE									
	USEU6438	180	N	SN	BAY, NECK BRAND ZM704									
	USEU6439	180	F	QH	BAY, STAR									
	USEU6440	84	N	TW	CHESTNUT, STAR, STRIPE, SNIP, LF, LR, RR-STOCKING									
	USEU6441	132	F	QH	BLACK, NO MARKS									
	USEU6442	48	F	QH	CHESTNUT, BLAZE									
	USEU6443	24	N	PONY	BLUE ROAN, PAINTED BLUE ROAN AND WHITE									

THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FORM 17-140a
AR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:PM
DATE: 7-29-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452
STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681
CITY, STATE, ZIP CODE: 517 Rang ste juliest jov1w0

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USEU	6622						Gravel					AP			X		
2		6623		X						X						X		
3		6624						Strawberry Roan					Paint		X			
4		6625	X							X						X		
5		6626	X										SN			X		
6		6627	X										SN			X		
7		6628			X								MN			X		
8		6629						SOR			BL			X				
9		6630	X										SN			X		
10		6631						Roan		X				X				
11		6632						Roan		X				X				
12		6633			X					X				X				
13		6634	X							X				X				
14		6635	X							X				X				
15		6636	X							X				X				

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. SOS
DATE 30-07-2010
TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

No 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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024165

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/23/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

5. 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

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

17. FARM ORIGIN (Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, State code (FIPS code on reverse) & zip code)	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)																		
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	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
GARCREEK LIVESTOCK AUCTION, INC. 2 BUCKEYE ST. GARCREEK, OH 44681	USEU6622	156	N	AP		GRUEL, NO MARKS									
	USEU6623	24	N	QH		GREY, DAPPLED									
	USEU6624	24	M	PAINT		PAINTED STRAWBERRY ROAN AND WHITE, BLAZE									
	USEU6625	60	N	QH		BAY, STAR, STRIPE, SNIP, LR, RF, RR-SOCK									
	USEU6626	84	N	SN		BAY, LF, RF,-SOCK, LR, RR-STOCKING									
	USEU6627	204	N	SN		BAY, NO MARKS									
	USEU6628	72	N	MN		BLACK, STRIPE, LR, RR-SOCK									
	USEU6629	96	F	BL		SORREL, BLAZE									
	USEU6630	144	N	SN		BAY, NECK BRAND 20215, BRAND ON LOWEER LEFT LEG									
	USEU6631	12	F	QH		ROAN, BLAZE									
	USEU6632	24	F	QH		ROAN, NO MARKS									
	USEU6633	72	F	QH		BLACK, NO MARKS									
	USEU6634	108	F	QH		BAY, NO MARKS									
	USEU6635	96	F	QH		BAY, LF, LR, RR-CORONET									
	USEU6636	120	F	QH		BAY, NO MARKS									
	USEU6637	120	N	QH		BAY, NO MARKS									
	USEU6638	144	F	BL		SORREL, STROPE									
	USEU6639	156	N	BL		SORREL, BLAZE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA (2) (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: July 29, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 29

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

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

READ INSTRUCTIONS FROM VS FORM 17-140

his 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): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

CERTIFICATE NO. FORM 17-140: L024165

3. PAGE NO.: 2 OF 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) — 18. INDIVIDUAL IDENTIFICATION: ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA: 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
GARCREEK LIVESTOCK AUCTION, INC.	USEU6640	72	F	SN	SORREL, STAR, LF, RR-SOCK										
2 BUCKEYE ST.	USEU6641	84	N	SN	BAY, STAR, LR, RF-SOCK										
GARCREEK, OH 44681	USEU6642	84	N	SN	BAY, STAR, LR, RR-SOCK										
	USEU6643	96	F	SN	BAY, RR-SOCK										
	USEU6644	168	N	QH	CHESTNUT, STRIPE, LF, LR, RF, RR-SOCK										
	USEU6645	36	N	QH	DUNN, STRIPE, LF, LR, RF, RR-SOCK										
	USEU6646	60	N	MULE	BLACK, LF, LR,-SOCK										
	USEU6647	84	N	SN	BAY, NO MARKS										
	USEU6648	108	F	SN	BAY, NO MARKS										
	USEU6649	84	N	SN	BAY, STAR, LR, RR-SOCK										
	USEU6650	60	F	SN	BAY, LF, LR, RR-SOCK										

THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FORM 17-140a
AR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:00
DATE: 07/29/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O. Bx 452
STREET ADDRESS: 912 Second Ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681
CITY, STATE, ZIP CODE: 517 Bang Ste Julrest Jov/WO

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USEU	6593					X			X	X DR.				X			
2		6594					X			X				X				
3		6595						Straw Roan		X				X				
4		6596					X			X				X				
5		6597						Sor			BL					X		
6		6598	X							X						X		
7		6599						Liver		X				X				
8		6600					X			X						X		
9		6601						Sor			BL					X		
10		6602					X			X						X		
11		6603					X			X				X				
12		6604					X			X				X				
13		6605					X			X				X				
14		6606	X										SN			X		
15		6607	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. 505
DATE 30-7-2010
TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A00519

READ INSTRUCTIONS FROM VS FORM 17-140

his 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): SUGARCREEK LIVESTOCK AUCTION, INC.

CERTIFICATE NO. FROM VS FORM 17-140: L034169

PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
UGARCREEK LIVESTOCK AUCTION, INC.	USEU6611	108	N	PE			BLACK, STAR							
02 BUCKEYE ST.	USEU6612	300	F	OH			BAY, STAR, LF, RF-SOCK							
UGARCREEK, OH 44681	USEU6613	240	N	BL			SORREL, BLAZE							
	USEU6614	96	N	SN			BAY, STAR							
	USEU6615	96	N	OH			CHESTNUT, BLAZE, LF-STOCKING							
	USEU6616	144	F	PAINT			CHSTNUT AND WHITE, BLAZE							
	USEU6617	12	F	OH			CHESTNUT, STRIPE, LF, RF-SOCK							
	USEU6618	156	F	OH			BAY, STAR, STRIPE							
	USEU6619	300	N	BL			SORREL, BLAZE							
	USEU6620	84	F	PAINT			PAINTED CHESTNUT AND WHITE, STAR, STRIPE, SNIP							
	USEU6621	36	N	OH			CHESTNUT, BLAZE, LF-SOCK, LR, RR-STOCKING, WHITE ON LEFT AND RIGHT SIDE							

) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kevin [illegible]

[signature]

VS FORM 17-140a
MAR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

ne 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. 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)	2. CERTIFICATE NO.	3. PAGE NO.
SUGARCREEK LIVESTOCK AUCTION, INC.	L024169	1 OF 2

DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
7/23/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

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	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA
ENTER CODE: CA

5. 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)

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

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	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
GARCREEK LIVESTOCK AUCTION, INC.	USEU6593	12	M	QH X DRAFT				CHESTNUT, BLAZE							
2 BUCKEYE ST.	USEU6594	36	F	QH				CHESTNUT, BLAZE							
GARCREEK, OH 44681	USEU6595	12	F	QH				STRAWBERRRY ROAN, STAR, STRIPE							
	USEU6596	72	F	QH				CHESTNUT, STAR, STRIPE, SNIP							
	USEU6597	300	N	BL				SORREL, STAR, STRIPE, SNIP, BRAND ON LEFT HIP 100							
	USEU6598	300	N	QH				BAY, STAR, SNIP							
	USEU6599	72	F	QH				LIVER, STAR, STRIPE, SNIP, RR-SOCK							
	USEU6600	24	N	QH				CHESTNUT, BLAZE							
	USEU6601	168	N	BL				SORREL, BLAZE, LR-SOCK							
	USEU6602	144	N	QH				CHESTNUT, BLAZE							
	USEU6603	228	F	QH				CHESTNUT, BLAZE, LF, RF-SOCK, RR-STOCKING							
	USEU6604	180	F	QH				CHESTNUT, STAR, SNIP							
	USEU6605	240	F	QH				CHESTNUT, STAR, STRIPE, SNIP, LF, LR, RF, RR-SOCK							
	USEU6606	132	N	SN				BAY, STAR							
	USEU6607	72	N	SN				BAY, STAR, LR, RR-SOCK							
	USEU6608	216	N	QH				BLACK, STAR, STRIPE, SNIP, LR, RR-SOCK, RF-CORONET							
	USEU6609	24	F	QH				CHESTNUT, STRIPE, WHITE SPOTS ON BACK							
	USEU6610	180	F	QH				CHESTNUT, STAR							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA 1/2009

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUL 29, 2010	HIRSCHBACH, BRYAN E.	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	29

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

U.S. DEPARTMENT 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: 9:00 Pm
DATE: 08/02/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452
STREET ADDRESS: Owensound Ontario 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681
CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jov 1wo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	6651						Tri					Paint	X				
2		6652			X								Pinto			X		
3		6653					X			X						X		
4		6654						Sor					Paint			X		
5		6655	X										SN			X		
6		6656		X						X				X				
7		6657						Roan					AP	X				
8		6658	X										SN			X		
9		6659						Sor Roan					Paint	X				
10		6660	X							X						X		
11		6661	X										TW	X				
12		6662	X							X						X		
13		6663						Tri					Paint	X				
14		6664	X										SN	X				
15		6665						Tri					Paint			X		

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

FOIA11F01A000522

...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. 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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024167

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/30/10

5. U.S. PORT OF EMBARKATION (*City and State*): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (*or Town*): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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*): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	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
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USEU6651	36	F	PAINT											
USEU6652	108	N	PINTO											
USEU6653	156	N	QH											
USEU6654	72	N	PAINT											
USEU6655	240	N	SN											
USEU6656	60	F	QH											
USEU6657	24	F	AP											
USEU6658	300	N	SN											
USEU6659	72	F	PAINT											
USEU6660	240	N	QH											
USEU6661	96	F	TW											
USEU6662	24	N	QH											
USEU6663	132	F	PAINT											
USEU6664	180	F	SN											
USEU6665	144	N	PAINT											
USEU6666	24	N	QH											
USEU6667	84	F	PAINT											
USEU6668	300	N	QH											

USEU6651	PAINTED BLACK, BROWN AND WHITE, STAR		
USEU6652	BLACK, STAR, SNIP, LR, RR-SOCK		
USEU6653	CHESTNUT, STAR, STRIPE, SNIP		
USEU6654	SORREL, STAR, STRIPE, SNIP		
USEU6655	BAY, STAR, NECK BRAND 124		
USEU6656	GREY, BLAZE		
USEU6657	ROAN, STAR, STRIPE, SNIP, LF, RF-SOCK, LR, RR-STOCKING		
USEU6658	BAY, STAR, LF, LR, RR-SOCK		
USEU6659	PAINTED SORREL AND WHITE		
USEU6660	BAY, STAR, SNIP, LR, RR-SOCK		
USEU6661	BAY, LR, RF-SOCK		
USEU6662	BAY, NO MARKS		
USEU6663	BLACK, BROWN AND WHITE, STAR		
USEU6664	BAY, RR-CORONET, NECK BRAND R7607		
USEU6665	BLACK, BOWN, WHITE, STAR, STRIPE		
USEU6666	BAY, NO MARKS		
USEU6667	BLACK, BROWN, WHITE, STAR		
USEU6668	BAY, STAR, LR-CORONET		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA-USDA-2010-00523

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: AUG 02,2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): HIRSCHBACH, BRYAN E. 9689

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): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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. OMB Approval 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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

~~GARCREEK LIVESTOCK AUCTION, INC.~~
~~2 BUCKEYE ST.~~
GARCREEK, OH 44681

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	DATE M	DISEASE DATE N	TYPE TEST DATE O
USEU6669	132	F	TW				CHESTNUT, STAR, STRIPE, SNIP							
USEU6670	24	F	QH				BAY, STAR							
USEU6671	36	F	QH				SORREL, BLAZE, LF, RF-SOCK, LR, RR-STOCKING							
USEU6672	36	M	QH				CHESTNUT, STAR, STRIPE, SNIP, LR, RR-STOCKING, RF-PASTERN							
USEU6673	48	N	QH				CHESTNUT, STAR, SNIP, LF, LR, RR-PASTERN							
USEU6674	120	N	DRAFT				CHESTNUT, BLAZE, LF, LR, RF, RR-SOCK							
USEU6675	120	N	QH				CHESTNUT AND WHITE							
USEU6676	72	N	AP				SPOTTED APPALOOSA							
USEU6677	96	N	QH				BAY, STAR, LR, RR-CORONET							
USEU6678	144	N	QH				CHESTNUT, STAR							
USEU6679	48	N	PAINT PONY				BLACK, BROWN AND WHITE, SNIP							

THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

DURING THE PRECEDING TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

[signature]

[signature]

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:PM

DATE: 7-14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT. INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang ste. julliest joviaux

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	USEX	6472	OK X						TH							X		
2		6473	X										PAINT	X				
3		6474					X			X				X				
4		6475	X										SW			X		
5		6476						Sor					HAF.	X				
6		6477					X			X						X		
7		6478	X							X				X				
8		6479					X			X				X				
9		6480	X							X				X				
10		6481						Roan		X				X				
11		6482						Sor		X						X		
12		6483						Palo					APL			X		
13		6484					X			X				X				
14		6485						Roan		X				X				
15		6486			X					X				X				

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. SOS

DATE 15-7-10

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A010525

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024145

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/9/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *("X" if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USEU6472	240	N	TH		DARK BAY, STAR								
	USEU6473	144	F	PAINT		BAY AND WHITE, STAR, SNIP								
	USEU6474	144	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF, LR-SOCK								
	USEU6475	240	N	SN		BAY, STAR, STRIPE, SNIP								
	USEU6476	72	F	HAFLINGER		SORREL, STAR, STRIPE, SNIP								
	USEU6477	60	N	QH		CHESTNUT, STAR, RR-SOCK								
	USEU6478	72	F	QH		BAY, LR-SOCK								
	USEU6479	96	F	QH		CHESTNUT, STAR								
	USEU6480	108	F	QH		BAY, STAR								
	USEU6481	84	F	QH		ROAN, STAR, DAPPLED								
	USEU6482	132	N	QH		SORREL, NO MARKS								
	USEU6483	108	N	APL		PALOMINO, STAR								
	USEU6484	216	F	QH		CHESTNUT, BLAZE, LF-PASTERN, LR-SOCK, RF, RR-STOCKING								
	USEU6485	96	F	QH		ROAN, STAR, STRIPE								
	USEU6486	60	F	QH		BLACK, STAR								
	USEU6487	120	F	SN		BAY, LR-SOCK								
	USEU6488	84	F	QH		BLACK, NO MARKS								
	USEU6489	216	F	QH		BLACK, LR-PASTERN								

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: JUL 12, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: SUMMERS, DENNIS M. 9130

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

FORM APPROVED OMB NO. 0579-0036

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024145

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6490	168	F	SN	BAY, STAR									
102 BUCKEYE ST.	USEU6491	132	F	OH	BLACK, STAR, STRIPE, SNIP, LF-PASTERN, LR-STOCKING, RF-SOCK									
SUGARCREEK, OH 44681	USEU6492	84	F	SN	BAY, NO MARKS									
	USEU6493	300	F	QH	CHESTNUT, STAR, STRIPE, SNIP, RF-SOCK									
	USEU6494	132	N	SN	BAY, STAR, LR-SOCK									
	USEU6495	300	F	QH	CHESTNUT, STAR, LR-STOCKING									
	USEU6496	96	F	QH	BLACK, NO MARKS									
	USEU6497	240	N	SN	BAY, STAR, LR-PASTERN, BRAND ON LOWER LEFT LEG									
	USEU6498	240	F	TH	BAY, NO MARKS									
	USEU6499	48	F	SN	LIVER, STAR, RR-SOCK									
	USEU6500	144	N	SN	BAY, STAR, STRIPE, SNIP, LR-CORONET, RR-PASTERN									
	USEU6501	168	N	AP	STRAWBERRY ROAN, LF, LR, RF, RR-STOCKING									
	USEU6532	48	F	PAINT	BAY AND WHITE, BLAZE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 4:00 Pm

DATE: 07/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT. INC

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy D. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 King ste joliest jovlad

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	7SE2	6502	X										SW			X		
2	↑	6503	X										SW			X		
3		6504					X						PAINT	X				
4		6505						Roan		X						X		
5		6506					X			X						X		
6		6507			X								PAINT	X				
7		6508	X							X						X		
8		6509					X			X				X				
9		6510						Cream		X				X				
10		6511	X										SW			X		
11		6512	X										SW	X				
12		6513					X			X				X				
13		6514	DK X										TW	X				
14		6515					X			X				X				
15	↓	6516						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. SOS

DATE 13 July 2010

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11E01400528

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024142

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/9/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USEU6502	240	N	SN										
	USEU6503	144	N	SN										
	USEU6504	72	F	PAINT										
	USEU6505	180	N	QH										
	USEU6506	120	N	QH										
	USEU6507	240	F	PAINT										
	USEU6508	132	N	QH										
	USEU6509	84	F	QH										
	USEU6510	168	F	QH										
	USEU6511	144	N	SN										
	USEU6512	144	F	SN										
	USEU6513	84	F	QH										
	USEU6514	72	F	TW										
	USEU6515	96	F	QH										
	USEU6516	84	F	QH										
	USEU6517	60	N	SN										
	USEU6518	144	F	QH										
	USEU6519	84	N	PAINT										

	BAY, STAR, LF, LR, RF-PASTERN		
	BAY, LR-PASTERN		
	CHESTNUT AND WHITE, BALD		
	ROAN, BRAND ON LEFT HIP		
	CHESTNUT, BLAZE, RF-SOCK		
	BLACK, STAR, PAINTED BLACK AND WHITE		
	BAY, NO MARKS		
	CHESTNUT, STRIPE, LR-SOCK, RR-PASTERN		
	CREAM, BLAZE, LR-SOCK		
	BAY, STAR		
	BAY, NO MARKS		
	CHESTNUT, STAR		
	DARK BAY, NO MARKS		
	CHESTNUT, BLAZE		
	SORREL, BLAZE		
	BAY, RR-CORONET		
	CHESTNUT, BLAZE		
	CHESTNUT, BLAZE, PAINTED CHESTNUT AND WHITE		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JUL 12, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: SUMMERS, DENNIS M. 9130

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2 - VS RIVERDALE, MARYLAND

USDA APHIS 11FD0003328

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: USA 142

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANDA EXPORTS

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

FORM APPROVED OMB NO. 0579-0036

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	DATE M	
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6520	156	N	SN									BAY, STAR, SNIP, NECK BRAND NA684
102 BUCKEYE ST.	USEU6521	156	N	QH									CHESTNUT, BLAZE, LF-STOCKING, RR-SOCK
SUGARCREEK, OH 44681	USEU6522	144	F	PAINT									SORREL, BLAZE, PAINTED SORREL AND WHITE
	USEU6523	120	N	SN									BAY, NO MARKS
	USEU6524	144	F	QH									CHESTNUT, STAR, STRIPE, SNIP, BRAND ON LEFT SHOULDER
	USEU6525	120	N	SN									BAY, NO MARKS
	USEU6526	144	F	QH									BLACK, NO MARKS
	USEU6527	48	F	QH									CHESTNUT, BRAND ON LEFT HIP
	USEU6528	240	F	AP									ROAN, NO MARKS
	USEU6529	96	F	SN									BAY, STAR, SNIP, LF-PASTERN, LR-STOCKING, RF-CORONET
	USEU6530	96	F	TW									BLACK, LF-SOCK
	USEU6531	180	N	QH									GREY, SNIP

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:PM
DATE: 7-12-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452
STREET ADDRESS: 912 Second Ave. WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681
CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USEU	6444						Sor			BL					X		
2		6445						Sor			BL					X		
3		6446						Sor			BL			X				
4		6447						Sor			BL					X		
5		6448						Sor			BL					X		
6		6449			X						PE			X				
7		6450			X						PE			X				
8		6451					X			X				X				
9		6452	X							X				X				
10		6453	X							X					X			
11		6454	X										SN			X		
12		6455	X							X				X				
13		6456	X							X				X				
14		6457	X							X				X				
15		6458	X						TH							X		

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. 505
DATE 13-7-2010
TIME 11:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11FOIA000531

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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024144

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/9/10

5. U.S. PORT OF EMBARKATION (*City and State*): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (*or Town*): SUGARCREEK

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: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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*)

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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*)

17. FARM ORIGIN	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
GARCREEK LIVESTOCK AUCTION, INC.	USEU6444	144	N	BL				SORREL, STAR, STRIPE, SNIP							
2 BUCKEYE ST.	USEU6445	300	N	BL				SORREL, STAR, STRIPE, SNIP							
GARCREEK, OH 44681	USEU6446	120	F	BL				SORREL, NO MARKS							
	USEU6447	144	N	BL				SORREL, STAR, STRIPE, SNIP							
	USEU6448	240	N	BL				SORREL, BLAZE							
	USEU6449	96	F	PE				BLACK, STAR							
	USEU6450	144	F	PE				BLACK, STAR							
	USEU6451	48	F	QH				CHESTNUT, BLAZE							
	USEU6452	36	F	QH				BAY, STAR							
	USEU6453	24	M	QH				BAY, STAR							
	USEU6454	48	N	SN				BAY, STAR, LF-SOCK							
	USEU6455	48	F	QH				BAY, LR, RR-SOCK							
	USEU6456	12	F	QH				BAY, STAR, STRIPE, SNIP, LR, RF, RR-SOCK							
	USEU6457	36	F	QH				BAY, BLAZE, LR-SOCK							
	USEU6458	240	N	TH				BAY, STAR							
	USEU6459	108	N	SN				BAY, NO MARKS							
	USEU6460	60	F	MN				BAY, LR, RF-SOCK							
	USEU6461	48	F	QH				CHESTNUT, LF, LR, RR-STOCKING							

FOR 1F31A00532

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: JUL 12, 2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): SUMMERS, DENNIS M. 9130

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): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024144

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

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

SUGARCREEK LIVESTOCK AUCTION, INC.
202 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USEU6462	36	F	QH				CHESTNUT, STAR							
USEU6463	36	F	QH				CHESTNUT, NO MARKS							
USEU6464	132	N	MINI				ROAN, STAR, SNIP, DAPPLED							
USEU6465	240	N	SN				BAY, UNREADABLE BRAND							
USEU6466	120	F	TH				BAY, NO MARKS							
USEU6467	48	N	TH				CHESTNUT, STRIPE, LR- SOCK							
USEU6468	96	F	TH				BAY, STAR							
USEU6469	36	F	TH				CHESTNUT, STAR, SNIP, LF-CORONET							
USEU6470	60	F	TH				BAY, STRIPE, SNIP, LF, LR, RF-SOCK							
USEU6471	84	N	TH				BAY, STAR, LR, RR-CORONET							
USEU6533	108	F	BL				SORREL, BLAZE, LF, RF-STOCKING							

. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

~~. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~

~~. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~

~~. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~

~~. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS OR ARIZONA.~~ (WH)

. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FORM 17-140a
R 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:PM

DATE: 2-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: 27 SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 912 Second Ave. WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Rang Ste juliest jov1wo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	26SE21	6534						Sor			BL					X		
2		6535					X				X			X				
3		6536					X				X			X				
4		6537						Sor			BL					X		L024155
5		6538					X				X			X				
6		6539						Sor			BL					X		
7		6540						Sor			BL					X		
8		6541						Sor			BL					X		
9		6542	X										AP	X				
10		6543						Liver		X				X				
11		6544			X								PAINT			X		
12		6545	X										SN	X				
13		6546						Buck		X				X				
14		6547						PALO					PAINT	X				
15		6548	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. 505

DATE 20-7-2010

TIME 12:30

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	USEU	6549						Roan				X			X			
17	↑	6550					X						Paint	X				
18		6551					X					X		X				
19		6552						Sor		X				X				
20		6553					X			X						X		
21		6554						Sor		X				X				
22		6555						Str		X				X				
23		6556	X										Mustang	X				
24		6557			X								Paint	X				
25		6558						Liver			Pex			X				
26		6559	X										SV			X		
27		6560	X										SV			X		
28		6561	X										Paint	X				
29	↓	6562	X										SV			X		
30																		
31																		
32																		
33																		
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45																		

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

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

(b)(6)

FOIA11F3011A010535

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024155

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/16/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USEU6534	300	N	BL		SORREL, BLAZE									
USEU6535	96	F	DRAFT		CHESTNUT, BLAZE, LF, LR, RF-STOCKING									
USEU6536	96	F	DRAFT		CHESTNUT, BLAZE									
USEU6537	96	N	BL		SORREL, BLAZE									
USEU6538	96	F	DRAFT		CHESTNUT, BLAZE									
USEU6539	96	N	BL		SORREL, BLAZE, SPOTS ON LEFT SIDE OF NECK									
USEU6540	300	N	BL		SORREL, BLAZE									
USEU6541	84	N	BL		SORREL, BAZE									
USEU6542	84	F	AP		BAY, SPOTTED									
USEU6543	36	F	QH		LIVER, BLAZE, LF, LR, RF, RR-STOCKING									
USEU6544	240	N	PAINT		BLACK AND WHITE PAINTED, STAR									
USEU6545	24	F	SN		BAY, NO MARKS									
USEU6546	60	F	QH		BUCKSKIN, NO MARKS									
USEU6547	132	F	PAINT		PAINED PALOMINO AND WHITE, STAR, SNIP									
USEU6548	300	F	SN		BAY, STAR									
USEU6549	36	M	PONY		ROAN, STAR									
USEU6550	120	F	PAINT		CHESTNUT, STAR, STRIPE, SNIP, PAINTED CHESTNUT AND WHITE									
USEU6551	12	F	PONY		CHESTNUT, STAR, STRIPE, SNIP, RR-SOCK									

FOIA FOIA000536

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: JUL 19,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: APPROVED L0024155

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TEST(S)

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
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USEU6552	24	F	QH				SORREL, STAR, STRIPE, SNIP, RF-SOCK							
USEU6553	48	N	QH				CHESTNUT, BLAZE, LF-SOCK, LR, RF, RR-STOCKING							
USEU6554	48	F	QH				SORREL, BLAZE, LF, LR, RF, RR-STOCKING							
USEU6555	84	F	QH				STRAWBERRY ROAN, BLAZE, LR, RR-STOCKING, RF-SOCK							
USEU6556	120	F	MUSTANG				BAY, STAR, RR-PASTERN							
USEU6557	84	F	PAINT				BLACK, STARA, PAINTED BLACK AND WHITE							
USEU6558	60	F	PE X DRAFT				LIVER, STAR							
USEU6559	240	N	SN				BAY, LR-PASTERN, NECK BRAND 9C063							
USEU6560	132	N	SN				BAY, NO MARKS							
USEU6561	132	F	PAINT				BAY, BLAZE, PAINTED BAY AND WHITE							
USEU6562	36	N	SN				BAY, STAR							

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00pm Load
DATE: 07/19/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports
STREET ADDRESS: 102 Buckeye St P.O Bx 452
STREET ADDRESS: 912 Second Ave West Owensound Ontario
CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681
CITY, STATE, ZIP CODE: 517 Rang Ste juliest jov1wo
AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USE21	6563		X									AP		X			
2		6564					X			X						X		
3		6565						Brown					Paint	X				
4		6566	X							X				X				
5		6567	X										TW	X				
6		6568	X										SN	X				
7		6569						Brown					Paint	X				
8		6570					X			X				X				
9		6571					X						Paint	X				
10		6572	X										SN			X		
11		6573					X			X				X				
12		6574	X										SN	X				
13		6575					X			X				X				
14		6576	X							X				X				
15		6577						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

FOIA11-01A00538

Previous editions are obsiete

U.S. DEPARTMENT OF AGRICULTURE
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	USDA	6578	X										TW	X				
17	↑	6579	X										SW			X		
18		6580	X										SW	X				
19		6581	X										SW	X				
20		6582	X										SW			X		
21		6583					X						PAINT	X				
22		6584						Str.		X						X		
23		6585					X			X				X				
24		6586					X						PAINT	X				
25		6587	X										TW			X		
26		6588	X						TH					X				
27		6589	X						TH					X				
28		6590	X						TH					X				
29		6591					X		TH					X				
30	↓	6592	X						TH							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)

FOIA11F3011A010539

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024163

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/16/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE TYPE TEST M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
JGARCREEK LIVESTOCK AUCTION, INC.	USEU6563	120	M	AP				GREY, SPOTS						
)2 BUCKEYE ST.	USEU6564	120	N	QH				CHESTNUT, BLAZE, SPOT ON BACK						
JGARCREEK, OH 44681	USEU6565	144	F	PAINT				BROWN, BALD, PAINTED BROWN AND WHITE						
	USEU6566	144	F	QH				BAY, STAR						
	USEU6567	144	F	TW				BAY, STAR, SNIP						
	USEU6568	96	F	SN				BAY, STAR, LR-SOCK						
	USEU6569	24	F	PAINT				PAINTED BROWN AND WHITE, STAR						
	USEU6570	96	F	QH				CHESTNUT, BLAZE, LF, LR, RF, RR-SOCK						
	USEU6571	204	F	PAINT				PAINTED CHESTNUT AND WHITE, BALD						
	USEU6572	132	N	SN				BAY, NECK BRAND 2A404						
	USEU6573	132	F	QH				CHESTNUT, STAR, SNIP						
	USEU6574	24	F	SN				BAY, STAR						
	USEU6575	240	F	QH				CHESTNUT, STAR, SNIP						
	USEU6576	156	F	QH				BAY, NO MARKS						
	USEU6577	96	N	QH				SORREL, STRIPE, SNIP						
	USEU6578	240	F	TW				BAY, STAR						
	USEU6579	180	N	SN				BAY, STAR, LR-SOCK, RR-PASTERN, NECK BRAND V6526						
	USEU6580	96	F	SN				BAY, BLAZE						

FOIA FOIA000540

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: JUL 19,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACK, BRYAN E. 9689

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: LO [illegible]63

3. PAGE NO.: 2 of 3

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
402 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USEU6581	120	F	SN			BAY, STAR								
USEU6582	144	N	SN			BAY, LF, RR-SOCK, NECK BRAND 292								
USEU6583	240	F	PAINT			CHESTNUT, STAR, STRIPE, SNIP, PAINTED CHESTNUT AND WHITE								
USEU6584	96	N	QH			STRAWBERRY ROAN, STAR, LF, RR-SOCK								
USEU6585	72	F	QH			CHESTNUT, STAR, STRIPE, SNIP, LR, RR-SOCK								
USEU6586	144	F	PAINT			PAINTED CHESTNUT AND WHITE, STAR, STRIPE, SNIP								
USEU6587	36	N	TW			BAY, NO MARKS								
USEU6588	108	F	TH			BAY, STAR, LR, RR-SOCK, RF-CORONET								
USEU6589	96	F	TH			BAY, NO MARKS								
USEU6590	36	F	TH			BAY, STAR, SNIP, LR, RR-CORONET								
USEU6591	48	F	TH			CHESTNUT, STAR, STRIPE, LR-CORONET								
USEU6592	48	N	TH			BAY, SNIP, LR-CORONET								

) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

APPROVED

PART 5 – ISSUING 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: 9:PM

DATE: 8-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Rang ste juliest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USEU	6894			X					X					X			
2		6895	X										SN			X		
3		6896					X			X				X				
4		6897	X							X				X				
5		6898						Dun		X						X		
6		6899					X			X				X				
7		6900					X			X				X				
8		6901						Sor		X				X				
9		6902					X			X				X				
10		6903						Buck		X						X		
11		6904	X							X						X		
12		6905					X			X				X				
13		6906					X			X				X				
14		6907	X										Paint			X		
15		6908					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. 505

DATE 24 avril 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A00542

VS FORM 10-13 (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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, 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	2LSE2L	6909	X										SV	X				
17	↑	6910	X							X				X				
18		6911	X							X				X				
19		6912						Roan		X				X				
20		6913	X										SV			X		
21		6914	X										SV	X				
22		6915	X										SV			X		
23		6916	X							X						X		
24		6917	X										SV			X		
25		6918	X										SV			X		
26		6919	X										SV			X		
27		6920	X										SV			X		
28		6921	X										SV			X		
29		6922	X										SV	X				
30		6923	X										SV			X		
31	↓	6924	X										SV	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.)

(b)(6)

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024180

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/20/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE TYPE TEST M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
UGARCREEK LIVESTOCK AUCTION, INC.	USEU6894	24	M	QH		BLACK, NO MARKS									
02 BUCKEYE ST.	USEU6895	144	N	SN		BAY, STAR									
UGARCREEK, OH 44681	USEU6896	300	F	QH		CHESTNUT, STAR									
	USEU6897	108	F	QH		BAY, STAR, LR, RR-STOCKING									
	USEU6898	300	N	QH		DUN, STAR, DORSAL ST6RIPE									
	USEU6899	108	F	QH		CHESTNUT, NO MARKS									
	USEU6900	300	F	QH		CHESTNUT, BLAZE, LR-SOCK									
	USEU6901	180	F	QH		SORREL, STAR, LR, RR-SOCK									
	USEU6902	84	F	QH		CHESTNUT, STAR, SNIP									
	USEU6903	96	N	QH		BUCKSKIN, STAR, LF, RF-PASTERN, LR-SOCK									
	USEU6904	12	N	QH		BAY, STAR, LR, RR-SOCK									
	USEU6905	72	F	QH		CHESTNUT, STAR, LF, LR, RR-SOCK									
	USEU6906	60	F	QH		CHESTNUT, STAR, STRIPE, SNIP									
	USEU6907	96	N	PAINT		BAY, BLAZE, BODY PAITED									
	USEU6908	120	F	SN		CHESTNUT, STAR									
	USEU6909	156	F	SN		BAY, STAR, RR-CORONET									
	USEU6910	300	F	QH		BAY, STAR, STRIPE, SNIP, RF, RR-SOCK									
	USEU6911	300	F	QH		BAY, NO MARKS									

FOA 1F03000344

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: AUG 23,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 31

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

23. Signature of Endorsing Federal Veterinarian

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

his 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 Ap...

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

2. ... FR...

PAGE 2 OF 2 ...

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

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

UGARCREEK LIVESTOCK AUCTION, INC.
02 BUCKEYE ST.
UGARCREEK, OH 44681

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
USEU6912	204	F	QH											
USEU6913	300	N	SN											
USEU6914	120	F	SN											
USEU6915	168	N	SN											
USEU6916	300	N	QH											
USEU6917	204	N	SN											
USEU6918	300	N	SN											
USEU6919	216	N	SN											
USEU6920	24	N	SN											
USEU6921	300	N	SN											
USEU6922	60	F	SN											
USEU6923	144	N	SN											
USEU6924	168	F	SN											

BAY, ROAN, BLAZE, LF, RF-SOCK, LR, RR-STOCKING
BAY, NECK BRAND
BAY, STAR, LF, RR-SOCK, WHITE SPOT ON LEFT SIDE, NECK BRAND
BAY, NO MARKS
BAY, NO MARKS
BAY, NO MARKS
BAY, LR, RR-SOCK, WHITESPOT ON RIGHT SIDE
BAY, STAR, STRIPE
BAY, STAR
BAY, STAR, NECK BRAND
BAY, STAR, SNIP, LR, RR-CORONET
BAY, STAR, LF-CORONET
BAY, NO MARKS

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FORM 17-140a
AR 2005)

Previous edition may be used.

PART 5 – ISSUING 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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00PM

DATE: Aug 23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

(b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 519 Rang ste juliest jovlwo

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	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USDA	6864						Grey Roan		X				X				
2		6865		X									AP	X				
3		6866					X			X						X		
4		6867						Red Roan		X				X				
5		6868					X			X				X				
6		6869	X							X				X				
7		6870					X			X				X				
8		6871					X						PAINT	X				
9		6872						Red Roan		X				X				
10		6873					X			X						X		
11		6874						Sorrel Roan					AP			X		
12		6875	X										SW	X				
13		6876	X							X						X		
14		6877						Grey Roan		X				X				
15		6878	X										SW	X				

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. 505

DATE 24 August 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11-0546

U.S. DEPARTMENT OF AGRICULTURE
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	USE21	6879	X										SV	X				
17	↑	6880			X					X				X				
18		6881					X						PAINT	X				
19		6882					X			X						X		
20		6883					X		TH							X		
21		6884						PALO					APL			X		
22		6885	X							X				X				
23		6886	X							X				X				
24		6887	X						TH							X		
25		6888					X			X				X				
26		6889						Roan		X						X		
27		6890					X			X				X				
28		6891	X										SV	X				
29		6892					X			X				X				
30	↓	6893					X			X					X			
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

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. 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)	2. CERTIFICATE NO.	3. PAGE NO.
SUGARCREEK LIVESTOCK AUCTION, INC.	L024179	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
8/20/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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)
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA
ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
UGARCREEK LIVESTOCK AUCTION, INC.														
02 BUCKEYE ST.														
UGARCREEK, OH 44681														
USEU6864	96	F	QH		GREY ROAN, BLAZE, LR, RR-STOCKING									
USEU6865	108	F	AP		GREY, SPOTS									
USEU6866	300	N	QH		CHESTNUT, STAR									
USEU6867	180	F	QH		RED ROAN, BLAZE, LF, LR, RF, RR-STOCKING									
USEU6868	144	F	QH		CHESTNUT, BLAZE, LR-PASTERN, RF-SOCK									
USEU6869	300	F	QH		BAY, NO MARKS									
USEU6870	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-STOCKING, RR-SOCK									
USEU6871	132	F	PAINT		CHESTNUT, BALD, BODY PAINTED									
USEU6872	156	F	QH		RED ROAN, BLAZE									
USEU6873	84	N	QH		CHESTNUT, STAR									
USEU6874	60	N	AP		STAWBERRY ROAN, STAR, LF-PASTERN, LR-SOCK, SPTTED									
USEU6875	300	F	SN		BAY, STAR, NECK BRAND									
USEU6876	108	N	QH		BAY, STAR, LR, RR-CORONET									
USEU6877	156	F	QH		GREY ROAN, LEFT/RIGHT HIP BRAND									
USEU6878	120	F	SN		BAY, NO MARKS									
USEU6879	60	F	SN		BAY, NO MARKS									
USEU6880	84	F	QH		BLACK, NO MARKS									
USEU6881	300	F	PAINT		CHESTNUT, BLAZE, BODY PAINTED									

FOIA EXEMPTION 3 000548

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
AUG 23,2010	HIRSCHBACH, BRYAN E. 9689	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

2. CERTIFICATE NO. (FROM VS FORM 17-140)
LO24179

3. PAGE NO.
2 OF 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6882	24	N	QH			CHESTNUT, BLAZE, LR, RR-SOCK							
102 BUCKEYE ST.	USEU6883	120	N	TH			CHESTNUT, LR-SOCK							
SUGARCREEK, OH 44681	USEU6884	96	N	API			PALOMINO, STAR, STRIPE, RR-CORONET							
	USEU6885	144	F	QH			BAY, STAR, STRIPE, LR-SOCK							
	USEU6886	72	F	QH			BAY, STAR, LEFT SHOULDER/HIP BRAND							
	USEU6887	240	N	TH			BAY, NO MARKS							
	USEU6888	48	F	QH			CHESTNUT, STAR, STRIPE, SNIP, LR, RR-STOCKING							
	USED6889	84	N	QH			ROAN, STRIPE, LR-SOCK							
	USEU6890	300	F	QH			CHESTNUT, BLAZE, LR, RR-SOCK							
	USEU6891	48	F	SN			BAY, NO MARKS							
	USEU6892	108	F	QH			CHESTNUT, STAR, STRIPE, RR-STOCKING							
	USEU6893	12	M	QH			CHESTNUT, BLAZE, LF-SOCK							

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHERE THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00	DATE: 8-16-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION INC.
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST. PO Bx 452	STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jovlaw
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	USEU	6738			X						AE				X			
2		6739					X						Paint	X				
3		6740	X							X					X			
4		6741						Roan					Must.		X			
5		6742						Buck		X						X		
6		6743					X			X				X				
7		6744	X										SN	X				
8		6745					X			X				X				
9		6746						Straw Roan					AP			X		
10		6747	X							X				X				
11		6748						Chest Roan		X				X				
12		6749						Sor					Haflinger			X		
13		6750	X							X				X				
14		6751			X								Paint	X				
15		6752	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. 505

DATE 17 août 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A00550

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. FORM APPROVED - OMB NO. 0579-0028 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024172

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/13/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [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.

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
UGARCREEK LIVESTOCK AUCTION, INC.	USEU6738	300	M	PE			BLACK, NO MARKS							
02 BUCKEYE ST.	USEU6739	129	F	PAINT			CHESTNUT,AND WHIETE, BLAZE							
UGARCREEK, OH 44681	USEU6740	12	M	QH			BAY, BLAZE							
	USEU6741	36	M	MUSTANG			ROAN, NO MARKS							
	USEU6742	96	N	QH			BUCKSKIN, STAR, STRIPE, SNIP							
	USEU6743	121	F	QH			CHESTNUT, BLAZE							
	USEU6744	125	F	SN			BAY, NECK BRAND 56							
	USEU6745	300	F	QH			CHESTNUT, STAR, STRIPE, SNIP, 4 SOCKS							
	USEU6746	132	N	AP			STRAWBERRY ROAN, BLAZE							
	USEU6747	120	F	QH			BAY, STAR							
	USEU6748	120	F	QH			CHESTNUT ROAN, NO MARKS							
	USEU6749	72	N	HAFLINGER			SORREL, STAR, STRIPE, SNIP							
	USEU6750	60	F	QH			BAY, LEFT/RIGHT REAR STOCKINGS							
	USEU6751	120	F	PAINT			BLACK, BALZE							
	USEU6752	136	F	SN			BAY, NO MARKS							
	USEU6753	60	N	QH			BAY, BLAZE, LEFT/RIGHT FRONT SOCKS, LEFT/RIGHT REAR							
	USEU6754	180	F	QH			WHITE, NO MARKS							STOCKINGS
	USEU6755	96	N	QH			BAY, STAR, LEFT REAR CORONET							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FSIS000538-11

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: AUG 16,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN (Owner's name (Last name, two initials, & business name); Owner's street address; Owner's city/town, state code & zip code)	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION: ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA: 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6756	300	N	QH			BAY, NO MARKS								
102 BUCKEYE ST.	USEU6757	240	N	SN			BAY, RF-SOCK, RR-STOCKING								
SUGARCREEK, OH 44681	USEU6758	108	N	QH			RED ROAN, LR-PASTERN								
	USEU6759	96	N	QH			BAY, STAR, LR-CORONET								
	USEU6760	156	F	QH			LIVER, STRIPE, SNIP								
	USEU6761	120	N	PAINT			CHESTNUT, STAR, STRIPE, SNIP								
	USEU6762	300	N	QH			BAY, NO MARKS								
	USEU6763	96	F	QH			BAY, LF-PASTERN, LR, RF, RR-SOCK								
	USEU6764	120	F	QH			BAY, NO MARKS								
	USEU6765	108	N	QH			BAY, STAR, STRIPE, BRAND ON LEFT SHOULDER								
	USEU6766	120	N	QH			CHESTNUT, STAR, STRIPE, LR-SOCK, RR-PASTERN								
	USEU6767	24	F	QH			ROAN, LR, RR-PASTERN								
	USEU6768	156	N	SN			BAY, STAR, NECK BRAND Z5169								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:00 PM

DATE: 08/30/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST. PO BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 519 Bang Stn Julest jovlun

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	USDA	6954						Palo					APL	X				
2		6955						Liver		X				X				
3		6956					X			X				X				
4		6957					X			X				X				
5		6958	X										SN			X		
6		6959						Sor				X				X		
7		6960						Sor			BL					X		
8		6961					X						AP	X				
9		6962						Liver				X				X		
10		6963						Sor			BL					X		
11		6964	X										SN	X				
12		6965					X			X				X				
13		6966						Roan					Mule	X				
14		6967	X										Mule			X		
15		6968					X			X						X		

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. 502

DATE 31 août 2010

TIME 13:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110553

U.S. DEPARTMENT OF AGRICULTURE
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	26EDL	6969						Sor			BL			X				
17	↑	6970					X			X				X				
18		6971					X			X				X				
19		6972					X			X						X		
20		6973					X						AS			X		
21		6974					X			X				X				
22		6975	X							X				X				
23		6976	X							X				X				
24		6977	X										SN			X		
25	↓	6978					X						AS			X		
26																		
27																		
28																		
29																		
30																		
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45																		

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

SIGNATURE OF OWNER/SH ... that 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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024182

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/27/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USEU6954	300	F	APL		PALOMINO, NO MARKS								
	USEU6955	204	F	QH		LIVER, RR-SOCK								
	USEU6956	240	F	QH		CHESTNUT, BALD, LF, RF, RR-SOCK								
	USEU6957	12	F	QH		CHESTNUT, STAR								
	USEU6958	168	N	SN		BAY, NO MARKS								
	USEU6959	300	N	PONY		SORREL, STAR, STRIPE, SNIP								
	USEU6960	300	N	BL		SORREL, BLAZE								
	USEU6961	120	F	AP		CHESTNUT, BALD								
	USEU6962	300	N	PONY		LIVER, NO MARKS								
	USEU6963	300	N	BL		SORREL, BLAZE								
	USEU6964	300	F	SN		BAY, STAR, STRIPE								
	USEU6965	300	F	QH		CHESTNUT, STAR								
	USEU6966	300	F	MULE		ROAN, NO MARKS								
	USEU6967	120	N	MULE		BAY, NO MARKS								
	USEU6968	300	N	QH		CHESTNUT, BLAZE, LR, RR-SOCK								
	USEU6969	300	F	BL		SORREL, STRIPE, SNIP								
	USEU6970	48	F	QH		CHESTNUT, LF, LR, RR-SOCK								
	USEU6971	216	F	QH		CHESTNUT, STAR, STRIPE, SNIP								

FOIA EXEMPTION 3

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: AUG 30,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 25

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

26. Signature of Endorsing Federal Veterinarian

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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

CERTIFICATE NO. FROM VS FORM 17-140: L024182

PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6972	300	N	QH			CHESTNUT, STAR, STRIPE, LR, RR-STOCKING							
102 BUCKEYE ST.	USEU6973	300	N	AS			CHESTNUT, STAR, LR, RR-SOCK							
SUGARCREEK, OH 44681	USEU6974	120	F	QH			CHESTNUT, STAR, STRIPE, SNIP							
	USEU6975	300	F	QH			BAY, NO MARKS							
	USEU6976	300	F	QH			BAY, NO MARKS							
	USEU6977	240	N	SN			BAY, STAR							
	USEU6978	36	N	AS			CHESTNUT, STAR, STRIPE, SNIP, LF-CORONET, LR-SOCK, RR-CORONET							

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:PM
DATE: 8-30-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST. P.O BX 452
STREET ADDRESS: 912 Second Ave WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681
CITY, STATE, ZIP CODE: 517 Bang Ste Julrest Jov1wo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	21SEA	6979	X										SN			X		
2		6980	X							X				X				
3		6981	X							X				X				
4		6982	X										SN			X		
5		6983						Palo					APL	X				
6		6984						Sor		X						X		
7		6985					X			X				X				
8		6986	X										SN	X				
9		6987					X			X				X				
10		6988					X						Paint			X		
11		6989					X			X						X		
12		6990					X						Haf			X		
13		6991					X			X						X		
14		6992	X									X				X		
15		6993			X								TW			X		

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. 505
DATE 31 avril 2010
TIME 14:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11FGI1000557

U.S. DEPARTMENT OF AGRICULTURE
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	USDA	6994						Sor			BL			X				
17	↑	6995					X						SW			X		
18		6996					X						Haf.	X				
19		6997	X							X						X		
20		6998		X						X				X				
21		6999		X						X				X				
22	↓	~~7000~~		X						X						X		
23	USDA	9651					X		TH							X		
24	↑	9652	X						TH					X				
25		9653	X						TH							X		
26		9654	X						TH					X				
27		9655		X					TH							X		
28		9656					X		TH					X				
29	↓	9657	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)

FOIA11F301A010558

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024176

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/27/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USEU6979	300	N	SN		BAY, STAR, LF, RF-PASTERN, NECK BRANDXS900									
USEU6980	300	F	QH		BAY, STAR									
USEU6981	300	F	QH		BAY, STAR, SNIP, LR, RR-SOCK									
USEU6982	84	N	SN		BAY, STAR, NECK BRAND 3AR32									
USEU6983	36	F	APL		PALOMINO, BLAZE									
USEU6984	108	N	QH		SORREL, LR, RR-SOCK									
USEU6985	300	F	QH		CHESTNUT, BLAZE, LR-STOCKING									
USEU6986	132	F	SN		BAY, NO MARKS									
USEU6987	96	F	QH		CHESTNUT, BALD, LR-CORONET									
USEU6988	300	N	PAINT		BODY PAINTED CHESTNUT AND WHITE, SNIP									
USEU6989	48	N	QH		CHESTNUT, BLAZE, LF, RF, RR-SOCK, LR-STOCKING									
USEU6990	96	N	HAFLINGER		CHESTNUT, BALD, LR, RR-SOCK									
USEU6991	120	N	QH		CHESTNUT, BLAZE, LR-CORONET									
USEU6992	72	N	PONY		BAY, NO MARKS									
USEU6993	144	N	TW		BLACK, NO MARKS									
USEU6994	108	F	BL		SORREL, BLAZE, LF, LR, RF, RR-SOCK									
USEU6995	180	N	SN		CHESTNUT, NO MARKS									
USEU6996	120	F	HAFLINGER		CHESTNUT, STAR									

FOIA FOIA2010-0358

VALID ONLY IF ISSUING VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: AUG 30,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 1 State [X] 2 Federal [ ] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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. 0579-0015

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L02A176

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USEU6997	240	N	OH											
USEU6998	120	F	OH											
USEU6999	144	F	OH											
USEU7000	168	N	OH											
USEU9651	72	N	TH											
USEU9652	96	F	TH											
USEU9653	108	N	TH											
USEU9654	60	F	TH											
USEU9655	72	N	TH											
USEU9656	108	F	TH											
USEU9657	300	N	OH											

BAY, BLAZE, LF-CORONET, RR-SOCK
GREY, NO MARKS
GREY, NO MARKS
GREY, NO MARKS
CHESTNUT, STAR
BAY, NO MARKS
BAY, STAR, LR, RR-SOCK
BAY, STAR
GREY, NO MARKS
CHESTNUT, STAR, RR-SOCK
BAY, BLAZE

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 5 – ISSUING 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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm
DATE: 24 Aug/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452
STREET ADDRESS: 912 Second Ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681
CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USEU	6798						Sor			BL			X				
2		6799					X			X				X				
3		6800						Sor			BL					X		
4		6801					X				X					X		
5		6802						Sor			BL			X				
6		6803						Sor			BL			X				
7		6804						Sor			BL			X				
8		6805			X					X				X				
9		6806						Sor					Haf.	X				
10		6807					X			X				X				
11		6808					X					Pony		X				
12		6809						Sor					Haf	X				
13		6810						Sor					Haf.	X				
14		6811	X										Mule			X		
15		6812						Sor					Haf	X				

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. 505
DATE 25 April 2010
TIME 14:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A00561

U.S. DEPARTMENT OF AGRICULTURE
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	USDA	6813						Sor					Haf	X				
17	↑	6814						Sor					Haf			X		
18		6815						Sor					Haf			X		
19		6816						Sor					Haf			X		
20		6817						Sor					Haf			X		
21		6818						Sor					Haf	X				
22		6819						Sor					Haf	X				
23		6820						Sor					Haf	X				
24		6821						Sor					Haf	X				
25		6822						Sor					Haf			X		
26		6823						Sor					Haf	X				
27		6824						Sor					Haf	X				
28		6825						Sor					Haf	X				
29		6826						Sor					Haf	X				
30		6827						Sor					Haf	X				
31		6828	X							X				X				
32	↓	6829	X							X				X				
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)

FOIA11F3011A010562

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)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024178

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/20/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6798	216	F	BL		SORREL, STAR, STRIPE, SNIP								
102 BUCKEYE ST.	USEU6799	48	F	QH		CHESTNUT, STAR, RR-SOCK								
SUGARCREEK, OH 44681	USEU6800	300	N	BL		SORREL, BLAZE								
	USEU6801	168	N	DRAFT		CHESTNUT, BLAZE, LF, LR, RF, RR-SOCK								
	USEU6802	96	F	BL		SORREL, STRIPE, SNIP								
	USEU6803	96	F	BL		SORREL, STAR, STRIPE, SNIP								
	USEU6804	300	F	BL		SORREL, BLAZE, LR-STOCKING								
	USEU6805	108	F	QH		BLACK, LR, RR-PASTERN								
	USEU6806	72	F	HAFLINGER		SORREL, BLAZE								
	USEU6807	60	F	QH		CHESTMUT, STAR, STRIPE, LR-SOCK								
	USEU6808	84	F	PONY		CHESTNUT, LF, LR, RF, RR-SOCK								
	USEU6809	72	F	HAFLINGER		SORREL, BLAZE								
	USEU6810	60	F	HAFLINGER		SORREL, BLAZE								
	USEU6811	84	N	MULE		BAY, NO MARKS								
	USEU6812	108	F	HAFLINGER		SORREL, BLAZE								
	USEU6813	108	F	HAFLINGER		SORREL, BLAZE								
	USEU6814	60	N	HAFLINGER		SORREL, BLAZE								
	USEU6815	108	N	HAFLINGER		SORREL, BLAZE								

FOLD IF MAILED

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: AUG 23,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: 1024178

PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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	TYPE TEST	DATE M	TYPE TEST	DATE N	TYPE TEST	DATE O
USEU6816	84	N	HAFLINGER				SORREL, BLAZE										
USEU6817	96	N	HAFLINGER				SORREL, STAR, STRIPE, SNIP										
USEU6818	132	F	HAFLINGER				SORREL, STAR, STRIPE, SNIP										
USEU6819	120	F	HAFLINGER				SORREL, BLAZE										
USEU6820	60	F	HAFLINGER				SORREL, STAR, STRIPE, SNIP, LR-SOCK										
USEU6821	60	F	HAFLINGER				SORREL, BLAZE										
USEU6822	60	N	HAFLINGER				SORREL, STRIPE										
USEU6823	132	F	HAFLINGER				SORREL, BLAZE										
USEU6824	72	F	HAFLINGER				SORREL, BLAZE										
USEU6825	108	F	HAFLINGER				SORREL, STAR, STRIPE, SNIP										
USEU6826	120	F	HAFLINGER				SORREL, BLAZE										
USEU6827	108	F	HAFLINGER				SORREL, BLAZE										
USEU6828	168	F	QH				BAY, NO MARKS										
USEU6829	300	F	QH				BAY, NO MARKS										

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024170

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/6/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPPRTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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)*

17. FARM ORIGIN	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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USEU6680	60	M	PAINT									PAINTED BLACK, BROWN AND WHITE, STAR, STRIPE, SNIP		
	USEU6681	240	N	PAINT									SORREL, BLAZE		
	USEU6682	180	F	QH									BUCKSKIN, STAR		
	USEU6683	240	F	TH									BAY, STAR, LR, RR-SOCK		
	USEU6684	84	N	PAINT									BAY, BLAZE		
	USEU6685	60	F	PAINT									BROWN, BLAZE		
	USEU6686	120	N	PAINT									BROWN PAINT		
	USEU6687	132	F	AP									ROAN, STAR, STRIPE, SNIP		
	USEU6688	72	N	QH									BAY, STAR, SNIP		
	USEU6689	300	F	SN									BAY, NO MARKS		
	USEU6690	120	F	QH									BAY, STAR		
	USEU6691	144	F	QH									APPALOOSA, STAR		
	USEU6692	120	N	MUSTANG									BAY, MUSTANG BRAND		
	USEU6693	84	F	TH									BAY, STAR		
	USEU6694	108	F	QH									ROAN, STAR, STRIPE		
	USEU6695	96	N	QH									BAY, STAR, STRIPE, SNIP, LF-SOCK,	LR-STOCKING, BRAND ON	
	USEU6696	144	F	QH									SORREL, STAR, STRIPE, SNIP	LEFT SIDE	
	USEU6697	144	F	QH									BAY, STAR, LR, RR-CORONET		

FOIA Exempt (b)(6)

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: AUG 09,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYEN E. 9689

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024170

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6698	84	F	QH	BAY, STAR									
102 BUCKEYE ST.	USEU6699	240	N	QH	CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK, RR-STOCKING									
SUGARCREEK, OH 44681	USEU6700	180	F	DRAFT	PAINTED BLACK AND WHITE									
	USEU6701	36	F	TH	CHESTNUT, STAR, SNIP									
	USEU6702	144	N	AS	CHESTNUT, STAR, SNIP, LR, RR-SOCK									
	USEU6703	60	F	QH	SORREL, NO MARKS									
	USEU6704	72	F	QH	BAY, STAR, SNIP									
	USEU6705	84	F	PAINT	CHESTNUT, STAR, STRIPE, SNIP									
	USEU6706	120	N	SN	BAY, STAR									
	USEU6707	120	N	QH	CHESTNUT, STAR, STRIPE, LF-SOCK, RR-STOCKING									
	USEU6708	108	N	SN	BAY, NO MARKS									
	USEU6709	144	F	SN	CHESTNUT, STAR, LR-PASTERN, NECK BRAND W9004									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:00	DATE: 08/09/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION Inc.
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST. P.O Bx 452	STREET ADDRESS: 912 Second Ave West
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: OWEN SOUND ONTARIO 517 Range St. jill West Jowud
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	USDA	6680						TRI					PAINT		X			
2	↑	6681						SOR					PAINT			X		
3		6682						BUCK		X				X				
4		6683	X						TH					X				
5		6684	X										PAINT			X		
6		6685						BROWN					PAINT	X				
7		6686						BROWN					PAINT			X		
8		6687						ROAN					AP	X				
9		6688	X							X						X		
10		6689	X										SW	X				
11		6690	X							X				X				
12		6691						APL		X				X				
13		6692	X										MUST			X		
14		6693	X						TH					X				
15	↓	6694						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).

SIGNATURE 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. 505

DATE 10-Aug-2010

TIME 11:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01200567

U.S. DEPARTMENT 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: 12:00
DATE: 8-9-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)
(b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452
STREET ADDRESS: 9/2 Second Ave. West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681
CITY, STATE, ZIP CODE: 517 Kang Ste Juliest Jov/100

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	2USE4	6710						Sor			BL					X		
2	↑	6711						Sor			BL					X		
3		6712					X				BL					X		
4		6713						Sor			BL			X				
5		6714						Sor			BL					X		
6		6715						Sor			BL					X		
7		6716					X				X					X		
8		6717						Sor			BL					X		
9		6718						Sor			BL			X				
10		6719					X				X			X				
11		6720						White					Paint		X			
12		6721		X					TH						X			
13		6722						Sor		X						X		
14		6723					X						SN			X		
15	↓	6724	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. 505
DATE 10 août 2010
TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024171

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/6/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *("X" if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USEU6710	240	N	BL				SORREL, STAR, STRIPE, SNIP, LR-STOCKING							
USEU6711	300	N	BL				SORREL, STAR, STRIPE, SNIP, LF,LR, RF, RR-STOCING							
USEU6712	36	N	BL				CHESTNUT, BLAZE, LF, LR, RF, RR-STOCKING							
USEU6713	300	F	BL				SORREL, BLAZE							
USEU6714	240	N	BL				SORREL, BLAZE							
USEU6715	240	N	BL				SORREL, BLAZE, LR, RR-STOCKING							
USEU6716	96	N	DRAFT				CHESTNUT, BLAZE, LF, LR, RF, RR-SOCK							
USEU6717	240	N	BL				SORREL, STAR, STRIPE, SNIP							
USEU6718	96	F	BL				SORREL, STAR, STRIPELF, RF-STOCKING							
USEU6719	300	F	DRAFT				CHESTNUT, BLAZE							
USEU6720	120	M	PAINT				WHITE, NO MARKS							
USEU6721	24	M	TH				GREY, STAR, LR-SOCK, RF-CORONET							
USEU6722	60	N	QH				SORREL, STAR, LR-SOCK							
USEU6723	168	N	SN				CHESTNUT, BLAZE, LF, LR-SOCK							
USEU6724	84	N	SN				BAY, STAR, LF-PASTERN, LR, RF-SOCK, NECK BRAND VT991							
USEU6726	300	F	QH				BAY, BLAZE, LF, LR, RF, RR-SOCK							
USEU6728	120	N	QH				CHESTNUT, STAR, STRIPE							
USEU6729	96	N	SN				BAY, STAR, SNIP, LR, RR-SOCK NECK BRAND X1326							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA IF3400559

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: AUG 09,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 26

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

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

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. 0579-0040

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE BRUCELLOSIS OR OTHER TEST(S) AS REQUIRED

DISEASE

ACCREDITATION NO. (FOR VS FORM 17-140): 102417

PAGE NO.: 2 OF 2

17. FARM ORIGIN

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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	TYPE TEST / DATE M	TYPE TEST / DATE N	TYPE TEST / DATE O
USEU6730	180	N	SN	BLACK, STAR										
USEU6731	84	F	TH	BAY, RR-CORONET										
USEU6732	60	N	MUSTANG	CHESTNUT, STAR, STRIPE, SNIP, LR-CORONET, MUSTANG BRAND										
USEU6733	240	N	SN	BAY, LR-SOCK, NECK BRAND L										
USEU6734	72	F	BL	SORREL, BLAZE										
USEU6735	36	N	PAINT	CHESTNUT, STAR										
USEU6736	72	N	OH	CHESTNUT, STAR, LR-CORONET										
USEU6737	96	N	SN	BAY, NO MARKS										

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Duplicate

U.S. DEPARTMENT 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: Fowler 930pm
DATE: Aug 16/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452
STREET ADDRESS: 912 Second Ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681
CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USEU	6769					X			X				X				
2		6770					X						MN	X				
3		6771						Palo					APL			X		
4		6772					X			X				X				
5		6773					X			X				X				
6		6774			X					X				X				
7		6775	X							X				X				
8		6776						Roan		X				X				
9		6777			X								MN	X				
10		6778					X			X				X				
11		6779	X							X						X		
12		6780						Sor					Hollinger	X				
13		6781						Palo					Paint			X		
14		6782	X							X				X				
15		6783					X		TH							X		

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. 505
DATE 17 août 2010
TIME 13:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A000571

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)	2. CERTIFICATE NO.	3. PAGE NO.
SUGARCREEK LIVESTOCK AUCTION, INC.	L024177	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
8/13/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA
ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 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)

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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6769	300	F	QH			CHESTNUT, STAR				
102 BUCKEYE ST.	USEU6770	36	F	MN			CHESTNUT, STAR, STRIPE, SNIP, LF-SOCK				
SUGARCREEK, OH 44681	USEU6771	300	N	APL			PALOMINO, STAR, STRIPE, SNIP				
	USEU6772	168	F	QH			CHESTNUT, STRIPE, LR-SOCK, RR-PASTERN				
	USEU6773	144	F	QH			CHESTNUT, STAR, STRIPE, LR, RF-SOCK				
	USEU6774	24	F	QH			BLACK, LR, RR-SOCK				
	USEU6775	108	F	QH			BAY, STAR, STRIPE, SNIP, LR-SOCK, RF, RR-STOCKING				
	USEU6776	24	F	QH			ROAN, BLAZE				
	USEU6777	60	F	MN			BLACK, STAR, SNIP, LR-SOCK				
	USEU6778	180	F	QH			CHESTNUT, BLAZE, LR, RF, RR-SOCK				
	USEU6779	300	N	QH			BAY, STAR, LR-SOCK				
	USEU6780	24	F	HAFLINGER			SORREL, STAR, STRIPE, SNIP, RR-SOCK				
	USEU6781	48	N	PAINT			PALOMINO, STRIPE, SNIP				
	USEU6782	108	F	QH			BAY, LR-CORONET				
	USEU6783	108	N	TH			CHESTNUT, STAR, SNIP, LR, RR-CORONET				
	USEU6784	60	F	TH			CHESTNUT, STAR				
	USEU6785	72	F	TH			BLACK, STAR				
	USEU6786	72	F	TH			BAY, STAR, STRIPE				

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
AUG 16,2010	HIRSCHBACH, BRYAN E. 9689	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	29

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM: L0241[illegible]

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN (Owner's name (Last name, two initials, & business name); Owner's street address; Owner's city/town, state code & zip code)	18. INDIVIDUAL IDENTIFICATION: ID NO. OR DESCRIPTION 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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6787	96	N	TH	GREY, NO MARKS										
102 BUCKEYE ST.	USEU6788	36	F	TH	SORREL, BLAZE, LR, RR-SOCK										
SUGARCREEK, OH 44681	USEU6789	48	F	TH	BAY, STAR, SNIP, LF, LR, RF, RR-CORONET										
	USEU6790	120	F	TH	SORREL, BLAZE, LF-CORONET, RF, RR-SOCK										
	USEU6791	120	F	TH	BAY, STAR, RR-CORONET										
	USEU6792	36	M	TH	BAY, STAR										
	USEU6793	36	M	TH	GREY, BLAZE, LF, LR-CORONET										
	USEU6794	72	F	QH	CHESTNUT, BLAZE, LR, RR-SOCK										
	USEU6795	300	N	BL	SORREL, BLAZE, LR-STOCKING, WHITE SPOTS ON NECK										
	USEU6796	84	F	BL	SORREL, BLAZE, LR-PASTERN										
	USEU6797	84	F	BL	SORREL, BLAZE, LR-STOCKING										

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:PM

DATE: 8-26-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 912 Second Ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jov1wo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	26SEU	6830	X							X				X				
2		6831						Palo					APL	X				
3		6832					X						AP			X		
4		6833			X								Paint	X				
5		6834						Tri					Paint			X		
6		6835						Sor		X				X				
7		6836	X							X						X		
8		6837	X							X				X				
9		6838			X								Paint	X				
10		6839			X					X				X				
11		6840						Bay Roan		X				X				
12		6841			X			Kan		X				X				
13		6842					X	X		X				X				
14		6843		X						X				X				
15		6844					X			X				X				

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. 505

DATE 27 Avril 2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11-01A00574

U.S. DEPARTMENT OF AGRICULTURE
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	USDA	6845						PALO					PAINT	X				
17	↑	6846		X						X				X				
18		6847						BUCK		X				X				
19		6848					X			X				X				
20		6849					X			X				X				
21		6850		X									PAINT			X		
22		6851					X			X				X				
23		6852	X							X				X				
24		6853						TRI					PAINT			X		
25		6854					X						PAINT	X				
26		6855		X									APL			X		
27		6856	X										TW	X				
28		6857					X			X						X		
29		6858	X							X						X		
30		6859			X					X						X		
31		6860						ROAN					TW	X				
32		6861					X						AB	X				
33		6862					X			X						X		
34	↓	6863			X								PAINT			X		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(b)(6)

FOIA11F01A010575

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. 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)	2. CERTIFICATE NO.	3. PAGE NO.
SUGARCREEK LIVESTOCK AUCTION, INC.	L024181	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
8/20/10	ALEXANDRA BAY, NY	36	102 BUCKEYE ST.	SUGARCREEK

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	OHIO	39	44681

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USEU6830	300	F	QH		BAY, STAR									
USEU6831	192	F	APL		PALOMINO, STAR, LR-SOCK									
USEU6832	120	N	AP		CHESTNUT, APPALOOSA MARKS									
USEU6833	36	F	PAINT		BLACK, STAR, STRIPE, SNIP, BODY PAINTED									
USEU6834	96	N	PAINT		BLACK, BROWN, WHITE, BLAZE, BODY PAINTED									
USEU6835	108	F	QH		SORREL, NO MARKS									
USEU6836	360	N	QH		BAY, STAR									
USEU6837	12	F	QH		BAY, STAR									
USEU6838	24	F	PAINT		BLACK, STAR, STRIPE, SNIP, BODY PAINTED									
USEU6839	300	F	QH		BLACK, LR, RR-SOCK									
USEU6840	24	F	QH		BAY ROAN, STAR, LR-PASTERN									
USEU6841	156	F	QH		BLACK, STAR, SNIP									
USEU6842	48	F	QH		CHESTNUT, STAR, LR-PASTERN, RR-SOCK									
USEU6843	60	F	QH		GREY, BLAZE									
USEU6844	36	F	QH		CHESTNUT, STAR, STRIPE, LR, RR-SOCK									
USEU6845	24	F	PAINT		PALOMINO, STAR, STRIPE, SNIP, BODY PAINTED									
USEU6846	120	F	QH		GREY, NO MARKS									
USEU6847	228	F	QH		BUCKSKIN, BLAZE, LF, LR, RF, RR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FOIA2010000570

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
AUG 23,2010	HIRSCHBACH, BRYAN E. 9689	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	34

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. [illegible] NO.: L024181

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE BRUCELLOSIS [illegible]

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

17. FARM ORIGIN

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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	DATE M	[illegible] N	DATE O
USEU6848	300	F	QH		CHESTNUT, NO MARKS									
USEU6849	168	F	QH		CHESTNUT, STAR, RF-SOCK									
USEU6850	24	N	PAINT		GREY, BODY PAINTED									
USEU6851	96	F	QH		CHESTNUT, STAR, LR-SOCK, BRAND ON LEFT HIP									
USEU6852	72	F	QH		BAY, STAR, LR, RR-SOCK									
USEU6853	84	N	PAINT		BLACK, BROWN, WHITE, STAR, STRIPE, BODY PAINTED									
USEU6854	72	F	PAINT		CHESTNUT, STAR, SNIP, BODY PAINTED									
USEU6855	48	N	APL		GREY, BLAZE									
USEU6856	108	F	TW		BAY, BLAZE, LR, RR-SOCK									
USEU6857	72	N	QH		CHESTNUT, BLAZE, LF, LR, RF, RR-SOCK									
USEU6858	36	N	QH		BAY, STAR, STRIPE, SNIP, LR-SOCK									
USEU6859	108	N	QH		BLACK, STAR									
USEU6860	12	F	TW		ROAN, BLAZE, LF, RF, RR-SOCK									
USEU6861	84	F	AB		CHESTNUT, STAR									
USEU6862	108	N	QH		CHESTNUT, BLAZE, LR, RR-SOCK									
USEU6863	36	N	PAINT		BLACK, BODY PAINTED									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

[illegible]

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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 PM
DATE: 10-21-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452
STREET ADDRESS: 912 Second ave west Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681
CITY, STATE, ZIP CODE: 517 Rang ste Juliest Joviwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	5098			X					X					X			
2	↑	5099						Sor			BL					X		
3		5100						Sor			BL					X		
4		5101						Sor			BL			X				
5		5102						Sor			BL			X				
6		5103						Sor			BL			X				
7		5104						Sor			BL			X				
8		5105						Sor				X				X		
9		5106					X						Paint	X				
10		5107					X			X				X				
11		5108					X			X				X				
12		5109	X							X						X		
13		5110					X			X				X				
14		5111					X			X						X		
15	↓	5112					X			X				X				

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. 505
DATE 22 Oct 2010
TIME 15:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A00578

U.S. DEPARTMENT OF AGRICULTURE
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	USGM	5113						White					Mule			X		
17	↑	5114	X							X				X				
18		5115					X			X						X		
19		5116					X					X			X			
20		5117	X							X				X				
21		5118		X						X				X				
22		5119					X			X				X				
23		5120					X			X				X				
24		5121					X			X				X				
25		5122					X						AP			X		
26		5123	X							X				X				
27		5124	X							X						X		
28		5125		X						X						X		
29		5126					X						AP	X				
30		5127						White		X						X		
31		5128	X										Paint	X				
32	↓	5129					X			X						X		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
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41																		
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45																		

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

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

(b)(6)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. L024198 — 1 OF 2

4. DATE ISSUED: 10/15/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM5098	192	M	QH									BLACK, STAR, SNIP, LR, RR-SOCK		
~~USGM5099~~	84	N	BL									SORREL, STAR, STRIPE		
USGM5100	300	N	BL									SORREL, STAR, STRIPE, SNIP		
USGM5101	300	F	BL									SORREL, BLAZE		
USGM5102	120	F	BL									SORREL, BLAZE		
USGM5103	300	F	BL									SORREL, BLAZE		
USGM5104	300	F	BL									SORREL, STAR, SNIP		
USGM5105	300	N	PONY									SORREL, BLAZE, LR-SOCK, RR-SOCK		
USGM5106	120	F	PAINT									CHESTNUT/WHITE, BLAZE		
USGM5107	96	F	QH									CHESTNUT, STAR, STRIPE		
USGM5108	72	F	QH									CHESTNUT, STAR, STRIPE, SNIP		
USGM5109	24	N	QH									BAY, STAR, LR, RR-PASTERN		
USGM5110	36	F	QH									CHESTNUT, STAR		
USGM5111	24	N	QH									CHESTNUT, BLAZE, LR, RR-STOCKING		
USGM5112	84	F	QH									CHESTNUT, BLAZE, LR, RF, RR-STOCKING		
USGM5113	144	N	MULE									WHITE, NO MARKS		
USGM5114	96	F	QH									BAY, STAR, STRIPE, SNIP, LR-SOCK		
USGM5115	36	N	QH									CHESTNUT, STAR, LF, LR, RF, RR-SOCK		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOR FSIS USE ONLY

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: OCT 18 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L024198

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5116	12	M	PONY			CHESTNUT, STAR, STRIPE, SNIP							
102 BUCKEYE ST.	USGM5117	60	F	QH			BAY, STAR							
SUGARCREEK, OH 44681	USGM5118	60	F	QH			GREY, NO MARKS							
	USGM5119	12	F	QH			CHESTNUT, STAR, STRIPE, SNIP							
	USGM5120	48	F	QH			CHESTNUT, LR, RR-SOCK							
	USGM5121	60	F	QH			CHESTNUT, STAR, STRIPE, SNIP, LR, RF, RR-SOCK							
	USGM5122	36	N	AP			CHESTNUT, LEOPARD SPOTS							
	USGM5123	36	F	QH			BAY, STAR, STRIPE, RF-SOCK							
	USGM5124	120	N	QH			BAY, NO MARKS							
	USGM5125	48	N	QH			GREY, BALD							
	USGM5126	24	F	AP			CHESTNUT, SPOTS							
	USGM5127	120	N	QH			WHITE, NO MARKS							
	USGM5128	36	F	PAINT			BAY, STRIPE, SNIP PAINTED BODY							
	USGM5129	12	N	QH			CHESTNUT, LR, RR-SOCK							

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

[signature] DVM

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:PM	DATE: 10-21-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O Bx452	STREET ADDRESS: 912 Second ave West OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: 517 Rang ste Juliest Joilwo
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	USGM	5098			X					X					X			
2		5099						Sor			BL					X		
3		5100						Sor			BL					X		
4		5101						Sor			BL			X				
5		5102						Sor			BL			X				
6		5103						Sor			BL			X				
7		5104						Sor			BL			X				
8		5105						Sor				X				X		
9		5106					X						Paint	X				
10		5107					X			X				X				
11		5108					X			X				X				
12		5109	X							X						X		
13		5110					X			X				X				
14		5111					X			X						X		
15		5112					X			X				X				

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. 503

DATE 22 Oct 2010

TIME 15:06

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FOIA00582

U.S. DEPARTMENT 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: 7AM	DATE: 10-21-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O Bx452	STREET ADDRESS: 912 Second ave West OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: 517 Rang ste Juliest Jovl 00
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGM	5098			X					X					X			
2		5099						Sor			BL					X		
3		5100						Sor			BL					X		
4		5101						Sor			BL			X				
5		5102						Sor			BL			X				
6		5103						Sor			BL			X				
7		5104						Sor			BL			X				
8		5105						Sor				X				X		
9		5106					X						Paint	X				
10		5107					X			X				X				
11		5108					X			X				X				
12		5109	X							X						X		
13		5110					X			X				X				
14		5111					X			X						X		
15		5112					X			X				X				

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. 503

DATE 22 Oct 2010

TIME 15:06

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A00583

U.S. DEPARTMENT OF AGRICULTURE
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	USGM	5113						White					Mule			X		
17		5114	X							X				X				
18		5115					X			X						X		
19		5116					X					X			X			
20		5117	X							X				X				
21		5118		X						X				X				
22		5119					X			X				X				
23		5120					X			X				X				
24		5121					X			X				X				
25		5122					X						AP			X		
26		5123	X							X				X				
27		5124	X							X						X		
28		5125		X						X						X		
29		5126					X						AP	X				
30		5127						White		X						X		
31		5128	X										Paint	X				
32		5129					X			X						X		
33																		
34																		
35																		
36																		
37																		
38																		
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40																		
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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
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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERT.: L024198 — 1 OF 2

4. DATE ISSUED: 10/15/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*: [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [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.

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5098	192	M	QH				BLACK, STAR, SNIP, LR, RR-SOCK							
102 BUCKEYE ST.	~~USGM5099~~	84	N	BL				SORREL, STAR, STRIPE							
SUGARCREEK, OH 44681	USGM5100	300	N	BL				SORREL, STAR, STRIPE, SNIP							
	USGM5101	300	F	BL				SORREL, BLAZE							
	USGM5102	120	F	BL				SORREL, BLAZE							
	USGM5103	300	F	BL				SORREL, BLAZE							
	USGM5104	300	F	BL				SORREL, STAR, SNIP							
	USGM5105	300	N	PONY				SORREL, BLAZE, LR-SOCK, RR-SOCK							
	USGM5106	120	F	PAINT				CHESTNUT/WHITE, BLAZE							
	USGM5107	96	F	QH				CHESTNUT, STAR, STRIPE							
	USGM5108	72	F	QH				CHESTNUT, STAR, STRIPE, SNIP							
	USGM5109	24	N	QH				BAY, STAR, LR, RR-PASTERN							
	USGM5110	36	F	QH				CHESTNUT, STAR							
	USGM5111	24	N	QH				CHESTNUT, BLAZE, LR, RR-STOCKING							
	USGM5112	84	F	QH				CHESTNUT, BLAZE, LR, RF, RR-STOCKING							
	USGM5113	144	N	MULE				WHITE, NO MARKS							
	USGM5114	96	F	QH				BAY, STAR, STRIPE, SNIP, LR-SOCK							
	USGM5115	36	N	QH				CHESTNUT, STAR, LF, LR, RF, RR-SOCK							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Kellie A. Hough, DVM

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 18 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: HIRSCHBACH, BRYAN E. 9689

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2 - VS RIVERDALE, MARYLAND

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024198

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN (Owner's name (Last name, two initials, & business name); Owner's street address; Owner's city/town, state code & zip code)	MODIFIED ACCREDITED AREA (TB) / 18. INDIVIDUAL IDENTIFICATION: ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA: 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5116	12	M	PONY			CHESTNUT, STAR, STRIPE, SNIP								
102 BUCKEYE ST.	USGM5117	60	F	QH			BAY, STAR								
SUGARCREEK, OH 44681	USGM5118	60	F	QH			GREY, NO MARKS								
	USGM5119	12	F	QH			CHESTNUT, STAR, STRIPE, SNIP								
	USGM5120	48	F	QH			CHESTNUT, LR, RR-SOCK								
	USGM5121	60	F	QH			CHESTNUT, STAR, STRIPE, SNIP, LR, RF, RR-SOCK								
	USGM5122	36	N	AP			CHESTNUT, LEOPARD SPOTS								
	USGM5123	36	F	QH			BAY, STAR, STRIPE, RF-SOCK								
	USGM5124	120	N	QH			BAY, NO MARKS								
	USGM5125	48	N	QH			GREY, BALD								
	USGM5126	24	F	AP			CHESTNUT, SPOTS								
	USGM5127	120	N	QH			WHITE, NO MARKS								
	USGM5128	36	F	PAINT			BAY, STRIPE, SNIP PAINTED BODY								
	USGM5129	12	N	QH			CHESTNUT, LR, RR-SOCK								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kevin Allaway, DVM

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

PART 2 – VS RIVERDALE, MARYLAND

FOIA11F01A000586

U.S. DEPARTMENT 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: 6 PM
DATE: 10-26-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O.Bx 452
STREET ADDRESS: 912 Second ave west OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681
CITY, STATE, ZIP CODE: 517 Rang ste juliest jov lwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	21SGM	5186			X								SN	X				
2		5187					X			X				X				
3		5188						Brown					Paint	X				
4		5189			X								TW			X		
5		5190			X								Paint			X		
6		5191					X			X						X		
7		5192	X							X						X		
8		5193			X								Paint	X				
9		5194					X			X				X				
10		5195					X						Paint			X		
11		5196					X						Paint	X				
12		5197					X						Paint	X				
13		5198	X							X				X				
14		5199	X							X						X		
15		5200					X			X						X		

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. #505
DATE OCTOBER, 27th, 2010
TIME 13h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A00587

U.S. DEPARTMENT OF AGRICULTURE
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	2156M	5201						Brown					SV			X		
17	↑	5202			X					X				X				
18		5203					X			X				X				
19		5204			X					X				X				
20		5205					X						Paint	X				
21		5206			X					X				X				
22		5207					X			X				X				
23		5208						Roan		X				X				
24		5209					X			X						X		
25		5210						Roan		X						X		
26		5211			X								Paint			X		
27		5212					X			X						X		
28		5213					X						Paint	X				
29		5214					X			X						X		
30	↓	5215			X								Paint			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)

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024696

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/15/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM5186	60	F	SN		BLACK, STAR, LF-SOCK									
USGM5187	120	F	QH		CHESTNUT, STAR, LR, RF-SOCK									
USGM5188	120	F	PAINT		BROWN/WHITE, BLAZE									
USGM5189	72	N	TW		BLACK, STAR									
USGM5190	60	N	PAINT		BLACK/WHITE, SNIP									
USGM5191	96	N	QH		CHESTNUT, STAR, STRIPE, SNIP, RR-SOCK									
USGM5192	108	N	QH		BAY, STAR, STRIPE, SNIP, LF, RF-SOCK, LR, RR-STOCKING									
USGM5193	156	F	PAINT		BLACK/WHITE, SNIP									
USGM5194	108	F	QH		CHESTNUT, BLAZE, LR-SOCK, RR-STOCKING									
USGM5195	60	N	PAINT		CHESTNUT/WHITE, BLAZE									
USGM5196	72	F	PAINT		CHESTNUT/WHITE, BLAZE									
USGM5197	36	F	PAINT		CHESTNUT/WHITE									
USGM5198	72	F	QH		BAY, BLAZE, RR-SOCK									
USGM5199	48	N	QH		BAY, STAR, LF, LR, RF, RR-SOCK									
USGM5200	156	N	QH		CHESTNUT, LR, RR-SOCK									
USGM5201	216	N	SN		BROWN, NECK BRAND									
USGM5202	60	F	QH		BLACK, STAR, STRIPE, SNIP, LR-SOCK									
USGM5203	96	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR, RR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA Request

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 18 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024696

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USGM5204	120	F	QH	BLACK, NO MARKS										
USGM5205	300	F	PAINT	CHESTNUT/WHITE, BLAZE										
USGM5206	108	F	QH	BLACK, NO MARKS										
USGM5207	36	F	QH	CHESTNUT, BLAZE										
USGM5208	36	F	QH	ROAN, LR-SOCK										
USGM5209	60	N	QH	CHESTNUT, NO MARKS										
USGM5210	24	N	QH	ROAN, BALD, LR, RR-STOCKING										
USGM5211	144	N	PAINT	BLACK/WHITE, STAR, SNIP										
USGM5212	24	N	QH	CHESTNUT, NO MARKS										
USGM5213	24	F	PAINT	CHESTNUT/WHITE, BALD										
USGM5214	120	N	QH	CHESTNUT, STARLR, RR-SOCK										
USGM5215	108	N	PAINT	BLACK/WHITE, STAR										

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA FILING 2009

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

U.S. DEPARTMENT 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: 1:30 Am
DATE: 10/31/2010
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452
STREET ADDRESS: 912 Second ave west Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681
CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	5245					X			X					X			
2	↑	5246	X							X						X		
3		5247					X			X				X				
4		5248						Tri					Paint	X				
5		5249			X					X						X		
6		5250	X										SN	X				
7		5251	X							X						X		
8		5252	X										SN	X				
9		5253						Brown		X						X		
10		5254					X			X				X				
11		5255					X			X						X		
12		5256					X			X						X		
13		5257					X			X						X		
14		5258					X			X				X				
15	↓	5259	X							X						X		

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. #505
DATE 31/10/2010
TIME 18 h 30

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

FOIA11F01A00591

U.S. DEPARTMENT OF AGRICULTURE
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	21SGM	5260						Brown		X				X				
17	↑	5261					X			X				X				
18		5262			X								Paint			X		
19		5263	X										Paint			X		
20		5264					X			X						X		
21		5265			X					X						X		
22		5266			X					X				X				
23		5267					X		TH					X				
24		5268					X			X				X				
25		5269	X							X				X				
26		5270	X							X						X		
27		5271					X			X						X		
28		5272					X		TH					X				
29		5273	X										SV			X		
30	↓	5274	X						TH							X		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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45																		

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

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

(b)(6)

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:30	DATE: 10-28-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 912 Second Ave WEST OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jovlwo
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	2USGM	5216						Sor			BL				X			
2	↑	5217						Sor			BL			X				
3		5218						Sor			BL			X				
4		5219						Sor			BL					X		
5		5220						Sor			BL			X				
6		5221						Sor			BL					X		
7		5222						Sor			BL			X				
8		5223		X									AP	X				
9		5224						Sor			BL					X		
10		5225						Sor			BL			X				
11		5226						Sor			BL					X		
12		5227					X			X				X				
13		5228	X							X				X				
14		5229	X										AS	X				
15	↓	5230						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. #505

DATE 29/10/2010

TIME 14h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11-FOIA00593

U.S. DEPARTMENT OF AGRICULTURE
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	2(SEM	5231						Brown		X				X				
17	↑	5232						Palo		X				X				
18		5233			X					X				X				
19		5234					X			X						X		
20		5235			X								Tuv	X				
21		5236					X			X				X				
22		5237						Brown		X						X		
23		5238						Chest Brown		X				X				
24		5239	X							X				X				
25		5240						Brown		X				X				
26		5241	X							X				X				
27		5242			X								MN	X				
28		5243					X			X				X				
29	↓	5244			X					X						X		
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)

FOIA11F301A010594

VS FORM 10-13A

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024695

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/22/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USGM5216	108	M	BL				SORREL, BLAZE							
	USGM5217	252	F	BL				SORREL, STAR, STRIPE, SNIP							
	USGM5218	300	F	BL				SORREL, BLAZE							
	USGM5219	300	N	BL				SORREL, BLAZE							
	USGM5220	156	F	BL				SORREL, STAR							
	USGM5221	300	N	BL				SORREL, STAR							
	USGM5222	144	F	BL				SORREL, BLAZE							
	USGM5223	120	F	AP				GREY, SPOTTED							
	USGM5224	240	N	BL				SORREL, BLAZE							
	USGM5225	144	F	BL				SORREL, STRIPE, SNIP							
	USGM5226	240	N	BL				SORREL, BLAZE							
	USGM5227	300	F	QH				CHESTNUT, BLAZE, LR, RF, RR-SOCK							
	USGM5228	144	F	QH				BAY, STAR,							
	USGM5229	144	F	AS				BAY, STAR, LF, LR, RR-SOCK, RF-CORONET							
	USGM5230	300	F	QH				SORREL, LR-SOCK							
	USGM5231	48	F	QH				BROWN, NO MARKS							
	USGM5232	60	F	QH				PALOMINO, NO MARKS							
	USGM5233	72	F	QH				BLACK, NO MARKS							

FOIA Request 2012-APHIS-00596

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 25 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 29

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L024695

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: [x] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE
M	N	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5234	168	N	OH			CHESTNUT, BLAZE							
102 BUCKEYE ST.	USGM5235	108	F	TW			BLACK, NO MARKS							
SUGARCREEK, OH 44681	USGM5236	300	F	OH			CHESTNUT, LF, LR, RF, RR-SOCK							
	USGM5237	228	N	OH			BROWN, STAR, LR, RR-SOCK							
	USGM5238	60	F	OH			CHESTNUT ROAN, NO MARKS							
	USGM5239	96	F	OH			BAY, STAR							
	USGM5240	84	F	OH			BROWN, NO MARKS							
	USGM5241	168	F	OH			BAY, RR-PASTERN							
	USGM5242	48	F	MN			BLACK, NO MARKS							
	USGM5243	36	F	OH			CHESTNUT, STAR							
	USGM5244	60	N	OH			BLACK, NO MARKS							

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 3 – PORT VETERINARIAN

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)

SUGARCREEK LIVESTOCK AUCTION, INC.

L024694 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
10/22/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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)	DESTINATION COUNTRY	ENTER CODE
CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON	CANADA	CA

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

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

POIA11F01R000397

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

MODIFIED ACCREDITED AREA (TB)

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

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

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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM5245	108	M	QH		CHESTNUT, BLAZE, LF-SOCK									
USGM5246	84	N	QH		BAY, STAR									
USGM5247	144	F	QH		CHESTNUT, STRIPE, SNIP, RR-SOCK									
USGM5248	96	F	PAINT		BLACK, BROWN, WHITE, STAR, STRIPE, SNIP									
USGM5249	180	N	QH		BLACK, NO MARKS									
USGM5250	120	F	SN		BAY, STAR, STRIPE, SNIP									
USGM5251	108	N	QH		BAY, NO MARKS									
USGM5252	108	F	SN		BAY, STAR, BRAND RIGHT/LEFT HIP									
USGM5253	120	N	QH		BROWN, STAR, STRIPE									
USGM5254	120	F	QH		CHESTNUT, BLAZE, LR, RR-SOCK									
USGM5255	144	N	QH		CHESTNUT, STAR									
USGM5256	300	N	QH		CHESTNUT, BLAZE, LR-SOCK									
USGM5257	120	N	QH		CHESTNUT, STAR, SNIP									
USGM5258	300	F	QH		CHESTNUT, LF, LR, RF-SOCK									
USGM5259	120	N	QH		BAY, STAR									
USGM5260	48	F	QH		BROWN, BRAND LEFT SHOULDER									
USGM5261	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF, LR, RF, RR-SOCK									
USGM5262	60	N	PAINT		BLACK/WHITE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Kellie A. Hough, DVM
23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 25 2010	HIRSCHBACH, BRYAN E. 9689	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING 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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L024694

3. PAGE NO.: 2 OF 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) — 18. INDIVIDUAL IDENTIFICATION ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5263	156	N	PAINT			BAY/WHITE, BLAZE								
102 BUCKEYE ST.	USGM5264	72	N	QH			CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK								
SUGARCREEK, OH 44681	USGM5265	72	N	QH			BLACK, STAR, SNIP								
	USGM5266	300	F	QH			BLACK, LF-PASTERN, LR, RF, RR-SOCK								
	USGM5267	60	F	TH			CHESTNUT, STAR, LF-PASTERN, LR, RR-SOCK								
	USGM5268	156	F	QH			CHESTNUT, STRIPE, SNIP, LR, RR-SOCK								
	USGM5269	144	F	QH			BAY, NOMARKS								
	USGM5270	300	N	QH			BAY, STAR, SNIP, LR-CORONET								
	USGM5271	60	N	QH			CHESTNUT, STAR, STRIPE, SNIP, RR-STOCKING								
	USGM5272	84	F	TH			CHESTNUT, STAR								
	USGM5273	144	N	SN			BAY, NECK BRAND								
	USGM5274	60	N	TH			BAY, LR, RR-CORONET								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:15 Am EASTERN

DATE: Oct 27/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST. P.O. BX 452

STREET ADDRESS: 912 SECOND AVE. WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang ste julrest jovlwo

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	USCM	5130					X			X				X				
2	↑	5131					X			X				X				
3		5132						Palo		X						X		
X 4		5133						Buck		X				X				
5		5134						Dun		X				X				
6		5135					X			X				X				
7		5136					X			X						X		
8		5137			X								AS	X				
9		5138			X					X						X		
10		5139	X										SV	X				
11		5140	X							X				X				
12		5141						TRI					Paint			X		
13		5142						TRI					Paint			X		
14		5143						LIVER		X				X				
15	↓	5144						TRI					Paint	X				

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

SIGNATURE (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 28 Oct. 2010

TIME 13:00

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).

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 best of my knowledge.)

(b)(6)

FOIA11F01A010599

U.S. DEPARTMENT OF AGRICULTURE
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	USGM	5145					X						Paint	X				
17	↑	5146					X			X						X		
18		5147			X					X				X				
19		5148			X								TW	X				
20		5149			X					X				X				
21		5150	X										SN			X		
22		5151	X							X				X				
23		5152					X		TH							X		
24		5153	X						TH					X				
25		5154	X						TH							X		
26	↓	5155	X						TH							X		
27																		
28																		
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).

SIGNATURE OF OWNER/SHIPPER(I certify that 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. FORM APPROVED - OMB NO. 0579-0020 (EXP. 10/31/...)

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024199

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/15/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USGM5130	144	F	QH		CHESTNUT, BLAZE									
USGM5131	120	F	QH		CHESTNUT, LF, LR, RF, RR-SOCK									
USGM5132	96	N	QH		PALOMINO, NO MARKS									
USGM5133	120	F	QH		BUCKSKIN, STAR									
USGM5134	60	F	QH		DUNN, BLAZE, LF, LR, RF, RR-SOCK, DORSAL STRIPE									
USGM5135	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF, LR, RF-SOCK									
USGM5136	60	N	QH		CHESTNUT, LR, RR-SOCK, STAR, STRIPE, SNIP									
USGM5137	156	F	AS		BLACK, STAR, RR-PASTERN									
USGM5138	204	N	QH		BLACK, STAR									
USGM5139	132	F	SN		BAY, NO MARKS									
USGM5140	144	F	QH		BAY, STAR									
USGM5141	300	N	PAINT		BLACK/BROWN/WHITE, BLAZE									
USGM5142	300	N	PAINT		BLACK/BROWN/WHITE, BLAZE									
USGM5143	144	F	QH		LIVER, STAR, STRIPE, SNIP									
USGM5144	180	F	PAINT		BLACK/BROWN/WHITE, BLAZE									
USGM5145	300	F	PAINT		CHESTNUT/WHITE, BLAZE									
USGM5146	300	N	QH		CHESTNUT, NO MARKS									
USGM5147	60	F	QH		BLACK, STAR									

FOLD FOR MAILING

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: OCT 18 2010

20. NAME OF ISSUING VETERINARIAN *(Last, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024199

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN Owner's name (Last name, two initials, & business name) Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION: ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA: 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5148	144	F	TW			BLACK, NO MARKS								
102 BUCKEYE ST.	USGM5149	300	F	QH			BLACK, STAR, STRIPE, SNIP, LR-SOCK, RR-PASTERN, BRAND RIGHT SHOULDER								
SUGARCREEK, OH 44681	USGM5150	60	N	SN			BAY, SNIP, LF, LR-SOCK								
	USGM5151	144	F	QH			BAY, STAR								
	USGM5152	48	N	TH			CHESTNUT, BLAZE, LF, RF, RR-SOCK, LR-CORONET								
	USGM5153	72	F	TH			BAY, NO MARKS								
	USGM5154	96	N	TH			BAY, NO MARKS								
	USGM5155	84	N	TH			BAY, BLAZE								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS
STREET ADDRESS: 102 BUCKEYE ST. P.O BX	STREET ADDRESS: 912 SECOND AVE WEST
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: OWENSOUND ONTARIO
AREA CODE & TELEPHONE NO.: 330-852-2832	CITY, STATE, ZIP CODE: 517 Rang Ste juliest jovlwo
	AREA CODE & TELEPHONE NO.

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	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGM	2865					X						Paint		X			
2		2866					X		TH					X				
3		2867	X							X						X		
4		2868			X								TW			X		
X 5		2869					X			X						X		
6		2870			X								Paint	X				
7		2871			X								Paint	X				
8		2872			X								Paint	X				
9		2873			X					X				X				
10		2874					X						Paint	X				
11		2875		X						X				X				
12		2876	X							X						X		
13		2877			X								NN	X				
14		2878						TRI					Paint	X				
15		2879					X			X						X		

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. #505
DATE 08/10/2010
TIME 13h45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A010603

U.S. DEPARTMENT OF AGRICULTURE
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	21SGM	2880						Brown		X				X				
17	↑	2881					X			X						X		
18		2882			X								SW			X		
19		2883			X					X						X		
20		2884						Palo		X				X				
~~21~~		~~2885~~					X			X				X				
22		2886	X							X				X				
23		2887					X						Paint	X				
24		2888	X										SW			X		
25		2889						Grand Roan					AP	X				
26	↓	2890					X			X				X				
27																		
28																		
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)

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)

SUGARCREEK LIVESTOCK AUCTION, INC.

L024699

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
10/01/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

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

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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)

17. FARM ORIGIN	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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USGM2865	108	M	PAINT		STAR STRIPE PAINTED CHESTNUT/WHITE									
	USGM2866	60	F	TH		CHESTNUT BLAZE RF-SOCK									
	USGM2867	300	N	QH		BAY STAR LF LR-SOCK									
	USGM2868	300	N	TW		BLACK STAR									
X	USGM2869	300	N	QH		CHESTNUT STAR									
	USGM2870	120	F	PAINT		BLACK BLAZE BODY PAINTED									
	USGM2871	156	F	PAINT		STAR PAINTED BLACK/WHITE									
	USGM2872	300	F	PAINT		BLAZE PAINTED BLACK/WHITE									
	USGM2873	300	F	QH		BLACK STAR									
	USGM2874	300	F	PAINT		BLAZE PAINTED CHESNUT/WHITE									
	USGM2875	144	F	QH		GREY NO MARKS									
	USGM2876	108	N	QH		BAY STAR									
	USGM2877	192	F	MN		BLACK STAR LF-SOCK LR RF-PASTERN									
	USGM2878	96	F	PAINT		STAR SNIP PAINTED BLACK BROWN WHITE									
X	USGM2879	228	N	QH		CHESTNUT BLAZE LR-STOCKING RR-SOCK									
	USGM2880	108	F	QH		BROWN STAR STRIPE									
	USGM2881	72	N	QH		CHESTNUT BLAZE LR-SOCK									
	USGM2882	300	N	SN		BLACK STAR LR RR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FDIA11F3120000605

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 06 2010	HIRSCHBACH, BRYAN E. 9689	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	26

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2- VS RIVERDALE, MARYLAND

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

2. CERTIFICATE NO.
L024200

3. PAGE NO.
2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE BRUCELLOSIS 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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM2883	300	N	QH		BLACK, STAR, SNIP, LF-PASTERN, RF-SOCK									
USGM2884	300	F	QH		PALOMINO, BALD FACE									
USGM2885	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR, RF, RR-SOCK									
USGM2886	108	F	QH		BAY, STAR, STRIPE									
USGM2887	156	F	PAINT		BALD FACE, PAINTED CHESTNUT/WHITE									
USGM2888	144	N	SN		BAY, STAR									
USGM2889	300	F	AP		STRAWBERRY ROAN, SPOTTED									
USGM2890	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF, LR, RF, RR-SOCK									

Expenwak Void

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 5 – ISSUING 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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. PREFIX FROM VS FORM: L024699

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGM2883	300	N	QH		BLACK STAR SNIP LF-PASTERN RF-SOCK									
USGM2884	300	F	QH		PALOMINO BALD FACE									
USGM2885	300	F	QH		CHESTNUT STAR STRIPE SNIP LR RF RR-SOCK									
USGM2886	108	F	QH		BAY STAR STRIPE									
USGM2887	156	F	PAINT		BALD FACE PAINTED CHESTNUT/WHITE									
USGM2888	144	N	SN		BAY STAR									
USGM2889	300	F	AP		STRAWBERRY ROAN SPOTTED									
USGM2890	300	F	QH		CHESTNUT STAR STRIPE SNIP LF LR RF RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeyest P.O Bx 452	STREET ADDRESS: 912 Second ave West OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jovlwo
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	USGM	2948					X			X				X				
2		2949	X										Paint			X		
3		2950			X					X				X				
4		2951	X										SN	X				
5		2952	X										SN			X		
6		2953					X						Paint	X				
7		2954	X							X						X		
8		2955	X							X				X				
9		2956						Brown		X						X		
10		2957	X							X						X		
11		2958			X					X						X		
12		2959						Brown		X				X				
13		2960			X					X						X		
14		2961						Buck		X						X		
X 15		2962					X			X				X				

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. #505

DATE 07/10/2010

TIME 17h45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A000608

(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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, 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	USGM	2963					X			X				X				
17	↑	2964	X							X				X				
18		2965					X			X				X				
19		2966			X								AS	X				
20		2967			X					X				X				
21		2968			X								TW			X		
22		2969					X		TH							X		
23		2970						Sor L.		X						X		
24		2971					X			X				X				
25		2972						Liver		X				X				
26		2973			X								Paint	X				
27		2974	X										SW			X		
28	↓	2975		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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024657

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/1/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

NEGATIVE BRUCELLOSIS READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

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

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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	DATE M	DATE N	DATE O
USGM2948	300	F	QH		CHESTNUT, NO MARKS									
USGM2949	60	N	PAINT		BAY/WHITE, STAR, STRIPE, SNIP									
USGM2950	300	F	QH		BLACK, STAR									
USGM2951	216	F	SN		BAY, STAR, LF, RR-SOCK									
USGM2952	300	N	SN		BAY, STAR, RR-CORONET									
USGM2953	108	F	PAINT		CHESTNUT, BLAZE, PAINTED CHESTNUT/WHITE									
USGM2954	120	N	QH		BAY, STAR, BRAND LEFT HIP									
USGM2955	120	F	QH		BAY, STAR, STRIPE, SNIP									
USGM2956	96	N	QH		BROWN, STAR, SNIP									
USGM2957	120	N	QH		BAY, NO MARKS									
USGM2958	120	N	QH		BLACK, LR, RF, RR-SOCK									
USGM2959	156	F	QH		BROWN, BLAZE									
USGM2960	60	N	QH		BLACK, STAR, LR-PASTERN									
USGM2961	144	N	QH		BUCKSKIN, STRIPE, LF, RF-SOCK									
USGM2962	300	F	QH		CHESTNUT, STAR, STRIPE									
USGM2963	300	F	QH		CHESTNUT, STAR, STRIPE, LR, RR-SOCK									
USGM2964	96	F	QH		BAY, LR-SOCK									
USGM2965	36	F	QH		CHESTNUT, STAR, STRIPE, RR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FOIA000610

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: OCT 04, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN, E. 9689

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. (FROM VS FORM 17-140): L024657

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE; TYPE TEST / TYPE TEST / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — 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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM2966	180	F	AS			BLACK, STAR, LR-STOCKING							
102 BUCKEYE ST.	USGM2967	72	F	QH			BLACK, LF, LR, RR-PASTERN							
SUGARCREEK, OH 44681	USGM2968	36	N	TW			BLACK, STAR, STRIPE, SNIP, LR-PASTERN							
	USGM2969	300	N	TH			CHESTNUT, STAR, STRIPE, LR, RF-SOCK, LEFT HIP BRAND							
	USGM2970	120	N	QH			SORREL, BLAZE, LR-SOCK							
	USGM2971	300	F	QH			CHESTNUT, STAR, LR-SOCK							
	USGM2972	144	F	QH			LIVER, NO MARKS							
	USGM2973	216	F	PAINT			BLACK, BLAZE, BODY PAINTED							
	USGM2974	96	N	SN			BAY, STAR, LR, RR-SOCK							
	USGM2975	300	F	QH			GREY, NO MARKS							

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 10:AM	DATE: 10-6-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST. P.O Bx 452	STREET ADDRESS: 912 Second Ave West
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: OWENSOUND ONTARIO
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 317 Rang ste juliest jonluo

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	USGM	2891	X										SW			X		
2	↑	2892	X						TH							X		
3		2893	X										Paint	X				
4		2894					X			X				X				
5		2895	X							X						X		
6		2896					X			X				X				
7		2897	X							X				X				
8		2898		X						X				X				
9		2899					X			X						X		
10		2900					X			X				X				
11		2901			X					X						X		
12		2902	X							X				X				
13		2903	X										SW	X				
14		2904	X										SW	X				
15	↓	2905					X			X				X				

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. 505

DATE 07/10/2010

TIME 9h15 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A010612

U.S. DEPARTMENT OF AGRICULTURE
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	21SGM	2906	X										SV			X		
17	↑	2907					X		TH							X		
18		2908					X			X						X		
19		2909			X								SV			X		
20		2910					X			X						X		
21		2911	X							X				X				
22		2912					X			X				X				
23		2913						Brown		X				X				
24		2914			X					X				X				
25		2915					X			X				X				
26		2916					X			X						X		
27		2917			X								Paint	X				
28		2918			X					X				X				
29	↓	2919					X			X						X		
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 10-13A
(SEP 2002)

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. FORM APPROVED - OM

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE
SUGARCREEK LIVESTOCK AUCTION, INC.	L024654	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
10/1/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)	13. STATE CODE	14. ZIP CODE
102 BUCKEYE ST.	SUGARCREEK	39	44681

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean	OHIO

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON	CANADA	CA

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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM2891	132	N	SN		BAY, NO MARKS									
USGM2892	300	N	TH		BAY, NO MARKS									
USGM2893	60	F	PAINT		BAY/WHITE, STAR, STRIPE, SNIP									
USGM2894	72	F	QH		CHESTNUT, NO MARKS									
USGM2895	300	N	QH		BAY, LF, LR, RF, RR-SOCK									
USGM2896	120	F	QH		CHESTNUT, STAR, LF, LR, RF, RR-SOCK									
USGM2897	300	F	QH		BAY, STAR									
USGM2898	300	F	QH		GREY, NO MARKS									
USGM2899	36	N	QH		CHESTNUT, STAR, STRIPE, SNIP, BRAND LEFT HIP									
USGM2900	300	F	QH		CHESTNUT, STAR, SNIP, LR, RR-SOCK									
USGM2901	300	N	QH		BLACK, NO MARKS									
USGM2902	144	F	QH		BAY, STAR, LR, RR-SOCK									
USGM2903	300	F	SN		BAY, NO MARKS									
USGM2904	300	F	SN		BAY, NECK BRAND									
USGM2905	300	F	QH		CHESTNUT, BLAZE, LR-SOCK									
USGM2906	120	N	SN		BAY, STAR, NECK BRAND									
USGM2907	300	N	TH		CHESTNUT, STAR									
USGM2908	120	N	QH		CHESTNUT, BLAZE									

FOIA EXEMPTION 6

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 04, 2010	HIRSCHBACH, BRYAN E. 9689	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	29

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
Kellie A Hough DVM	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

READ INSTRUCTIONS FROM VS FORM 17-140

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. 0

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024654

3. PAGE: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

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
USGM2909	144	N	SN											
USGM2910	300	N	QH											
USGM2911	300	F	QH											
USGM2912	216	F	QH											
USGM2913	156	F	QH											
USGM2914	108	F	QH											
USGM2915	300	F	QH											
USGM2916	120	N	QH											
USGM2917	24	F	PAINT											
USGM2918	300	F	QH											
USGM2919	156	N	QH											

USGM2909	BLACK, STAR, LF, LR, RF-PASTERN, NECK BRAND
USGM2910	CHESTNUT, STAR, STRIPE, SNIP, LF, LR, RF, RR-SOCK
USGM2911	BAY, STAR, STRIPE, SNIP, LF-SOCK, LR, RR-STOCKING
USGM2912	CHESTNUT, BLAZE, LF, RR-SOCK
USGM2913	BROWN, NO MARKS
USGM2914	BLACK, LF, RF-SOCK, LR, RR-STOCKING
USGM2915	CHESTNUT, STAR
USGM2916	CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK
USGM2917	STAR, STRIPE, SNIP, PAINTED BLACK/WHITE
USGM2918	BLACK, STAR, LR-SOCK
USGM2919	CHESTNUT, BLAZE, RR-SOCK

~~1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~

~~2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~

~~3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~

~~4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~

~~5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.~~

~~6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

[illegible] DVM

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:30

DATE: 10-4-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jov1wo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USGM	2835					X			X						X		
2		2836						Sor			BL					X		
3		2837						Sor			BL					X		
4		2838						Sor			BL			X				
5		2839			X								SN	X				
6		2840					X				X			X				
7		2841					X			X				X				
8		2842			X					X				X				
9		2843			X					X				X				
10		2844			X					X				X				
11		2845	X							X				X				
12		2846					X			X						X		
13		2847					X			X				X				
14		2848			X					X				X				
15		2849			X								PAINT	X				

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. 505

DATE 5 Oct. 2010

TIME 13:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11-01A000616

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PART 1 - INSPECTOR

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. FORM APPROVED - OMB N

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.
SUGARCREEK LIVESTOCK AUCTION, INC.	1024655

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
10/1/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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)	DESTINATION COUNTRY	ENTER CODE
CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON	CANADA	CA

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.

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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	DISEASE TYPE TEST 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
USGM2835	120	N	QH		CHESTNUT, BLAZE, LR-SOCK									
USGM2836	12	N	BL		SORREL, BALD									
USGM2837	240	N	BL		SORREL, STA4R									
USGM2838	300	F	BL		SORREL, BLAZE									
USGM2839	60	F	SN		BLACK, STAR, LF-CORONET, LR, RR-SOCK									
USGM2840	180	F	DRAFT		CHESTNUT, BLAZE									
USGM2841	300	F	QH		CHESTNUT, STAR									
USGM2842	300	F	QH		BLACK, STAR, STRIPE, SNIP									
USGM2843	300	F	QH		BLACK, NO MARKS									
USGM2844	120	F	QH		BLACK, NO MARKS									
USGM2845	60	F	QH		BAY, STAR, STRIPE, SNIP									
USGM2846	300	N	QH		CHESTNUT, BLAZE									
USGM2847	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP									
USGM2848	144	F	QH		BLACK, LR, RR-SOCK									
USGM2849	24	F	PAINT		PAINTED BLACK/WHITE, STAR, STRIPE, SNIP									
USGM2850	300	N	AS		BLACK, NO MARKS									
USGM2851	24	F	PONY		BAY, STAR									
USGM2852	300	F	PAINT		CHESTNUT, BALD, PAINTED CHESTNUT/WHITE									

FOIA FOIA2010000817

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 04,2010	HIRSCHBACH, BRYAN E. 9689	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

1024655

3. PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM2853	24	F	PAINT	BAY, STRIPE, SNIP, PAINTED BAY/WHITE									
102 BUCKEYE ST.	USGM2854	24	N	QH	BAY, STAR, STRIPE, SNIP, LR-SOCK									
SUGARCREEK, OH 44681	USGM2855	300	F	QH	SORREL, STAR									
	USGM2856	300	F	QH	BAY, STAR, SNIP, LR-SOCK									
	USGM2857	300	N	PONY	ROAN, BLAZE, LR,RR-SOCK									
	USGM2858	300	F	QH	BAY, NO MARKS									
	USGM2859	120	N	QH	BAY, NO MARKS									
	USGM2860	12	N	SN	BLACK, STAR									
	USGM2861	24	F	QH	BAY, NO MARKS									
	USGM2862	24	F	QH	CHESTNUT, STAR, STRIPE									
	USGM2863	300	F	QH	CHESTNUT, STAR, BRAND RIGHT SHOULDER									
	USGM2864	60	F	TW	BLACK, STAR, RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 6:30PM
DATE: Oct 13-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452
STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681
CITY, STATE, ZIP CODE: 517 Rang Ste juliest jov1w0

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	2920			X					X				X				
2		2921					X			X						X		
3		2922	X							X				X				
4		2923						Palo		X				X				
5		2924	X										SN			X		
6		2925	X							X				X				
7		2926					X			X				X				
8		2927	X							X				X				
9		2928	X							X				X				
10		2929	X							X				X				
11		2930			X								TW	X				
12		2931					X			X				X				
13		2932					X			X				X				
14		2933	X							X						X		
15		2934						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).

SIGNATURE 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. # 505
DATE 14/10/2010
TIME 13h00

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

FOIA11F01A00619

U.S. DEPARTMENT OF AGRICULTURE
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	USGM	2935	X										SN			X		
17		2936	X							X						X		
18		2937					DK X			X						X		
19		2938						Palo		X						X		
20		2939	X							X				X				
21		2940					X			X						X		
22		2941						Sor		X						X		
23		2942			X					X						X		
24		2943					X			X						X		
25		2944						Roan		X						X		
26		2945			X								TW			X		
27		2946			X								Point			X		
28		2947	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 10-13A
(SEP 2002)

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L024656

3. PAGE NO.: 2 OF 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) ——

18. INDIVIDUAL IDENTIFICATION

——— 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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGM2938	108	N	QH											
USGM2939	48	F	QH											
USGM2940	180	N	QH											
USGM2941	48	N	QH											
USGM2942	132	F	QH											
USGM2943	180	N	QH											
USGM2944	120	N	QH											
USGM2945	300	N	TW											
USGM2946	300	N	PAINT											
USGM2947	300	N	QH											

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

PALOMINO, NO MARKS
BAY, STAR
CHESTNUT, BLAZE, LF, LR, RF, RR-SOCK
SORREL, LF, LR, RF, RR-SOCK
BLACK, STAR, SNIP, LR, RF, RR-SOCK
CHESTNUT, BLAZE, LR-COCK, RR-CORONET
ROAN, BLAZE, LR-SOCK
BLACK, NO MARKS
PAINTED BLACK/WHITE, STAR, STRIPE, SNIP
BAY, STAR, STRIPE, LR-SOCK

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0246562

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USGM2938	108	N	QH			PALOMINO, NO MARKS								
USGM2939	48	F	QH			BAY, STAR								
USGM2940	180	N	QH			CHESTNUT, BLAZE, LF, LR, RF, RR-SOCK								
USGM2941	48	N	QH			SORREL, LF, LR, RF, RR-SOCK								
USGM2942	132	F	QH			BLACK, STAR, SNIP, LR, RF, RR-SOCK								
USGM2943	180	N	QH			CHESTNUT, BLAZE, LR-SOCK, RR-CORONET								
USGM2944	120	N	QH			ROAN, BLAZE, LR-SOCK								
USGM2945	300	N	TW			BLACK, NO MARKS								
USGM2946	300	N	PAINT			PAINTED BLACK/WHITE, STAR, STRIPE, SNIP								
USGM2947	300	N	QH			BAY, STAR, STRIPE, LR-SOCK								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 5 – ISSUING 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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7 PM	DATE: 10-12-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports
STREET ADDRESS: 102 Buckeye St P.O Bx 452	STREET ADDRESS: 912 Second Ave. West Owensound Ontario
CITY, STATE, ZIP CODE: Sugarcreek OH 44681	CITY, STATE, ZIP CODE: 517 Kang Ste Juliest Jov 1000
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	USGM	2976					X			X					X			
2	↑	2977						Sor			BL					X		
3		2978						Sor			BL					X		
4		2979						Sor			BL					X		
5		2980						Sor			BL					X		
6		2981						Sor			X			X				
7		2982			X					X						X		
8		2983						Tri					Paint	X				
9		2984			X					X				X				
10		2985	X										SN	X				
11		2986	X										SN	X				
12		2987	X										Paint	X				
13		2988					X						SN			X		
14		2989					X			X						X		
15	↓	2990					X			X						X		

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. SDJ

DATE 13 Oct 2010

TIME 12:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A00623

VS FORM 10-13 (AUG 2004) Previous editions are obslete PAGE 1 OF ___

U.S. DEPARTMENT OF AGRICULTURE
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	USGM	2991						Palo		X				X				
17	↑	2992			X					X				X				
18		2993			X					X				X				
19		2994					X			X				X				
20		2995		X						X				X				
21		2996	X							X						X		
22		2997	X							X						X		
23		2998	X							X				X				
24		2999			X								SW	X				
25	↓	3000	X							X				X				
26	USGM	5001					X						Paint	X				
27	↑	5002			X								SW			X		
28		5003	X										SW			X		
29		5004	X										SW	X				
30	↓	5005	X										SW			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)

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024660

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/8/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM2976	12	M	QH				CHESTNUT, STAR, STRIPE, RF-CORONET, RR-SOCK							
USGM2977	120	N	BL				SORREL, STAR, SNIP							
USGM2978	300	N	BL				SORREL, STAR, STRIPE, SNIP							
USGM2979	180	N	BL				SORREL, STAR, STRIPE, SNIP							
USGM2980	72	N	BL				SORREL, BLAZE							
USGM2981	12	F	DRAFT				SORREL, BLAZE							
USGM2982	300	N	QH				BLACK, SNIP, LR-SOCK							
USGM2983	60	F	PAINT				BLACK, BROWN, WHITE, STAR							
USGM2984	180	F	QH				BLACK, NO MARKS							
USGM2985	300	F	SN				BAY, STAR, LR, RR-SOCK							
USGM2986	156	F	SN				BAY, STAR, NECK BRAND							
USGM2987	48	F	PAINT				BAY/WHITE, STAR, STRIPE, SNIP							
USGM2988	240	N	SN				CHESTNUT, STAR, LR-SOCK							
USGM2989	12	N	QH				CHESTNUT, SNIP, RF-SOCK							
USGM2990	60	N	QH				CHESTNUT, BLAZE							
USGM2991	60	F	QH				PALOMINO, STAR							
USGM2992	96	F	QH				BLACK, RR-PASTERN							
USGM2993	108	F	QH				BLACK, NO MARKS							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

FOIA FSIS000625

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: OCT 12 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L024660

3. PAGE NO.: 2 OF 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)

18. INDIVIDUAL IDENTIFICATION

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM2994	228	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK								
102 BUCKEYE ST.	USGM2995	36	F	QH		GREY, BLAZE								
SUGARCREEK, OH 44681	USGM2996	72	M	QH		BAY, NO MARKS								
	USGM2997	12	M	QH		BAY, NO MARKS								
	USGM2998	96	F	QH		BAY, STAR, RR-SOCK								
	USGM2999	300	F	SN		BLACK, NECK BRAND								
	USGM3000	12	F	QH		BAY, NO MARKS								
	USGM5001	84	F	PAINT		CHESTNUT, WHITE, BLAZE								
	USGM5002	84	M	SN		BLACK, NECK BRAND								
	USGM5003	120	M	SN		BAY, LR, RR-SOCK, NECK BRAND								
	USGM5004	300	F	SN		BAY, S TAR								
	USGM5005	180	M	SN		BAY, STAR, LR, RR-SOCK								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

[signature], DVM

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6 PM

DATE: 10-26-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST. P.O.BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWEN SOUND ONTARIO 517 RANGE STE. W WEST JOY HWY

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	215GM	5186			X								SW	X				
2		5187					X			X				X				
3		5188						Brown					Paint	X				
4		5189			X								JW			X		
5		5190			X								Paint			X		
6		5191					X			X						X		
7		5192	X							X						X		
8		5193			X								Paint	X				
9		5194					X			X				X				
10		5195					X						Paint			X		
11		5196					X						Paint	X				
12		5197					X						Paint	X				
13		5198	X							X				X				
14		5199	X							X						X		
15		5200					X			X						X		

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. #505

DATE OCTOBER, 27th, 2010

TIME 13h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3011A010627

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	2L5GM	5201						Brown					SN			X		
17	↑	5202			X					X				X				
18		5203					X			X				X				
19		5204			X					X				X				
20		5205					X						Paint	X				
21		5206			X					X				X				
22		5207					X			X				X				
23		5208						Roan		X				X				
24		5209					X			X						X		
25		5210						Roan		X						X		
26		5211			X								Paint			X		
27		5212					X			X						X		
28		5213					X						Paint	X				
29		5214					X			X						X		
30	↓	5215			X								Paint			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.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

...ocument 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024696

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/15/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM5186	60	F	SN		BLACK, STAR, LF-SOCK									
USGM5187	120	F	QH		CHESTNUT, STAR, LR, RF-SOCK									
USGM5188	120	F	PAINT		BROWN/WHITE, BLAZE									
USGM5189	72	N	TW		BLACK, STAR									
USGM5190	60	N	PAINT		BLACK/WHITE, SNIP									
USGM5191	96	N	QH		CHESTNUT, STAR, STRIPE, SNIP, RR-SOCK									
USGM5192	108	N	QH		BAY, STAR, STRIPE, SNIP, LF, RF-SOCK, LR, RR-STOCKING									
USGM5193	156	F	PAINT		BLACK/WHITE, SNIP									
USGM5194	108	F	QH		CHESTNUT, BLAZE, LR-SOCK, RR-STOCKING									
USGM5195	60	N	PAINT		CHESTNUT/WHITE, BLAZE									
USGM5196	72	F	PAINT		CHESTNUT/WHITE, BLAZE									
USGM5197	36	F	PAINT		CHESTNUT/WHITE									
USGM5198	72	F	QH		BAY, BLAZE, RR-SOCK									
USGM5199	48	N	QH		BAY, STAR, LF, LR, RF, RR-SOCK									
USGM5200	156	N	QH		CHESTNUT, LR, RR-SOCK									
USGM5201	216	N	SN		BROWN, NECK BRAND									
USGM5202	60	F	QH		BLACK, STAR, STRIPE, SNIP, LR-SOCK									
USGM5203	96	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR, RR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 18 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024696

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USGM5204	120	F	QH	BLACK, NO MARKS										
USGM5205	300	F	PAINT	CHESTNUT/WHITE, BLAZE										
USGM5206	108	F	QH	BLACK, NO MARKS										
USGM5207	36	F	QH	CHESTNUT, BLAZE										
USGM5208	36	F	QH	ROAN, LR-SOCK										
USGM5209	60	N	QH	CHESTNUT, NO MARKS										
USGM5210	24	N	QH	ROAN, BALD, LR, RR-STOCKING										
USGM5211	144	N	PAINT	BLACK/WHITE, STAR, SNIP										
USGM5212	24	N	QH	CHESTNUT, NO MARKS										
USGM5213	24	F	PAINT	CHESTNUT/WHITE, BALD										
USGM5214	120	N	QH	CHESTNUT, STARLR, RR-SOCK										
USGM5215	108	N	PAINT	BLACK/WHITE, STAR										

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 6:30 PM
DATE: 10-19-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452
STREET ADDRESS: 912 Second Ave WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681
CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	5035	X										SN			X		
2		5036					X			X						X		
3		5037					X			X						X		
4		5038						Liver					TW			X		
5		5039			X								TW			X		
6		5040					X			X				X				
7		5041					X			X				X				
8		5042		X									AP			X		
9		5043	X										SN	X				
10		5044	X										SN			X		
11		5045	X										SN			X		
12		5046		X						X				X				
13		5047			X								Paint	X				
14		5048	X										Mule	X				
15		5049			X					X						X		

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. 505
DATE 20 Oct 2010
TIME 13:10

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A00631

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 6:30 PM

DATE: 10-19-10

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

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STREET ADDRESS: 912 Second Ave WEST OWENSOUND ONTARIO

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CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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1	USGM	5035	X										SN			X		
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3		5037					X			X						X		
4		5038						Liver					TW			X		
5		5039			X								TW			X		
6		5040					X			X				X				
7		5041					X			X				X				
8		5042		X									AP			X		
9		5043	X										SN	X				
10		5044	X										SN			X		
11		5045	X										SN			X		
12		5046		X						X				X				
13		5047			X								Paint	X				
14		5048	X										Mule	X				
15		5049			X					X						X		

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. 505

DATE 20 Oct 2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A00632

U.S. DEPARTMENT OF AGRICULTURE
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	24SGM	5050					X			X				X				
17	↑	5051						Brown					Mule	X				
18		5052	X										SV	X				
19		5053	X							X						X		
20		5054					X			X				X				
21		5055	X										SV			X		
22		5056					X			X						X		
23		5057		X						X				X				
24		5058	X										SV			X		
25		5059					X						SV	X				
26		5060						Brown					Paint	X				
27		5061						Tri					Paint	X				
28		5062			X					X						X		
29		50163	X										SV			X		
30		5064						Sor		X				X				
31	↓	5065	X										SV	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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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)

SUGARCREEK LIVESTOCK AUCTION, INC.

LO240[illegible]

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
10/8/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON	CANADA	CA

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

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

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE	DISEASE	DISEASE
	CERTIFIED BRUCELLOSIS FREE AREA	TYPE TEST	TYPE TEST	TYPE TEST

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

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGM5035	84	N	SN				BAY, STAR, NECK BRAND							
USGM5036	120	N	QH				CHESTNUT, STAR, LF, LR, RF, RR-SOCK							
USGM5037	132	N	QH				CHESTNUT, LR, RR-SOCK							
USGM5038	144	N	TW				LIVER, NO MARKS							
USGM5039	144	N	TW				BLACK, NO MARKS							
USGM5040	156	F	QH				CHESTNUT, STAR, STRIPE, LR, RR-SOCK							
USGM5041	300	F	QH				CHESTNUT, BLAZE, LF-SOCK, LR, RR-STOCKING							
USGM5042	300	N	AP				GREY, SPOTTED							
USGM5043	300	F	SN				BAY, STAR, LF, RF-PASTERN, LR-STOCKING							
USGM5044	60	N	SN				BAY, LR, RR-SOCK							
USGM5045	180	N	SN				BAY, RR-SOCK, NECK BRAND							
USGM5046	156	F	QH				GREY, NO MARKS							
USGM5047	84	F	PAINT				BLACK, WHITE							
USGM5048	144	F	MULE				BAY, NO MARKS							
USGM5049	300	N	QH				BLACK, NO MARKS							
USGM5050	120	F	QH				CHESTNUT, STAR, RR-STOCKING							
USGM5051	96	F	MULE				BROWN, NO MARKS							
USGM5052	24	F	SN				BAY, NECK BRAND							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA 11F3100834

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 12 2010	HIRSCHBACH, BRYAN E. 9689	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	31

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

PART 2- VS RIVERDALE, MARYLAND

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024659

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN Owner's name (Last name, two initials, & business name) Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5053	168	N	QH		BAY, STAR									
102 BUCKEYE ST.	USGM5054	72	F	QH		CHESTNUT, STAR, STRIPE, SNIP									
SUGARCREEK, OH 44681	USGM5055	60	N	SN		BAY, STAR, NECK BRAND									
	USGM5056	120	N	QH		CHESTNUT, STAR, STRIPE, SNIP, RR-SOCK									
	USGM5057	300	F	QH		GREY, NO MARKS									
	USGM5058	300	N	SN		BAY, STAR, LR, RR-SOCK									
	USGM5059	24	F	SN		CHESTNUT, STAR									
	USGM5060	300	F	PAINT		BROWN/WHITE, STAR									
	USGM5061	60	F	PAINT		BLACK, BROWN, WHITE, STAR									
	USGM5062	132	N	QH		BLACK, LF-SOCK									
	USGM5063	96	N	SN		BAY, LF, RR-SOCK									
	USGM5064	300	F	QH		SORREL, NO MARKS									
	USGM5065	36	F	SN		BAY, NECK BRAND									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 6:PM

DATE: 10-17-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 second ave west

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang ste julwest javlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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.
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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGM	5066	X										SW	X				
2		5067					X			X				X				
3		5068					X			X						X		
4		5069	X							X				X				
5		5070			X					X						X		
6		5071			X					X				X				
7		5072	X							X				X				
8		5073					X			X				X				
9		5074			X					X						X		
10		5075						Gray Roan		X				X				
11		5076			X					X				X				
12		5077			X								JW			X		
13		5078	X							X						X		
14		5079					X			X						X		
15		5080					X						SW			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. 505

DATE 18-10-2010

TIME 13:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A010637

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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CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

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STREET ADDRESS: 912 Second ave West OWENSOUND ONTARIO

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CITY, STATE, ZIP CODE: 517 Rang ste juliest jov/wo

AREA CODE & TELEPHONE NO.: 330-852-2832

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- [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	21SGM	5066	X										SN	X				
2		5067					X			X				X				
3		5068					X			X						X		
4		5069	X							X				X				
5		5070			X					X						X		
6		5071			X					X				X				
7		5072	X							X				X				
8		5073					X			X				X				
9		5074			X					X						X		
10		5075						Grey Roan		X				X				
11		5076			X					X				X				
12		5077			X								TW			X		
13		5078	X							X						X		
14		5079					X			X						X		
15		5080					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

FOIA11FOIA000638

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 busi...*: SUGARCREEK LIVESTOCK AUCTION, INC.

4. DATE ISSUED: 10/8/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USGM5035	84	N	SN				BAY, STAR, NECK BRAND							
USGM5036	120	N	QH				CHESTNUT, STAR, LF, LR, RF, RR-SOCK							
USGM5037	132	N	QH				CHESTNUT, LR, RR-SOCK							
USGM5038	144	N	TW				LIVER, NO MARKS							
USGM5039	144	N	TW				BLACK, NO MARKS							
USGM5040	156	F	QH				CHESTNUT, STAR, STRIPE, LR, RR-SOCK							
USGM5041	300	F	QH				CHESTNUT, BLAZE, LF-SOCK, LR, RR-STOCKING							
USGM5042	300	N	AP				GREY, SPOTTED							
USGM5043	300	F	SN				BAY, STAR, LF, RF-PASTERN, LR-STOCKING							
USGM5044	60	N	SN				BAY, LR, RR-SOCK							
USGM5045	180	N	SN				BAY, RR-SOCK, NECK BRAND							
USGM5046	156	F	QH				GREY, NO MARKS							
USGM5047	84	F	PAINT				BLACK, WHITE							
USGM5048	144	F	MULE				BAY, NO MARKS							
USGM5049	300	N	QH				BLACK, NO MARKS							
USGM5050	120	F	QH				CHESTNUT, STAR, RR-STOCKING							
USGM5051	96	F	MULE				BROWN, NO MARKS							
USGM5052	24	F	SN				BAY, NECK BRAND							

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: OCT 12 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

FOIA11F00000839

U.S. DEPARTMENT OF AGRICULTURE
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	21SGM	5081	X							X				X				
17		5082						Sor					Haf.			X		
18		5083					X						Mule			X		
19		5084						Tri					Paint	X				
20		5085					X			X				X				
21		5086						Brown		X						X		
22		5087					X			X						X		
23		5088	X							X				X				
24		5089	X							X				X				
25		5090						Sor		X				X				
26		5091	X										SN			X		
27		5092	X							X				X				
28		5093			X								Paint	X				
29		5094					X			X				X				
30		5095						LIVER		X						X		
31		5096					X			X						X		
32		5097	X						TH					X				
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)

VS FORM 10-13A
(SEP 2002)

...is 1226 ... 1 ... STATUS 1512). 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024196

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/8/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*: [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [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.

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)*

17. FARM ORIGIN	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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USGM5066	300	F	SN				BAY, NO MARKS							
	USGM5067	36	F	QH				CHESTNUT, STAR, RF-SOCK							
	USGM5068	96	N	QH				CHESTNUT, STRIPE, SNIP, LR-SOCK, RR-STOCKING							
	USGM5069	180	F	QH				BAY, STAR, STRIPE, SNIP, LR-PASTERN							
	USGM5070	300	N	QH				BLACK, LR, RR-SOCK							
	USGM5071	120	F	QH				BLAK, STAR, LR-SOCK							
	USGM5072	24	F	QH				BAY, STAR, STRIPE, SNIP							
	USGM5073	120	F	QH				CHESTNUT, STAR							
	USGM5074	168	N	QH				BLACK, STAR, BRAND/LEFT HIP							
	USGM5075	120	F	QH				GREY ROAN, RR-SOCK							
	USGM5076	120	F	QH				BLACK, BLAZE, LF-CORONET							
	USGM5077	108	N	TW				BLACK, STAR, LF, RF, RR-SOCK							
	USGM5078	84	N	QH				BAY, NO MARKS							
	USGM5079	144	N	QH				CHESTNUT, STAR, LR-SOCK							
	USGM5080	300	N	SN				CHESTNUT, STAR							
	USGM5081	48	F	QH				BAY, STAR, LR-SOCK, RR-PASTERN							
	USGM5082	108	N	HAFLINGER				SORREL, STAR							
	USGM5083	132	N	MULE				CHESTNUT, NO MARKS							

FOIA# 2011000641

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: OCT 12 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
SUGARCREEK LIVESTOCK AUCTION, INC.	L024196	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
10/8/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON	CANADA	CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USGM5066	300	F	SN				BAY, NO MARKS							
	USGM5067	36	F	QH				CHESTNUT, STAR, RF-SOCK							
	USGM5068	96	N	QH				CHESTNUT, STRIPE, SNIP, LR-SOCK, RR-STOCKING							
	USGM5069	180	F	QH				BAY, STAR, STRIPE, SNIP, LR-PASTERN							
	USGM5070	300	N	QH				BLACK, LR, RR-SOCK							
	USGM5071	120	F	QH				BLAK, STAR, LR-SOCK							
	USGM5072	24	F	QH				BAY, STAR, STRIPE, SNIP							
	USGM5073	120	F	QH				CHESTNUT, STAR							
	USGM5074	168	N	QH				BLACK, STAR, BRAND/LEFT HIP							
	USGM5075	120	F	QH				GREY ROAN, RR-SOCK							
	USGM5076	120	F	QH				BLACK, BLAZE, LF-CORONET							
	USGM5077	108	N	TW				BLACK, STAR, LF, RF, RR-SOCK							
	USGM5078	84	N	QH				BAY, NO MARKS							
	USGM5079	144	N	QH				CHESTNUT, STAR, LR-SOCK							
	USGM5080	300	N	SN				CHESTNUT, STAR							
	USGM5081	48	F	QH				BAY, STAR, LR-SOCK, RR-PASTERN							
	USGM5082	108	N	HAFLINGER				SORREL, STAR							
	USGM5083	132	N	MULE				CHESTNUT, NO MARKS							

FOIA# 2011000642

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 12 2010	HIRSCHBACH, BRYAN E. 9689	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	32

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024196

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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
~~SUGARCREEK LIVESTOCK AUCTION, INC.~~														
~~102 BUCKEYE ST.~~														
SUGARCREEK, OH 44681														
USGM5084	36	F	PAINT			BLACK/BROWN/WHITE								
USGM5085	96	F	QH			CHESTNUT, BLAZE, RF, RR-SOCK								
USGM5086	72	N	QH			BROWN, STAR, STRIPE								
USGM5087	120	N	QH			CHESTNUT, BALD, LF, RF-STOCKING								
USGM5088	156	F	QH			BAY, NO MARKS								
USGM5089	96	F	QH			BAY, NO MARKS								
USGM5090	12	F	QH			SORREL, STAR, LF, LR, RF, RR-SOCK								
USGM5091	72	N	SN			BAY, SNIP, LR, RF-PASTERN, RR-SOCK								
USGM5092	60	F	QH			BAY, STAR, SNIP, RR-PASTERN								
USGM5093	24	F	PAINT			BLACK/WHITE, STAR, STRIPE, SNIP								
USGM5094	144	F	QH			CHESTNUT, BLAZE, RR-SOCK								
USGM5095	12	N	QH			LIVER, STAR, STRIPE, SNIP, RR-CORONET								
USGM5096	84	N	QH			CHESTNUT, BLAZE, LR, RF, RR-SOCK								
USGM5097	24	F	TH			BAY, STAR								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:45 AM	DATE: 10-14-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS 912 Second Ave WEST
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: 517 Rang ste. juliest jov1wo
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	USGM	5006	X										SN	X				
2		5007	X							X				X				
3		5008						Buck		X				X				
4		5009	X							X				X				
5		5010	X							X				X				
6		5011					X						TW	X				
7		5012	X							X						X		
8		5013					X			X						X		
9		5014			X					X				X				
10		5015	X										SN	X				
11		5016			X								Paint	X				
12		5017					X			X				X				
13		5018	X										SN			X		
14		5019	X										SN			X		
15		5020					X						TW			X		

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. #505
DATE 15/10/2010
TIME 9h00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A000644

U.S. DEPARTMENT OF AGRICULTURE
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	21SGM	5021	X										SV			X		
17	↑	5022					X						Paint	X				
18		5023			X								TW			X		
19		5024						Palo					APL			X		
20		5025			X					X				X				
21		5026	X										SV			X		
22		5027					X						SV			X		
23		5028	X						TH						X			
24		5029	X						TH							X		
25		5030	X						TH					X				
26		5031					X		TH							X		
27		5032	X						TH					X				
28		5033	X						TH							X		
29	↓	5034	X						TH					X				
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)

VS FORM 10-13A
(SEP 2002)

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024658

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/8/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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)*

17. FARM ORIGIN	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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USGM5006	168	F	SN											
	USGM5007	300	F	QH											
	USGM5008	96	F	QH											
	USGM5009	96	F	QH											
	USGM5010	300	F	QH											
	USGM5011	144	F	TW											
	USGM5012	108	N	QH											
	USGM5013	300	N	QH											
	USGM5014	144	F	QH											
	USGM5015	156	F	SN											
	USGM5016	144	F	PAINT											
	USGM5017	300	F	QH											
	USGM5018	120	N	SN											
	USGM5019	300	N	SN											
	USGM5020	120	N	TW											
	USGM5021	300	N	SN											
	USGM5022	144	F	PAINT											
	USGM5023	60	N	TW											

BAY, NECK BRAND
BAY, STAR, LF-SOCK, LR-PASTERN
BUCKSKIN, LR-PASTERN
BAY, STAR, LR, RR-SOCK
BAY, STAR
CHESTNUT, STAR, STRIPE, SNIP, LR, RF-SOCK
BAY, STAR
CHESTNUT, STAR
BLACK, STAR
BAY, STAR
BLACK/WHITE, SNIP
CHESTNUT, NO MARKS
BAY, STAR
BAY, STAR, STRIPE, SNIP, LF, RF-PASTERN
CHESTNUT, BLAZE, RF-SOCK, RR-STOCKING
BAY, NO MARKS
CHESTNUT/WHITE, BLAZE
BLACK, RF-SOCK

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FSIS000646

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: OCT 12 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 29

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough, DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024658

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5024	120	N	APL		PALOMINO, STRIPE								
102 BUCKEYE ST.	USGM5025	108	F	OH		BLACK, NO MARKS								
SUGARCREEK, OH 44681	USGM5026	300	N	SN		BAY, STAR								
	USGM5027	60	N	SN		CHESTNUT, STAR, LF, LR, RF-SOCK								
	USGM5028	60	M	TH		BAY, BLAZE, RR-CORONET								
	USGM5029	48	N	TH		BAY, LR-PASTERN								
	USGM5030	48	F	TH		BAY, STAR, STRIPE, LR-CORONET								
	USGM5031	72	N	TH		CHESTNUT, STAR, LR-CORONET								
	USGM5032	84	F	TH		BAY, STAR, LR-CORONET								
	USGM5033	96	N	TH		BAY, BLAZE, LR, RR-SOCK, RR-CORONET								
	USGM5034	60	F	TH		BAY, STAR, LR-SOCK								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 11:00PM
DATE: SEPT. 14/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER
CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452
STREET ADDRESS: 912 Second Ave WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681
CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	2USGM	2431	X										SN	X				
2	↑	2432						Tri					Paint	X				
3		2433					X Roan			X						X		
4		2434					X			X						X		
5		2435					X			X						X		
6		2436					X						Paint	X				
7		2437					X			X				X				
8		2438	X							X						X		
9		2439	X							X				X				
10		2440					X			X				X				
11		2441						Tri					Paint	X				
12		2442					X			X				X				
13		2443	X							X				X				
14		2444						Roan		X				X				
15	↓	2445			X								TW	X				

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. 505
DATE 15 Sept 2010
TIME 14:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsiete

FOIA11FOIA000848

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 precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SGM	2446	X							X				X				
17	↑	2447						Roan		X				X				
18		2448			X					X				X				
19		2449	X							X						X		
20		2450	X							X				X				
21		2451					X			X				X				
22		2452			X					X						X		
23		2453	X										Must			X		
24		2454					X			X						X		
25		2455	X							X				X				
26		2456						Sor		X						X		
27		2457	X							X						X		
28		2458					X			X				X				
29	↓	2459			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)

VS FORM 10-13A
(SEP 2002)

...is 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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024190

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/3/10

5. U.S. PORT OF EMBARKATION (*City and State*): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (*or Town*): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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*): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM2431	300	F	SN				BAY, LR-PASTERN							
USGM2432	300	F	PAINT				BLACK, BROWN, WHITE, BLAZE							
USGM2433	300	N	QH				CHESTNUT ROAN, STAR							
USGM2434	96	N	QH				CHESTNUT, BLAZE, LR-STOCKING							
USGM2435	108	N	QH				CHESTNUT, BLAZE, LF-PASTERN, LR-SOCK							
USGM2436	72	F	PAINT				CHESTNUT & WHITE, BLAZE							
USGM2437	84	F	QH				CHESTNUT, STAR, DORSAL STRIPE							
USGM2438	240	N	QH				BAY, STAR							
USGM2439	300	F	QH				BAY, STAR, LR, RR-SOCK							
USGM2440	48	F	QH				CHESTNUT, BLAZE, LF, LR, RR-SOCK							
USGM2441	60	F	PAINT				BLACK, BROWN, WHITE, BLAZE							
USGM2442	192	F	QH				CHESTNUT, BLAZE							
USGM2443	108	F	QH				BAY, NO MARKS							
USGM2444	300	F	QH				ROAN, NO MARKS							
USGM2445	300	F	TW				BLACK, NO MARKS							
USGM2446	12	F	QH				BAY, BLAZE, LR, RR-SOCK							
USGM2447	60	F	QH				ROAN, STAR							
USGM2448	216	F	QH				BLACK, STAR, RR-SOCK							

FOIA FOI2010030650

VALID ONLY IF USDA OFFICIAL EMBOSSED 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: SEP 07,2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): SUSAN M. SKIRUPSKI, DVM
AREA VETERINARIAN IN CHARGE OH WV

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140

PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USGM2449	240	N	QH			BAY, STAR, STRIPE, RR-SOCK								
USGM2450	144	F	QH			BAY, STRIPE, SNIP								
USGM2451	300	F	QH			CHESTNUT, BLAZE, LF, LR-SOCK, RR-PASTERN								
USGM2452	180	N	QH			BLACK, NO MARKS								
USGM2453	120	N	MUSTANG			BAY, LF, LR, RF, RR-CORONET								
USGM2454	48	N	QH			CHESTNUT, BLAZE								
USGM2455	96	F	QH			BAY, STAR								
USGM2456	108	N	QH			SORREL, STAR, STRIPE, LF, LR, RF, RR-SOCK								
USGM2457	300	N	QH			BAY, LR-PASTERN								
USGM2458	96	F	QH			CHESTNUT, BLAZE, LF, LR, RF-STOCKING								
USGM2459	72	F	QH			BLACK, NO MARKS								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Duane M. Steffen, DVM

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:00 pm
DATE: Sept 15 10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452
STREET ADDRESS: 912 Second Ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek OH 44681
CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Joviwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	2606						Pal		X				X				
2	↑	2607						Sor		X				X				
3		2608	X						TH							X		
4		2609						Red Roan		X						X		
5		2610		Gr/wht									Paint			X		
6		2611	X										TW	X				
7		2612	X						TH					X				
8		2613	X							X						X		
9		2614	X										SN	X				
10		2615		X						X				X				
11		2616						Br Bk wht					Paint			X		
12		2617	X										TW	X				
13		2618						Bk Br wht					Paint	X				
14		2619					X			X						X		
15	↓	2620						Bk wht					Paint			X		

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. 505
DATE 16 Sept 2010
TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A000652

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PART 1 - INSPECTOR

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. FORM APPROVED - OMB NO. 0579-0020 and 0579-

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024194

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/10/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USGM2606	156	F	QH		PALOMINO, NO MARKS									
USGM2607	24	F	QH		SORREL, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM2608	120	N	TH		BAY, STAR, LR-FETLOCK, WHITE SPOT ON LEFT SIDE OF NECK									
USGM2609	108	N	QH		RED ROAN, STAR									
USGM2610	36	N	PAINT		GREY, WHITE, BALD FACE, LF,RF,RR-STOCKING, BODY PAINTED									
USGM2611	96	F	TW		BAY, NO MARKS									
USGM2612	84	F	TH		BAY, STAR, STRIPE, SNIP									
USGM2613	120	N	QH		BAY, STAR, SNIP, LR-CORONET, RR-PASTERN									
USGM2614	84	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM2615	180	F	QH		GREY, NO MARKS									
USGM2616	108	N	PAINT		BLACK, BROWN, WHITE, BLAZE, LF,RF,RR-STOCKING,LR-SOCK BODY PAINTED									
USGM2617	180	F	TW		BAY, LR-PASTERN									
USGM2618	180	F	PAINT		BLACK, BROWN, WHITE, LF-PASTERN, LR,RF,RR-STOCKING BODY PAINTED									
USGM2619	168	N	QH		CHESTNUT, BLAZE, LR, RR-SOCK									
USGM2620	120	N	PAINT		BLACK, WHITE, STAR,STRIPE,SNIP, LF,LR,RF,RR-STOCKING BRAND ON LEFT HIP									
USGM2621	84	F	PAINT		GREY,WHITE, BALD FACE, PAINTED BODY									
USGM2622	144	F	QH		BLACK, LR, RR-PASTERN									
USGM2623	60	F	QH		BLACK, LR, RR-FETLOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FOIA000000

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: SEP. 13, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

CERTIFICATE NO. FROM VS FORM 17-140: L0241944

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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	DISEASE TYPE TEST DATE H	DISEASE TYPE TEST 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
USGM2624	72	F	QH		CHESTNUT, NO MARKS									
USGM2625	156	F	PAINT		SORREL, BLAZE, PAINTED BODY									
USGM2626	144	N	SN		BAY, LF, RR-PASTERN									
USGM2627	120	N	QH		SORREL, BLAZE, LF, RF-PASTERN, LR, RR-SOCK									
USGM2628	48	N	PAINT		BUCKSKIN, WHITE, STAR									
USGM2629	144	F	QH		GREY, NO MARKS									
USGM2630	180	N	QH		CHESTNUT, BLAZE, LR-SOCK									
USGM2631	180	F	QH		BAY, LR, RR-FETLOCK									
USGM2632	24	F	BELGIAN CROSS		SORREL, STAR									
USGM2633	84	F	QH		SORREL, STAR, LR-PASTERN									
USGM2634	72	F	QH		WHITE, NO MARKS									
USGM2635	84	F	QH		BAY, LR-SOCK, RR-PASTERN									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30 PM EASTERN	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 912 Second Ave WEST OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: Sugarcreek OH 44681	CITY, STATE, ZIP CODE: 517 Rang Ste juliest jov1wo
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	USGM	2488						Sor			BL				X			
2	↑	2489			X						PE			X				
3		2490						Sor			BL					X		
4		2491						Sor			BL					X		
5		2492			X						PE					X		
6		2493						Sor			BL			X				
7		2494		X						X				X				
8		2495			X					X				X				
9		2496					X			X						X		
10		2497						Gr/wht					Paint	X				
11		2498			X					X						X		
12		2499						Sor					Haflinger	X				
13		2500	X							X				X				
14		2501						Strawberry Roan		X				X				
15	↓	2502						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. 505

DATE 14 Sept. 2010

TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A000655

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

	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	2i-SGM	2503					Chest/wht						PAINT	X				
17	↑	2504		X						X						X		
18		2505						Br/wht					PAINT	X				
19		2506						Sor Roan					AP	X				
20		2507						Buck Skin		X				X				
21		2508	X										SV			X		
22		2509	X										SV			X		
23		2510			X					X				X				
24		2511	X							X				X				
25		2512	X										SV			X		
26		2513		X						X						X		
27		2514			X							X		X				
28		2515	X							X				X				
29		2516	X										SV			X		
30	↓	2517						Blk/wht					PAINT	X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(b)(6)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024193

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/10/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM2488	120	M	BL		SORREL, BLAZE, LR, RR-STOCKING									
USGM2489	120	F	PE		BLACK, STAR									
USGM2490	120	N	BL		SORREL, BLAZE									
USGM2491	84	N	BL		SORREL, BLAZE									
USGM2492	60	N	PE		BLACK, STAR									
USGM2493	240	F	BL		SORREL, BLAZE, LR-SOCK									
USGM2494	144	F	QH		GREY, NO MARKS									
USGM2495	156	F	QH		BLACK, STAR, SNIP, LR-SOCK									
USGM 2496	180	N	QH		CHESTNUT, STAR, SNIP, RR-FETLOCK									
USGM2497	96	F	PAINT		GREY, WHITE, BALD FACE, LR, RR-STOCKING									
USGM2498	36	N	QH		BLACK, NO MARKS									
USGM2499	144	F	HAFLINGER		SORREL, BLAZE									
USGM2500	120	F	QH		BAY, STAR, STRIPE, SNIP, LR, RR-PASTERN									
USGM2501	120	F	QH		STARWBERRY ROAN, BLAZE, RR-PASTERN									
USGM2502	84	N	QH		SORREL, STAR, SNIP, LR, RR-SOCK									
USGM2503	84	F	PAINT		CHESTNUT, WHITE, STAR, SNIP, BODY PAINTED									
USGM2504	156	N	QH		GREY, NO MARKS									
USGM2505	36	F	PAINT		BROWN, WHITE LF,RF, RR, LR-STOCKING, BODY PAINTED									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Kellie A Hough DVM

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: SEP 13,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 1 State [X] 2 Federal [ ] 3 Accredited

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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 [illegible]

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CER[illegible] FRO[illegible]

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGAT[illegible]

DISEASE

TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — 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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM2506	24	F	AP	SORREL ROAN, STAR									
102 BUCKEYE ST.	USGM 2507	60	F	QH	BUCKSKIN, STAR, LR-FETLOCK									
SUGARCREEK, OH 44681	USGM2508	144	N	SN	BAY STAR, STRIPE, SNIP, BRAND ON RIGHT SIDE OF NECK									
	USGM2509	120	N	SN	BAY, NO MARKS									
	USGM2510	12	F	QH	BLACK, LR, RR-PASTERN									
	USGM2511	144	F	QH	BAY, BLAZE, LR, RF, RR-SOCK									
	USGM2512	60	N	SN	BAY, STAR, LR-SOCK									
	USGM2513	48	N	QH	GREY, BLAZE, LR, RR-SOCK									
	USGM2514	48	F	PONY	BLACK, NO MARKS									
	USGM2515	60	F	QH	BAY, STAR									
	USGM2516	300	N	SN	BAY, STAR, LR-PASTERN									
	USGM2517	60	F	PAINT	BLACK, WHITE, STRIPE, LR, RR-SOCK, LF-PASTERN, RF-STOCKING									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:00 pm
DATE: 9/13/2010
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx452
STREET ADDRESS: 912 Second ave west Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek OH 44681
CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	2518			X						PE				X			
2	↑	2519		X						X						X		
3		2520					X			X				X				
4		2521					X			X						X		
5		2522						Sor		X				X				
6		2523						Palo		X				X				
7		2524			X					X				X				
8		2525	X						TH					X				
9		2526	X							X				X				
10		2527						Br/Blk Wht					Paint	X				
11		2528						Br/Blk Wht					Paint			X		
12		2529					X			X				X				
13		2530	X							X				X				
14		2531					X		TH					X				
15	↓	2532						Blk/Wht					Paint	X				

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. 505
DATE 14 Sept 2010
TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A000659

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

	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	2LSGM	2533	X						TH					X				
17	↑	2534						Buck skin		X				X				
18		2535	X						TH							X		
19		2536	X									TW		X				
20		2537	X							X				X				
21		2538					X			X				X				
22		2539					X					TW				X		
23		2540	X							X				X				
24		2541	X						TH					X				
25		2542						Sor		X						X		
26		2543	X							X						X		
27		2544	X						TH							X		
28	↓	2545	X						TH							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)

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024195

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/10/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM2518	48	M	PE		BLACK, STAR, LR-PASTERN									
USGM2519	96	N	QH		GREY, STAR, STRIPE, SNIP									
USGM2520	60	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR, RR-PASTERN									
USGM2521	60	N	QH		CHESTNUT, STAR, STRIPE, LF,LR, RR-FETLOCK									
USGM2522	156	F	QH		SORREL, STAR, SNIP, LF, RR-SOCK									
USGM2523	72	F	QH		PALOMINO, BLAZE									
USGM2524	180	F	QH		BLACK, STAR, LF-FETLOCK, RR-SOCK									
USGM2525	60	F	TH		BAY, STAR									
USGM2526	120	F	QH		BAY, STAR, SNIP, LR, RR-SOCK									
USGM2527	36	F	PAINT		BLACK, BROWN, WHITE, STAR, RF-STOCKING, BODY PAINTED									
USGM2528	84	N	PAINT		BLACK, BROWN, WHITE, STAR, SNIP, LF,LR,RF,RR-STOCKING, BODY PAINTED									
USGM2529	180	F	QH		CHESTNUT, STAR, SNIP									
USGM2530	144	F	QH		BAY, STAR, LR-FETLOCK, RF-PASTERN									
USGM2531	300	F	TH		CHESTNUT, LF, RF-PASTERN, LR, RR-SOCK									
USGM2532	60	F	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP, BODY PAINTED									
USGM2533	24	F	TH		BAY, STAR, LR-PASTERN									
USGM2534	180	F	QH		BUCKSKIN, BLAZE									
USGM2535	48	N	TH		BAY, STAR, STIPE, SNIP, LR, LF-SOCK, RR-CORONET									

FOIA FOIA-2010-00364

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: SEP. 13,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: SUMMERS, DENNIS M. 9130

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): 28

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

26. Signature of Endorsing Federal Veterinarian

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

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

12. CERTIFICATE NO. FROM VS FORM 17-140
L0241[illegible]

PAGE NO.
2 OF 2

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USGM2536	96	F	TW		BAY, NO MARKS									
USGM2537	72	F	QH		BAY, STAR									
USGM2538	72	F	QH		CHESTNUT, STAR									
USGM2539	180	N	TW		CHESTNUT, STAR									
USGM2540	60	F	QH		BAY, BLAZE, LF-PASTERN, LR-FETLOCK									
USGM2541	84	F	TH		BAY, STAR, LR, RR-FETLOCK									
USGM2542	144	N	QH		SOREEL, STAR									
USGM2543	84	N	QH		BAY, STAR, STRIPE, SNIP, LF, LR, RF-SOCK, RR-FETLOCK									
USGM2544	120	N	TH		BAY, STRIPE, LR, RR-PASTERN									
USGM2545	48	N	TH		BAY, STAR, STRIPE, LR, RF, RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 5 – ISSUING 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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 P.M.

DATE: 09/07/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND LINE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: QUEENSBOUND ONTARIO 517 Kingsteet Juliest Jonlaw

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USSM	2401	X							X				X				
2		2402						Sor			BL			X				
3		2403			X					X				X				
4		2404	X										Mule			X		
5		2405	X							X				X				
6		2406					X			X				X				
7		2407			X					X						X		
8		2408			X					X				X				
9		2409					X						PAINT	X				
10		2410	X										SW	X				
11		2411	X									X				X		
12		2412	X							X						X		
13		2413		Rose Grey									PN	X				
14		2414						Sor			BL					X		
15		2415						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. 505

DATE 8 Sept. 2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A010863

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. FORM APPROVED - OMB NO. 0579-0329 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)	2. CERTIFICATE NO.	3. PAGE NO.
SUGARCREEK LIVESTOCK AUCTION, INC.	L024189	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
9/3/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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)	DESTINATION COUNTRY	ENTER CODE
CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON	CANADA	CA

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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

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
SUGARCREEK LIVESTOCK AUCTION, INC. USGM2401	72	F	QH		BAY, BLAZE, LF, RR-PASTERN, LR-CORONET									
102 BUCKEYE ST. USGM2402	300	F	BL		SORREL, BLAZE									
SUGARCREEK, OH 44681 USGM2403	120	F	QH		BLACK, STAR, SNIP, LR, RR-SOCK, RF-CORONET									
USGM2404	36	N	MULE		BAY, NO MARKS									
USGM2405	120	F	QH		BAY, NO MARKS									
USGM2406	48	F	QH		CHESTNUT, STAR, STRIPE									
USGM2407	300	N	QH		BLACK, STAR									
USGM2408	84	F	QH		BLACK, NO MARKS									
USGM2409	60	F	PAINT		CHESTNUT AND WHITE, BLAZE									
USGM2410	300	F	SN		BAY, STAR									
USGM2411	144	N	PONY		BAY, BALD FACE, LR-SOCK									
USGM2412	300	N	QH		BAY, STAR, STRIPE, SNIP, LF-PASTERN, RF-SOCK									
USGM2413	36	F	PN		ROSE GREY, NO MARKS									
USGM2414	216	N	BL		SORREL, STAR									
USGM2415	36	F	QH		SORREL, STAR, STRIPE									
USGM2416	300	F	QH		BLACK, RR-SOCK									
USGM2417	24	N	QH		CHESTNUT, BLAZE									
USGM2418	168	F	QH		CREAM, NO MARKS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FOIA2010000864

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS
SEP 07, 2010	HIRSCHBACH, BRYAN E. 9689	[ ] 1 State [X] 2 Federal [ ] 3 Accredited	(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
Susan M. Skirupski, DVM	SUSAN M. SKIRUPSKI, DVM AREA VETERINARIAN IN CHARGE OH,WV	

30

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

CERTIFICATE NO. FROM VS FORM 17-140: 102139

PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS PERFORMED

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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM2419	300	N	BL			SORREL, BLAZE							
102 BUCKEYE ST.	USGM2420	300	N	BL			SORREL, BLAZE							
SUGARCREEK, OH 44681	USGM2421	36	F	QH			BAY, NO MARKS							
	USGM2422	36	N	PAINT			BLACK & WHITE, STRIPE, SNIP							
	USGM2423	96	N	QH			CHESTNUT, STAR, RR-SOCK							
	USGM2424	24	F	QH			GREY, NO MARKS							
	USGM2425	36	N	QH			BAY, NO MARKS							
	USGM2426	144	F	PAINT			BLACK & WHITE, STAR, STRIPE, SNIP							
	USGM2427	24	F	PAINT			CHESTNUT & WHITE, STAR							
	USGM2428	96	N	QH			CHESTNUT, BLAZE							
	USGM2429	120	N	QH			BAY, NO MARKS							
	USGM2430	216	F	QH			CHESTNUT, STAR, STRIPE, SNIP, LF, LR, RF, RR-STOCKING							

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Dr

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 800 PM

DATE: Sept 2/ 2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Bang Ste joliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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.
- [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.

	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	ZSEN	6925	X							X				X				
2		6926	X							X						X		
3		6927						Sor		X				X				
4		6928					X			X				X				
5		6929	X										SW			X		
6		6930	X							X				X				
7		6931		X						X				X				
8		6932					X			X				X				
9		6933	X										SW			X		
10		6934					X			X				X				
11		6935						Red Roan					AP			X		
12		6936	X										SW	X				
13		6937	X										SW			X		
14		6938	X							X				X				
15		6939			X								AB			X		

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. 505

DATE 2 Sept 2010

TIME 16:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A010866

U.S. DEPARTMENT OF AGRICULTURE
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	USDA	6940					X			X				X				
17	↑	6941					X			X				X				
18		6942					X			X						X		
19		6943		X						X				X				
20		6944					X			X						X		
21		6945					X						AS			X		
22		6946			X					X						X		
23		6947	X							X				X				
24		6948			X					X				X				
25		6949	X							X				X				
26		6950	X							X				X				
27		6951					X			X				X				
28		6952					X						AS			X		
29	↓	6953	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)

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FOR USDA FORM VS 17-140
L024175

3. PAGE NO.
2 OF 2

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

TYPE TEST

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCKEEK, OH 44681~~

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	DATE M	DATE N	DATE O
USEU6943	180	F	QH		GREY, NO MARKS									
USEU6944	300	N	QH		CHESTNUT, STAR, RF, RR-SOCK, WHITE SPOT ON LEFT SIDE									
USEU6945	300	N	AS		CHESTNUT, BLAZE, LF, LR, RF, RR-STOCKING									
USEU6946	108	N	QH		BLACK, STAR, LR-SOCK									
USEU6947	300	F	QH		BAY, STAR									
USEU6948	72	F	QH		BLACK, NO MARKS									
USEU6949	300	F	QH		BAY, NO MARKS									
USEU6950	300	F	QH		BAY, STAR, SNIP									
USEU6951	300	F	QH		CHESTNUT, NO MARKS									
USEU6952	300	N	AS		CHESTNUT, STAR									
USEU6953	84	N	QH		BAY, NO MARKS									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 5 – ISSUING VETERINARIAN

This 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. 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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024175

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/27/10

5. U.S. PORT OF EMBARKATION (*City and State*): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (*or Town*): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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*): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
	USEU6925	216	F	QH		BAY, STAR, STRIPE, LF-STOCKING, RF, RR-SOCK								
	USEU6926	300	N	QH		BAY, NO MARKS								
	USEU6927	96	F	QH		SORREL, STAR, STRIPE, SNIP								
	USEU6928	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP								
	USEU6929	60	N	SN		BAY, STRIPE								
	USEU6930	72	F	QH		BAY, STAR, STRIPE, SNIP								
	USEU6931	156	F	QH		GREY, NO MARKS								
	USEU6932	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP								
	USEU6933	300	N	SN		BAY, STAR, NECK BRAND VGS36								
	USEU6934	300	F	QH		CHESTNUT, STAR, LF, LR, RR-SOCK								
	USEU6935	24	N	AP		RED ROAN, SPTTED								
	USEU6936	108	F	SN		BAY, NECK BRAND V7714								
	USEU6937	120	N	SN		BAY, NECK BRAND XN166								
	USEU6938	108	F	QH		BAY, STAR, LR, RR-PASTERN								
	USEU6939	84	N	AB		BLACK, NO MARKS								
	USEU6940	96	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF, LR, RF-STOCKING								
	USEU6941	168	F	QH		CHESTNUT, STAR, STRIPE, LF-PASTERN, LR-STOCKING, RR-SOCK								
	USEU6942	144	N	QH		CHESTNUT, BLAZE, LF, RR-STOCKING, LR-CORONET, RF-SOCK								

FOIA FOIA2010000669

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: AUG 30,2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING 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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:30 pm
DATE: 9/30/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452
STREET ADDRESS: 912 Second Ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681
CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	2781	X							X					X			
2	↑	2782					X			X						X		
3		2783	X										SN			X		
4		2784					X			X						X		
5		2785						Palo		X				X				
6		2786	X							X				X				
7		2787	X										SN			X		
8		2788					X			X						X		
9		2789					X			X				X				
10		2790	X							X						X		
11		2791						Red Roan					Paint			X		
12		2792	X										Paint	X				
13		2793			X								SN			X		
14		2794		X						X				X				
15	↓	2795		X						X						X		

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. 4505
DATE 01/10/2010
TIME 13400

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F01A00670

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)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024651

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/24/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

DESTINATION COUNTRY CODE: CA

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.

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM2781	48	M	QH		BAY, STAR, LR-SOCK									
USGM2782	300	N	QH		CHESTNUT, STAR, LR-PASTERN									
USGM2783	96	N	SN		BAY, NO MARKS									
USGM2784	156	N	QH		CHESTNUT, STAR, LR, RR-STOCKING									
USGM2785	300	F	QH		PALOMINO, SNIP, LR, RR-SOCK									
USGM2786	60	F	QH		BAY, STAR									
USGM2787	108	N	SN		BAY, STAR, SNIP									
USGM2788	108	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK									
USGM2789	60	F	QH		CHESTNUT, STAR									
USGM2790	48	N	QH		BAY, STAR, STRIPE, SNIP, LR-SOCK									
USGM2791	168	N	PAINT		RED ROAN, BALD FACE, BODY PAINTED									
USGM2792	300	F	PAINT		BAY, STAR, STRIPE, BODY PAINTED									
USGM2793	96	N	SN		BLACK, STAR, NECK BRAND									
USGM2794	60	F	QH		GREY, NO MARKS									
USGM2795	300	N	QH		GREY, NO MARKS									
USGM2796	96	F	PAINT		BLACK, BROWN, WHITE, BLAZE									
USGM2797	300	N	QH		BLACK, STAR, STRIPE									
USGM2798	120	F	PAINT		BLACK, BLAZE, BODY PAINTED									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FOIA2010-00871

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: SEP 27,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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): 28

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L024651

3. PAGE NO.: 2 OF 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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USGM2799	96	N	QH									CHESTNUT, BLAZE, LF, RF-SOCK, LR, RR-STOCKING		
USGM2800	72	F	QH									BAY, LR, RR-SOCK		
USGM2801	72	N	QH									BAY, STAR, STRIPE, LF, LR, RR-SOCK		
USGM2802	72	F	QH									BAY, STAR, RR-SOCK		
USGM2803	84	N	QH									CHESTNUT, BLAZE, LR, RR-STOCKING, RF-SOCK		
USGM2804	144	N	QH									BLACK, STAR		
USGM2805	96	N	QH									BAY, NO MARKS		
USGM2806	120	N	SN									BAY, STAR		
USGM2807	180	F	QH									BAY, NO MARKS		
USGM2808	60	F	QH									CHESTNUT ROAN, BLAZE, LR-STOCKING		

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 PM

DATE: Sept 30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy J. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second ave west

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO: 519 Ramsay WEST N4K 1W0

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	USGM	2809			X					X						X		
2		2810					X			X						X		
3		2811	X										Sir			X		
4		2812			X								Paint			X		
5		2813	X							X						X		
6		2814					X			X				X				
7		2815			X					X				X				
8		2816					X			X				X				
9		2817		X						X				X				
10		2818						Palo		X						X		
11		2819						Brown					Paint			X		
12		2820		X						X						X		
13		2821						Palo		X				X				
14		2822						Dun		X						X		
15		2823					X			X				X				

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. # 505

DATE 01/10/2010

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3011A010673

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: E024653

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/24/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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
USGM2809	120	N	QH		BLACK, NO MARKS									
USGM2810	96	N	QH		CHESTNUT, BLAZE, LF, RR-PASTERN, LR-STOCKING, RF-SOCK									
USGM2811	84	N	SN		BAY, STAR, LR, RR-SOCK									
USGM2812	120	N	PAINT		BLACK, STRIPE, SNIP, BODY PAINTED									
USGM2813	96	N	QH		BAY, LR-PASTERN									
USGM2814	48	F	QH		CHESTNUT, BLAZE, LR, RR-STOCKING									
USGM2815	300	F	QH		BLACK, LR-PASTERN									
USGM2816	24	F	QH		CHESTNUT, BLAZE, LR, RR-SOCK									
USGM2817	180	F	QH		GREY, NO MARKS									
USGM2818	72	N	QH		PALOMINO, BLAZE									
USGM2819	108	N	PAINT		BROWN AND WHITE PAINTED									
USGM2820	180	N	QH		GREY, NO MARKS									
USGM2821	96	F	QH		PALOMINO, NO MARKS									
USGM2822	120	N	QH		DUNN, STAR, SNIP, LR-CORONET									
USGM2823	84	F	QH		CHESTNUT, STAR, STRIPE, SNIP, RR-SOCK									
USGM2824	216	F	QH		CHESTNUT, STAR, LR, RR-SOCK									
USGM2825	300	F	QH		GREY, NO MARKS									
USGM2826	96	F	QH		BAY, NO MARKS									

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

FOIA FOIA2010000874

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: SEP 27,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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): 26

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024653

3. PAGE NO.: 2 OF 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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USGM2827	120	N	QH											
USGM2828	300	N	QH											
USGM2829	144	F	QH											
USGM2830	300	F	TW											
USGM2831	180	N	QH											
USGM2832	120	F	QH											
USGM2833	120	F	QH											
USGM2834	120	F	QH											

BAY, STAR, RR-SOCK
GREY, NO MARKS
GREY, NO MARKS
CHESTNUT, NO MARKS
SORREL, BLAZE, LR, RR-SOCK
BAY, STAR, LR, RR-SOCK
CHESTNUT, STAR, STRIPE, LR-SOCK
CHESTNUT, LR, RR-SOCK

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:30 PM
DATE: 9-28-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452
STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681
CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	2753	X										SN		X			
2	↑	2754						Sor			BL					X		
3		2755						Sor			BL					X		
4		2756						Sor			BL					X		
5		2757						Sor			BL					X		
6		2758			X						PE					X		
7		2759			X						PE			X				
8		2760						Sor			BL			X				
9		2761	X										SN			X		
10		2762					X			X				X				
11		2763						Sor					Paint	X				
12		2764						white		X				X				
13		2765					X			X						X		
14		2766						Liver		X				X				
15	↓	2767					X			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. # 505
DATE 29/09/2010
TIME 13h45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11E01A000676

VS FORM 10-13 (AUG 2004) Previous editions are obslete PAGE 1 OF 2

PART 1 - INSPECTOR

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024652

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/24/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *("X" if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ZIP CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM2753	300	M	SN		BAY, STAR, NECK BRAND									
USGM2754	144	N	BL		SORREL, BLAZE									
USGM2755	240	N	BL		SORREL, BLAZE, LF, RF-SOCK, LR, RR-STOCKING									
USGM2756	84	N	BL		SORREL, BLAZE									
USGM2757	300	N	BL		SORREL, BLAZE									
USGM2758	300	N	PE		BLACK, STAR									
USGM2759	300	F	PE		BLACK, STAR									
USGM2760	300	F	BL		SORREL, STAR, STRIPE, LR, RR-STOCKING									
USGM2761	36	N	SN		BAY, NECK BRAND									
USGM2762	72	F	QH		CHESTNUT, STRIPE									
USGM2763	180	F	PAINT		SORREL, BLAZE, BODY PAINTED									
USGM2764	300	F	QH		WHITE, STAR									
USGM2765	96	N	QH		CHESTNUT, STAR, LR-SOCK, RR-PASTERN									
USGM2766	300	F	QH		LIVER, STAR, RR-SOCK									
USGM2767	300	F	QH		CHESTNUT, BLAZE, LF, RF, RR-STOCKING									
USGM2768	24	N	QH		BAY, BLAZE, LR, RF, RR-SOCK									
USGM2769	192	F	QH		BAY, BLAZE, LR, RR-SOCK									
USGM2770	96	F	QH		DUNN, STAR, LR, RR-SOCK									

FOIA FSIS000877

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: SEP 27, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible] 1024652

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS (

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TEST M	DISEASE TEST N	DISEASE TEST O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM2771	216	F	PAINT				BLACK, BROWN, WHITE PAINTED TRI							
USGM2772	300	F	QH				CHESTNUT, LR-PASTERN							
USGM2773	156	N	PONY				BAY, STAR, STRIPE, LR-SOCK, RF, RR-PASTERN							
USGM2774	300	F	PAINT				GREY, BLAZE, BODY PAINTED							
USGM2775	312	N	SN				BAY, STAR							
USGM2776	24	N	QH				BAY, STAR							
USGM2777	24	N	PAINT				TRI, BLAZE, PAINTED BLACK, BROWN, WHITE							
USGM2778	228	N	QH				BAY, LR-SOCK, RR-PASTERN							
USGM2779	96	N	SN				BLACK, NO MARKS							
USGM2780	24	F	QH				RED ROAN, NO MARKS							

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00	DATE: 9-26-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 912 Second ave West OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: 517 Rang Ste juliest Jovlwo
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	26SGM	2694						White		X				X				
2		2695					Chst wht						Paint			X		
3		2696					X			X						X		
4		2697					Chst Roan			X				X				
5		2698					X						SN			X		
6		2699					X			X				X				
7		2700	DK BAY							X						X		
8		2701	X										SN	X				
9		2702	X							X						X		
10		2703					X			X				X				
11		2704	X							X				X				
12		2705						Liver		X				X				
13		2706	X										SN			X		
14		2707					X						SN	X				
15		2708						White		X						X		

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. #505

DATE 27/09/2010

TIME 8h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A000679

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PART ... INSPECTOR

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024186

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/17/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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)*

17. FARM ORIGIN	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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USGM2694	24	F	QH		WHITE, NO MARKS									
	USGM2695	216	N	PAINT		CHESTNUT, WHITE, BLAZE, BODY							PAINTED		
	USGM2696	96	N	QH		CHESTNUT, LEFT FRONT SOCK									
	USGM2697	108	F	QH		CHESTNUT ROAN, NO MARKS									
	USGM2698	300	N	SN		CHESTNUT, LR, RR-SOCK, BRAND							ON RIGHT SIDE OF NECK		
	USGM2699	300	F	QH		CHESTNUT, STAR									
	USGM2700	300	N	QH		DARK BAY, STAR, STRIPE, SNIP									
	USGM2701	300	F	SN		BAY, STAR, LF, RF, RR-SOCK									
	USGM2702	36	N	QH		BAY, STAR, STRIPE, SNIP, LF,							LR, RR-SOCK		
	USGM2703	96	F	QH		CHESTNUT, STAR									
	USGM2704	96	F	QH		BAY, NO MARKS									
	USGM2705	300	F	QH		LIVER, STAR									
	USGM2706	180	N	SN		BAY, STAR, STRIPE, LR, RR-CORONET									
	USGM2707	108	F	SN		CHESTNUT, STAR, RR-PASTERN,							BRAND ON RIGHT SIDE OF NECK		
	USGM2708	60	N	QH		WHITE, SPOTTED									
	USGM2709	60	N	QH		CHESTNUT, BLAZE, LF, LR, RF,							RR-SOCK		
	USGM2710	300	N	QH		CHESTNUT, RR-FETLOCK									
	USGM2711	144	F	QH		BLACK, STAR, LF-FETLOCK,							LR, RR-SOCK		

FOIA FOIA2010000680

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: SEP 20,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: ROGER A KROGWOLD, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024136

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

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
USGM2712	300	N	QH		BAY LR, RR-SOCK									
USGM2713	300	F	QH		BAY, NO MARKS									
USGM2714	300	F	QH		CHESTNUT, BLAZE									
USGM2715	96	F	QH		BUCKSKIN, NO MARKS									
USGM2716	300	F	QH		CHESTNUT, STAR, STRIPE									
USGM2717	24	N	QH		BLACK, STAR									
USGM2718	300	F	QH		CHESTNUT, BLAZE									
USGM2719	96	F	QH		CHESTNUT, BLAZE, LF, LR-SOCK									
USGM2720	24	N	QH		CHESTNUT, STAR									
USGM2721	60	F	MN		BLACK, STAR									
USGM2722	24	M	PAINT		CHESTNUT, WHITE, BLAZE, BODY PAINTED									
USGM2723	96	F	QH		CHESTNUT, STAR, STRIPE, SNIP									
USGM2724	24	F	PAINT		BLACK, WHITE, STAR, SNIP, BODY PAINTED									
USGM2725	24	F	QH		CHESTNUT, BLAZE, LR, RR-STOCKING									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN ~~IN THE STATE OF ARIZONA,~~ NEW MEXICO OR TEXAS.

6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN THE HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA.~~ (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00

DATE: 9-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 RANGE STE JULIET JOULIA

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USGM	2664					X			X				X				
2		2665					X			X				X				
3		2666						Liver		X				X				
4		2667						Liver		X				X				
5		2668			X					X						X		
6		2669			X					X				X				
7		2670					X			X				X				
8		2671	X							X				X				
9		2672	Bay wht.										Paint			X		
10		2673					X						AB	X				
11		2674	X							X				X				
12		2675					X			X				X				
13		2676	X							X				X				
14		2677	X							X						X		
15		2678						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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 24/09/2010

TIME 14h00

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).

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 best of my knowledge.)

(b)(6)

FOIA11F01A010682

U.S. DEPARTMENT OF AGRICULTURE
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	USGM	2679			X								SN	X				
17		2680					X			X						X		
18		2681					Chst wht						Paint	X				
19		2682	X							X				X				
20		2683			Bk/wht								Paint			X		
21		2684					X			X				X				
22		2685					Chst Roan						AP	X				
23		2686						Sor/wht					Paint	X				
24		2687						Red Roan		X				X				
25		2688					Chst Roan						AP	X				
26		2689						Sor		X				X				
27		2690					X			X				X				
28		2691						Pal/wht					Paint	X				
29		2692			X								SN	X				
30		2693						Sor					Haf.	X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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39																		
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41																		
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43																		
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45																		

.OST Tag Picture Match

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)

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. 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024187

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/17/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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 / TYPE TEST / DATE

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USGM2664	108	F	QH		CHESTNUT, STAR, STRIPE, SNIP, RR-SOCK									
USGM2665	120	F	QH		CHESTNUT, STAR, SNIP, LF, LR, RR-SOCK									
USGM2666	300	F	QH		LIVER, STAR, STRIPE, LR-SOCK									
USGM2667	96	F	QH		LIVER, NO MARKS									
USGM2668	120	N	QH		BLACK, NO MARKS									
USGM2669	300	F	QH		BLACK, STAR, SNIP									
USGM2670	84	F	QH		CHESTNUT, STAR									
USGM2671	84	F	QH		BAY, STAR									
USGM2672	300	N	PAINT		BAY, WHITE, STAR, RF-STOCKING, BODY PAINTED									
USGM2673	300	F	AS		CHESTNUT, STAR, LR, RR-SOCK									
USGM2674	24	F	QH		BAY, BLAZE									
USGM2675	72	F	QH		CHESTNUT, STAR, LF, RF-SOCK									
USGM2676	108	F	QH		BAY BLAZE, LR, RR-SOCK									
USGM2677	36	N	QH		BAY, STAR, SNIP, RR-PASTERN									
USGM2678	120	F	QH		DUN, NO MARKS									
USGM2679	24	F	SN		BLACK, NO MARKS									
USGM2680	300	N	QH		CHESTNUT, BLAZE,									
USGM2681	156	F	PAINT		CHESTNUT, WHITE, BALD FACE, BODY PAINTED									

FOIA FSIS000684

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: SEP 20, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: ROGER A KROGWOLD, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

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

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 4024187

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USGM2682	96	F	QH		BAY, STAR, LR, RR-SOCK									
USGM2683	72	N	PAINT		BLACK, WHITE, BALD FACE, BODY PAINTED									
USGM2684	156	F	QH		CHESTNUT, BLAZE, LR, LF, RF, RR-SOCK									
USGM2685	108	F	AP		CHESTNUT ROAN, LR, RR-SOCK									
USGM2686	96	F	PAINT		SORREL, WHITE, BLAZE, BODY PAINTED									
USGM2687	60	F	QH		RED ROAN, STAR, STRIPE, SNIP									
USGM2688	24	F	AP		CHESTNUT ROAN, NO MARKS									
USGM2689	180	F	QH		SORREL, STAR									
USGM2690	300	F	QH		CHESTNUT, STAR, STRIPE									
USGM2691	108	F	PAINT		PALOMINO, WHITE, STAR, LF-SOCK, LR,RF,RR-STOCKING, BODY PAINTED									
USGM2692	120	F	SN		BLACK, NO MARKS									
USGM2693	48	F	HAFLINGER		SORREL, BLAZE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:AM

DATE: 9-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORTS

STREET ADDRESS: 102 Buckeye St P.O.Box 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Bang ste juliet jovlun

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USCM	2726						Sor		X				X				
2	↑	2727					Chest wht						Paint			X		
3		2728			X					X						X		
4		2729					X			X						X		
5		2730	X										SV	X				
6		2731						BK wht					Paint	X				
7		2732	X							X				X				
8		2733	X										SV			X		
9		2734						BK wht					Paint			X		
10		2735					X			X				X				
11		2736	X						TH					X				
12		2737	X							X				X				
13		2738	X						TH					X				
14		2739	DK X										SV			X		
15	↓	2740					X			X				X				

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

SIGNATURE: X (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.)

X (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 23 Sept. 2010

TIME 07:38

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

	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	21SGM	2741	X										SV			X		
17	↑	2742	X										TW	X				
18		2743	X							X				X				
19		2744					X			X				X				
20		2745	X						TH							X		
21		2746	X							X				X				
22		2747					BK white						Paint			X		
23		2748	X										SV			X		
24		2749	X										SV			X		
25		2750	X										SV	X				
26		2751			X								MN			X		
27	↓	2752	X										SV	X				
28																		
29																		
30																		
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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)

VS FORM 10-13A
(SEP 2002)

FOIA11F301A010687

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: K024188

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/17/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USGM2726	108	F	QH		SORREL, BLAZE, LR, RF, RR-SOCK									
USGM2727	120	N	PAINT		CHESTNUT, WHITE, BLAZE, BODY PAINTED									
USGM2728	120	N	QH		BLACK, NO MARKS									
USGM2729	72	N	QH		CHESTNUT, BLAZE, RR-SOCK									
USGM2730	228	F	SN		BAY, NO MARKS									
USGM2731	300	F	PAINT		BLACK, WHITE, BLAZE, BODY PAINTED									
USGM2732	36	F	QH		BAY, NO MARKS									
USGM2733	84	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM2734	24	N	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP, RF-STOCKING, BODY PAINTED									
USGM2735	72	F	QH		CHESTNUT, BLAZE									
USGM2736	72	F	TH		BAY, NO MARKS									
USGM2737	300	F	QH		BAY, STAR									
USGM2738	60	F	TH		BAY, STAR, LR, RR-CORONET									
USGM2739	144	N	SN		DARK BAY, LR-PASTERN									
USGM2740	300	F	QH		CHESTNUT, BLAZE, LF, LR-SOCK									
USGM2741	300	N	SN		BAY, BLAZE, LF, RR-SOCK, LR-FETLOCK									
USGM2742	120	F	TW		BAY, STAR, RR-SOCK									
USGM2743	300	F	QH		BAY, LR, RR-SOCK									

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: SEP 20,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 27

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: ROGER A KROGWOLD, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2- VS RIVERDALE, MARYLAND

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024188

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name	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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM2744	300	F	QH		CHESTNUT, STAR									
102 BUCKEYE ST.	USGM2745	60	N	TH		BAY, STAR									
SUGARCREEK, OH 44681	USGM2746	84	F	QH		BAY, STAR, SNIP, LR-SOCK									
	USGM2747	120	N	PAINT		BLACK, WHITE, LF, LR, RF, RR-STOCKING, BODY PAINTED									
	USGM2748	144	N	SN		BAY, STAR									
	USGM2749	168	N	SN		BAY, STAR, LR, RR-SOCK									
	USGM2750	300	F	SN		BAY, NO MARKS									
	USGM2751	300	N	MN		BLACK, STAR									
	USGM2752	300	F	SN		BAY, STAR, STRIPE, SNIP									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 8:00 pm

DATE: 9/20/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

(b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canadas EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWEN SOUND ONTARIO 517 Rang Ste Julhest Jo/Iwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USGM	2636					X			X					X			
2	↑	2637						Sor			BL					X		
3		2638		X							PE					X		
4		2639						Sor			BL					X		
5		2640						Sor			BL					X		
6		2641						Sor			BL					X		
7		2642						Sor			BL			X				
8		2643						Sor			BL			X				
9		2644			X						PE			X				
10		2645			X						PE			X				
11		2646						Sor			BL					X		
12		2647						Sor			BL					X		
13		2648					X			X						X		
14		2649					X			X						X		
15	↓	2650	X							X						X		

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. # 505

DATE 21/09/2010

TIME 13h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 2 - OWNER/SHIPPER

FOIA 11-FOIA-00630 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	USDA	2651	X							X				X				
17	↑	2652						Palo				X		X				
18		2653					X						AS	X				
19		2654					X			X						X		
20		2655						Roan		X						X		
21		2656	X							X				X				
22		2657	Bay Mare										Paint	X				
23		2658						Red Roan		X						X		
24		2659					X			X				X				
25		2660	X							X				X				
26		2661	X										HK	X				
27		2662	Bay Mare										Paint			X		
28	↓	2663					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).

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

(b)(6)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

CERTIFICATE NO.: L024184

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
9/17/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USGM2636	60	M	QH		CHESTNUT, STAR, STRIPE, LR, RR-SOCK									
USGM2637	300	N	BL		SORREL, BLAZE									
USGM2638	300	N	PE		GREY, NO MARKS									
USGM2639	300	N	BL		SORREL, BLAZE									
USGM2640	300	N	BL		SORREL, STAR, STRIPE, SNIP									
USGM2641	300	N	BL		SORREL, BLAZE									
USGM2642	300	F	BL		SORREL, STAR, STRIPE, SNIP									
USGM 2643	60	F	BL		SORREL, STAR, STRIPE, SNIP									
USGM2644	300	F	PE		BLACK, BLAZE, LR-PASTERN									
USGM2645	240	F	PE		BLACK, LR-SOCK									
USGM2646	300	N	BL		SORREL, NO MARKS									
USGM2647	300	N	BL		SORREL, STAR, STRIPE, SNIP									
USGM2648	300	N	QH		CHESTNUT, STRIPE									
USGM2649	36	N	QH		CHESTNUT, STRIPE, LR, RR-SOCK									
USGM2650	156	N	QH		BAY, STAR, LR-SOCK									
USGM2651	96	F	QH		BAY, STAR, SNIP, LR, RR-PASTERN									
USGM2652	96	F	PONY		PALOMINO, STAR									
USGM2653	72	F	AS		CHESTNUT, NO MARKS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: SEP 20,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 28

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: ROGER A KROGWOLD, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING 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 inform...

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

2. CERTIFICATE FROM VS FORM
L024184

2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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)

18. INDIVIDUAL IDENTIFICATION

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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM2654	96	N	QH		CHESTNUT, BLAZE, LR, RF, RR-SOCK								
102 BUCKEYE ST.	USGM2655	36	N	QH		ROAN, LF, LR, RF, RR-SOCK								
SUGARCREEK, OH 44681	USGM2656	24	F	QH		BAY, STAR								
X	USGM2657	132	F	PAINT		BAY, WHITE, STAR, LF, LR, RF, RR-STOCKING, BODY PAINTED								
	USGM2658	24	N	QH		RED ROAN, STAR, STRIPE, SNIP, RR-SOCK								
	USGM2659	24	F	QH		CHESTNUT, STAR, STRIPE, SNIP								
	USGM2660	300	F	QH		BAY, STAR, LF, RF, RR-SOCK								
	USGM2661	24	F	HK		BAY, STAR, SNIP, LR, RR-SOCK								
	USGM2662	180	N	PAINT		BAY, WHITE, BLAZE, BODY PAINTED								
	USGM2663	300	F	QH		CHESTNUT, LR, RF, RR-SOCK								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 3 – PORT VETERINARIAN

FOIA11FOIA000693

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OH
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jov1w0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	USGM	2574						Sor		X				X				
2		2575	X										SN			X		
3		2576	X							X				X				
4		2577						Sor wht					Paint			X		
X 5		2578	X							X					X			
6		2579						Sor					AB	X				
7		2580						Palo		X				X				
X 8		2581		X						X				X				
9		2582						Sor		X						X		
10		2583	X							X				X				
11		2584	X										SN			X		
12		2585	X										SN			X		
13		2586						Sor		X				X				
14		2587						Palo		X				X				
15		2588						Buck SKIN					AP	X				

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. 505

DATE 17 Sept 2010

TIME 14:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004)

Previous editions are obslete

FOIA11FOIA00694

PART 1 - INSPECTOR

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	21SGM	2589						Sor		X				X				
17	↑	2590		Grey Roan									AP	X				
18		2591						Sor					TW			X		
19		2592	X							X				X				
20		2593	X										SV			X		
21		2594					X			X				X				
22		2595						Palo		X				X				
23		2596					Chest Wht						Paint	X				
24		2597		X						X				X				
25		2598						Sor					Hoffinger			X		
26		2599						Sor/Wht					Paint	X				
27		2600						Sor					AP	X				
28		2601	PBay							X						X		
29		2602						Sor		X				X				
30		2603	X							X						X		
31		2604	X										HK	X				
32	✓	2605						Sor/Wht					Paint	X				
33																		
34																		
35																		
36																		
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)

FOIA11F01A010695

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)

SUGARCREEK LI... 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
9/10/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Add...)	(or Town)
102 BUCKEYE ST.	SUGARCREEK

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	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USGM2574	24	F	QH		SORREL, STAR									
USGM2575	180	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM2576	36	F	QH		BAY, STAR, LR-PASTERN									
USGM2577	120	N	PAINT		SORREL, WHITE, STAR, BODY PAINTED									
USGM2578	96	M	QH		BAY, NO MARKS									
USGM2579	96	F	AB		SORREL, STAR, STRIPE, LR-SOCK, RR-PASTERN									
USGM2580	120	F	QH		PALOMINO, STRIPE									
USGM2581	180	F	QH		GREY, NO MARKS									
USGM2582	48	N	QH		SORREL, STAR, LR, RR-SOCK, RR-PASTERN									
USGM2583	60	F	QH		BAY, BLAZE, LF-FETLOCK, LR, RR-SOCK									
USGM2584	180	N	SN		BAY, NO MARKS									
USGM2585	120	N	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK									
USGM2586	60	F	QH		SORREL, STAR, STRIPE, SNIP									
USGM2587	72	F	QH		PALOMINO, STAR, SNIP, RF-SOCK									
USGM2588	132	F	AP		BUCKSKIN, BALD FACE, LF,LR,RF,RR-STOCKING, WHITE OVER RUMP									
USGM2589	180	F	QH		SORREL, STAR									
USGM2590	84	F	AP		GREY ROAN, NO MARKS									
USGM2591	120	N	TW		SORREL, STAR, SNIP									

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
SEP 13,2010	SUMMERS, DENNIS M. 9130	[ ] 1 State [ ] 2 Federal [X] 3 Accredited	32

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

PART 2- VS RIVERDALE, MARYLAND

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 024192

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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	DATE M	DATE N	DATE O
USGM2592	24	F	QH		BAY, STAR, SNIP, LF-FETLOCK, LR, RR-SOCK									
USGM2593	144	N	SN		BAY, LR, RR-CORONET									
USGM2594	120	F	QH		CHESTNUT, STAR									
USGM2595	48	F	QH		PALOMINO, STAR, LF-SOCK									
USGM2596	84	F	PAINT		CHESTNUT, WHITE, BALD FACE, BODY PAINTED									
USGM2597	36	F	QH		GREY, NO MARKS									
USGM2598	144	N	HAFLINGER		SORREL, BLAZE									
USGM2599	96	F	PAINT		SORREL, WHITE, BLAZE, LR-STOCKING, BODY PAINTED									
USGM2600	216	F	AP		SORREL, STAR, WHITE OVER RUMP									
USGM2601	48	N	QH		DARK BAY, RR-PASTERN									
USGM2602	72	F	QH		SORREL, STAR, SNIP, LR-SOCK									
USGM2603	36	N	QH		BAY, NO MARKS									
USGM2604	24	F	HK		BAY, STAR, SNIP, LR, RR-SOCK									
USGM2605	156	F	PAINT		BROWN, WHITE, STAR, LF,LR,RF,RR-STOCKING, BODY PAINTED									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

FOIA11FCIA000697

U.S. DEPARTMENT 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: 10:30 PM
DATE: 9-9-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452
STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681
CITY, STATE, ZIP CODE: 517 Rang. ste juliest jov1wo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	2460					X			X						X		
2		2461			X					X				X				
3		2462		X Roan						X				X				
4		2463	X										AP			X		
5		2464					X		TH					X				
6		2465					X						PAINT	X				
7		2466					X			X				X				
8		2467					X			X				X				
9		2468					X			X						X		
10		2469						Red Roan		X						X		
11		2470					X			X						X		
12		2471	X										SN			X		
13		2472					X			X						X		
14		2473			X								PAINT	X				
15		2474					X			X						X		

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. 50S
DATE 10 Sept. 2010
TIME 12:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete FOIA11F01A000698 PAGE 1 OF 2

PART 1 - INSPECTOR

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

L024191

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
9/3/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

POIA11F01A000699

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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	DISEASE TYPE TEST M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USGM2460	72	N	QH				CHESTNUT, LF-SOCK							
USGM2461	156	F	QH				BLACK, NO MARKS							
USGM2462	72	F	QH				GREY ROAN, NO MARKS							
USGM2463	300	N	AP				BAY, SPOTTED							
USGM2464	300	F	TH				CHESTNUT, STAR, STRIPE, LR-SOCK							
USGM2465	300	F	PAINT				CHESTNUT, BLAZE, PAINTED							
USGM2466	48	F	QH				CHESTNUT, STAR, LR-SOCK							
USGM2467	84	F	QH				CHESTNUT, BLAZE, BRAND ON RIGHT SHOULDER							
USGM2468	180	N	QH				CHESTNUT, BLAZE, RR-SOCK							
USGM2469	96	F	QH				RED ROAN, STAR, RR-SOCK							
USGM2470	120	N	QH				CHESTNUT, BLAZE, LR, RR-STOCKING							
USGM2471	300	N	SN				BAY, RR-SOCK, NECK BRAND							
USGM 2472	300	N	QH				CHESTNUT, STAR, LR-SOCL							
USGM2473	108	F	PAINT				BLACK, STRIPE, SNIP, BODY PAINTED							
USGM2474	108	N	QH				CHESTNUT, BLAZE, RR-SOCK							
USGM2475	144	F	QH				CHESTNUT, BLAZE, LR, RR-SOCK							
USGM2476	84	N	QH				BLACK, NO MARKS							
USGM2477	108	F	QH				BAY, STAR, STRIPE, SNIP, LR-CORONET, BRAND RIGHT SHOU							

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: SEP 07,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: SUSAN M. SKIRUPSKI, DVM
AREA VETERINARIAN IN CHARGE OH/

25. SIGNATURE OF ISSUING 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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024191

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM2478	300	F	PAINT		BLACK, BROWN, WHITE, BLAZE								
102 BUCKEYE ST.	USGM2479	156	F	QH		BLACK, BLAZE, LF, LR, RF, RR-SOCK, BRAND RIGHT SHOULDER								
SUGARCREEK, OH 44681	USGM2480	48	N	PAINT		LIVER AND WHITE								
	USGM2481	144	N	QH		CHESTNUT, BLAZE, LR, RR-SOCK								
	USGM2482	300	F	QH		CHESTNUT, BALD, LF, LR, RF, RR-SOCK								
	USGM2483	48	N	PAINT		BLACK, BROWN, WHITE, BLAZE								
	USGM2484	108	N	PAINT		CHESTNUT AND WHITE, BLAZE								
	USGM2485	108	F	PAINT		CHESTNUT AND WHITE, BLAZE								
	USGM2486	60	M	QH		CHESTNUT, BLAZE, LR, RR-STOCKING								
	USGM2487	204	F	QH		BAY, STAR								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Susan [illegible] DVM

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

PART 2 – VS RIVERDALE, MARYLAND

FOIA11F01A000300

U.S. DEPARTMENT 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: 9:15

DATE: 9-K-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2892

AREA CODE & TELEPHONE NO.: 517 Rang Ste Juliest J0V1a0

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	USGM	2546					X						Paint	X				
2		2547						Sor		X				X				
3		2548						Sor/Wht					Paint			X		
4		2549						Sor		X						X		
5		2550						Palo		X						X		
6		2551						Sor		X				X				
7		2552						Br/Wht					Paint			X		
8		2553	X								PE				X			
9		2554						Br/Wht					Paint			X		
10		2555						Sor			BL					X		
11		2556	X							X				X				
12		2557	X								Draft Cross					X		
13		2558		X						X				X				
14		2559						Sor		X						X		
15		2560					X			X				X				

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. #5705

DATE 16/09/2010

TIME 12h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000301

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024160

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/10/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE DATE H	DISEASE VAC I	DISEASE 1/25 J	DISEASE 1/50 K	DISEASE 1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USGM2546	60	F	PAINT			CHESTNUT, BLAZE, LF-SOCK, BODY PAINTED							
	USGM2547	96	F	QH			SORREL, STAR, STRIPE, RF-PASTERN							
	USGM2548	132	N	PAINT			SORREL, WHITE, BLAZE, BODY PAINTED							
	USGM2549	120	N	QH			SORREL, BLAZE, LR-SOCK							
	USGM2550	84	N	QH			PALOMINO, STAR, LR-SOCK							
	USGM2551	24	F	QH			SORREL, STAR							
	USGM2552	120	N	PAINT			BLACK, BROWN, WHITE, BALD FACE, PAINTED BODY							
	USGM2553	48	M	PE			BAY, STAR, SNIP							
	USGM2554	48	N	PAINT			BROWN, WHITE, BLAZE, WHITE LEGS							
	USGM2555	120	N	BL			SORREL, BLAZE, LR, RR-SOCK							
	USGM2556	120	F	QH			BAY, STAR, STRIPE, SNIP							
	USGM2557	132	N	DRAFT CROSS			BAY, NO MARKS							
	USGM2558	60	F	QH			GRAY, NO MARKS							
	USGM2559	60	N	QH			SORREL, STAR, STRIP, SNIP, LR, RF-SOCK							
	USGM2560	120	F	QH			CHESTNUT, BLAZE, RR-PASTERN							
	USGM2561	144	F	QH			BUCKSKIN, NO MARKS							
	USGM2562	192	F	QH			BAY, NO MARKS							
	USGM2563	84	F	QH			BAY, FEW WHITE HAIRS ON FACE							

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: SEP 13,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: SUMMERS, DENNIS M. 9130

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): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2- VS RIVERDALE, MARYLAND

FOIA11F00302

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

CERTIFICATE NO. (VS FORM 17-140): 044[illegible]

PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE TEST(S) OF OTHER TEST(S)

DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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	DATE M	DATE N	DATE O
USGM2564	96	F	QH		SORREL, STAR, STRIPE, BRAND ON LEFT HIP									
USGM2565	72	N	QH		BAY, STAR, STRIPE, SNIP									
USGM2566	84	F	PAINT		BROWN, BLACK, WHITE, STAR, SNIP, RR-STOCKING, BRAND ON LEFT HIP									
USGM2567	72	N	QH		BAY, STAR, STRIPE, LR, RR-SOCK									
USGM2568	96	N	QH		GREY, BRAND ON LEFT HIP, SPOTS ON RIGHT HIP									
USGM2569	144	F	HAFLINGER		SORREL, STAR									
USGM2570	72	F	QH		CHESTNUT, LR-PASTERN, BRAND ON LEFT HIP									
USGM2571	60	F	QH		SORREL, STAR, STRIPE, SNIP, LF, LR, RR-STOCKING									
USGM2572	300	N	TH		BAY, NO MARKS									
USGM2573	144	N	QH		SORREL, STAR, STRIPE, SNIP, WHITE SPOT ON RIGHT SHOULDER									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN THE HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

FOIA11F01000303

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

FOIA11-01-000304

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: 10:00 pm
DATE: 11-28-2010
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (9)(q)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452
STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681
CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	3233					X			X				X				
2	↑	3234	X							X				X				
3		3235			X					X						X		
4		3236			X					X						X		
5		3237						Red/wht					Paint	X				
6		3238	X							X				X				
7		3239	X							X						X		
8		3240						Bk/wht					Paint	X				
9		3241	X							X				X				
10		3242					X			X						X		
11		3243	X							X						X		
12		3244						White		X				X				
13		3245					X			X						X		
14		3246					X			X						X		
15	↓	3247	X							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. #505
DATE 29/11/2010
TIME 15h30

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
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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: 1024687

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
11/12/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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

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

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

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
☐ 48 HRS ☐ 72 HRS		DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

POTA11F01A000305

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM3233	300	F	QH		CHESTNUT, STAR									
USGM3234	300	F	QH		BAY, STAR									
USGM3235	36	N	QH		BLACK, NO MARKINGS									
USGM3236	84	N	QH		BLACK, STAR, SNIP, RR-SOCK									
USGM3237	48	F	PAINT		RED, WHITE, WHITE LEGS, PAINTED BODY, STRIPE, SNIP									
USGM3238	228	F	QH		BAY, STAR, LR-SOCK									
USGM3239	300	N	QH		BAY, RF,RR-PASTERN									
USGM3240	84	F	PAINT		BLACK, WHITE, BLAZE, LF,RF-STOCKING, PAINTED BODY									
USGM3241	300	F	QH		BAY, NO MARKINGS									
USGM3242	300	N	QH		CHESTNUT, STAR, STRIPE, RF,RR-SOCK									
USGM3243	300	N	QH		BAY, NO MARKINGS									
USGM3244	180	F	QH		WHITE, NO MARKINGS									
USGM3245	120	N	QH		CHESTNUT, LR-SOCK									
USGM3246	36	N	QH		CHESTNUT, LR-FETLOCK									
USGM3247	300	F	QH		BAY, STAR									
USGM3248	48	N	QH		CHESTNUT, BLAZE, LR,RR,LF,RF-SOCK									
USGM3249	216	N	QH		WHITE, NO MARKINGS									
USGM3250	72	F	QH		BAY, RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
NOV 15 2010	HIRSCHBACH, BRYAN 9689	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	33

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2- VS RIVERDALE, MARYLAND

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024687

3. PAGE: 1 of 2

4. DATE ISSUED: 11/12/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:

DESTINATION COUNTRY:

ENTER CODE:

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 TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM3233	300	F	QH		CHESTNUT, STAR									
USGM3234	300	F	QH		BAY, STAR									
USGM3235	36	N	QH		BLACK, NO MARKINGS									
USGM3236	84	N	QH		BLACK, STAR, SNIP, RR-SOCK									
USGM3237	48	F	PAINT		RED, WHITE, WHITE LEGS, PAINTED BODY, STRIPE, SNIP									
USGM3238	228	F	QH		BAY, STAR, LR-SOCK									
USGM3239	300	N	QH		BAY, RF,RR-PASTERN									
USGM3240	84	F	PAINT		BLACK, WHITE, BLAZE, LF,RF-STOCKING, PAINTED BODY									
USGM3241	300	F	QH		BAY, NO MARKINGS									
USGM3242	300	N	QH		CHESTNUT, STAR, STRIPE, RF,RR-SOCK									
USGM3243	300	N	QH		BAY, NO MARKINGS									
USGM3244	180	F	QH		WHITE, NO MARKINGS									
USGM3245	120	N	QH		CHESTNUT, LR-SOCK									
USGM3246	36	N	QH		CHESTNUT, LR-FETLOCK									
USGM3247	300	F	QH		BAY, STAR									
USGM3248	48	N	QH		CHESTNUT, BLAZE, LR,RR,LF,RF-SOCK									
USGM3249	216	N	QH		WHITE, NO MARKINGS									
USGM3250	72	F	QH		BAY, RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: NOV 15 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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): 33

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F03000306

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

PART 3 - PORT VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: 1024687

3. PAGE NO.: 1 of 1

4. DATE ISSUED: 11/12/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *("X" if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

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

DESTINATION COUNTRY:

ENTER CODE:

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

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL

☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM3233	300	F	QH		CHESTNUT, STAR									
USGM3234	300	F	QH		BAY, STAR									
USGM3235	36	N	QH		BLACK, NO MARKINGS									
USGM3236	84	N	QH		BLACK, STAR, SNIP, RR-SOCK									
USGM3237	48	F	PAINT		RED, WHITE, WHITE LEGS, PAINTED BODY,								STRIPE, SNIP	
USGM3238	228	F	QH		BAY, STAR, LR-SOCK									
USGM3239	300	N	QH		BAY, RF,RR-PASTERN									
USGM3240	84	F	PAINT		BLACK, WHITE, BLAZE, LF,RF-STOCKING, PAINTED BODY									
USGM3241	300	F	QH		BAY, NO MARKINGS									
USGM3242	300	N	QH		CHESTNUT, STAR, STRIPE, RF,RR-SOCK									
USGM3243	300	N	QH		BAY, NO MARKINGS									
USGM3244	180	F	QH		WHITE, NO MARKINGS									
USGM3245	120	N	QH		CHESTNUT, LR-SOCK									
USGM3246	36	N	QH		CHESTNUT, LR-FETLOCK									
USGM3247	300	F	QH		BAY, STAR									
USGM3248	48	N	QH		CHESTNUT, BLAZE, LR,RR,LF,RF-SOCK									
USGM3249	216	N	QH		WHITE, NO MARKINGS									
USGM3250	72	F	QH		BAY, RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: NOV 15 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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): 33

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 5 - ISSUING 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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024687

PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF THE TESTS

17. FARM ORIGIN Owner's name (Last name, two initials, & business name) Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) / 18. INDIVIDUAL IDENTIFICATION: ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3251	300	F	QH		BLACK, NO MARKINGS									
102 BUCKEYE ST.	USGM3252	180	F	QH		BAY, STAR									
SUGARCREEK, OH 44681	USGM3253	84	F	QH		CHESTNUT, BLAZE, LR-SOCK									
	USGM3254	108	F	QH		CHESTNUT, BLAZE									
	USGM3255	24	N	QH		WHITE, NO MARKINGS									
	USGM3256	300	N	AP		RED, NO MARKINGS									
	USGM3257	108	N	PAINT		BLACK, WHITE, LF,LR,RF,RR-SOCK, PAINTED BODY									
	USGM3258	48	N	QH		RED, BLAZE									
	USGM3259	132	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM3260	84	N	SN		BAY, STAR, LR,RR-SOCK, BRAND ON RIGHT SIDE OF NECK									
	USGM3261	48	F	QH		BAY, NO MARKINGS									
	USGM3262	300	N	QH		BAY, STAR, LR,RR-SOCK									
	USGM3263	156	F	QH		BLACK, STAR									
	USGM3264	120	N	QH		BLACK, STAR									
	USGM3265	180	F	QH		RED ROAN, NO MARKINGS									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

[signature], DVM

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

PART 2 – VS RIVERDALE, MARYLAND

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024687

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN Owner's name *(Last name, two initials, & business name)* Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	CERTIFIED BRUCELLOSIS FREE AREA 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3251	300	F	QH		BLACK, NO MARKINGS									
102 BUCKEYE ST.	USGM3252	180	F	QH		BAY, STAR									
SUGARCREEK, OH 44681	USGM3253	84	F	QH		CHESTNUT, BLAZE, LR-SOCK									
	USGM3254	108	F	QH		CHESTNUT, BLAZE									
	USGM3255	24	N	QH		WHITE, NO MARKINGS									
	USGM3256	300	N	AP		RED, NO MARKINGS									
	USGM3257	108	N	PAINT		BLACK, WHITE, LF,LR,RF,RR-SOCK, PAINTED BODY									
	USGM3258	48	N	QH		RED, BLAZE									
	USGM3259	132	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM3260	84	N	SN		BAY, STAR, LR,RR-SOCK, BRAND ON RIGHT SIDE OF NECK									
	USGM3261	48	F	QH		BAY, NO MARKINGS									
	USGM3262	300	N	QH		BAY, STAR, LR,RR-SOCK									
	USGM3263	156	F	QH		BLACK, STAR									
	USGM3264	120	N	QH		BLACK, STAR									
	USGM3265	180	F	QH		RED ROAN, NO MARKINGS									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 Am

DATE: 11-07-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

(b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: Owensound Ontario 912 Second ave West

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681

CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlaoo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USGM	5337						Sor			BL			X				
2	↑	5338						Sor			BL					X		
3		5339						Sor			BL					X		
4		5340						Sor			BL					X		
5		5341		X							PE					X		
6		5342						Sor			BL					X		
7		5343						Sor			BL			X				
8		5344	X										SN			X		
9		5345						Sor		X				X				
10		5346						BR/wht					Paint			X		
11		5347			X					X						X		
12		5348	X							X				X				
13		5349					X			X						X		
14		5350						Bay Roan					SN			X		
15	↓	5351						Choc. Roan					AP	X				

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. 505

DATE 8 Nov. 2010

TIME 9:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004)

Previous editions are obslete

FOIA11-FOIA009710 PAGE 1 OF 2

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 precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2055M	5352						Sor		X				X				
17	↑	5353						Palo		X				X				
18		5354			X					X						X		
19		5355			X								Paint	X				
20		5356						Yellow Dun					Paint	X				
21		5357						Palo		X				X				
22		5358						Sor/Wht					Paint	X				
23		5359					X			X						X		
X 24		5360					X					X				X		
25		5361					X			X						X		
26		5362	X							X						X		
27		5363		X						X				X				
28		5364	X										SV	X				
29		5365	X							X				X				
30		5366			X					X				X				
31	↓	5367	X							X				X				
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(b)(6)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, ...): SUGARCREEK LIVESTOCK AUCTION, INC.

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
10/29/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 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
SUGARCREEK LIVESTOCK AUCTION, INC.											
102 BUCKEYE ST.											
SUGARCREEK, OH 44681											
USGM5337	144	F	BL		SORREL, BLAZE						
USGM5338	168	N	BL		SORREL, BLAZE						
USGM5339	300	N	BL		SORREL, STAR, LF, LR, RF, RR-SOCK						
USGM5340	300	N	BL		SORREL, BLAZE, LF, LR, RF, RR-SOCK						
USGM5341	300	N	PE		GREY, NO MARKINGS						
USGM5342	180	N	BL		SORREL, STAR						
USGM5343	300	F	BL		SORREL, LR, LF, RF-STOCKING						
USGM5344	168	N	SN		BAY, STAR, LF, LR, RR-SOCK						
USGM5345	180	F	QH		SORREL, BLAZE, LR, RR-SOCK, RF-PASTERN						
USGM5346	108	N	PAINT		BROWN, WHITE, BODY PAINTED						
USGM5347	108	N	QH		BLACK, NO MARKINGS						
USGM5348	300	F	QH		BAY, STAR						
USGM5349	240	N	QH		CHESTNUT, BLAZE, LF, LR, RF, RR-SOCK						
USGM5350	168	N	SN		BAY ROAN, STAR, LR, RR-SOCK						
USGM5351	144	F	AP		CHOCOLATE ROAN, NO MARKINGS						
USGM5352	36	F	QH		SORREL, BLAZE, LR, RR-SOCK						
USGM5353	84	F	QH		PALOMINO, NO MARKINGS.						
USGM5354	72	N	QH		BLACK, STAR, LR-SOCK						

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
NOV 1 2010	HIRSCHBACH, BRYAN 9689	☐ 1 State ☐ 2 Federal ☒ 3 Accredited XX	31

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2- VS RIVERDALE, MARYLAND

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024666

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

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	DISEASE TYPE TEST 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
USGM5355	36	F	PAINT		BLACK, BALD FACE, LF, RR-SOCK									
USGM5356	36	F	PAINT		YELLOW, WHITE, BALD FACE, BODY PAINTED									
USGM5357	84	F	QH		PALOMINO, STAR, STRIPE, SNIP									
USGM5358	24	F	PAINT		SORREL, WHITE, STAR, STRIPE, SNIP, BODY PAINTED									
USGM5359	72	N	QH		CHESTNUT, STAR									
USGM5360	72	N	PONY		CHESTNUT, STAR, LR, RF, RR-SOCK									
USGM5361	72	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK, WHITE SPOT ON BACK									
USGM5362	60	N	QH		BAY, STAR, STRIPE, SNIP									
USGM5363	24	F	QH		GREY, NO MARKINGS									
USGM5364	228	F	SN		BAY, LR-SOCK									
USGM5365	300	F	QH		WHITE SPOT ON LEFT RIBS									
USGM5366	36	F	QH		BLACK, LR, RR-SOCK									
USGM5367	96	F	QH		BAY, STAR									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER~~ ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS ~~THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY~~, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kevin O'Ward DVM

FOIA # FDA 2010-0003

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 8:00 PM

DATE: Nov 11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST PO Box 452

STREET ADDRESS: 612 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: 517 Rang ste juliet jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGM	3054			X						PE					X		
2		3055						Sor			BL					X		
3		3056						Sor			BL					X		
4		3057						Sor			BL			X				
5		3058						Sor			BL			X				
6		3059						Sor			X DRAFT			X				
7		3060			X						PE			X				
8		3061						Sor			BL					X		
9		3062						Sor			BL			X				
10		3063					X			X						X		
11		3064						Br/wht		X				X				
12		3065	X							X				X				
13		3066	X							X				X				
14		3067					X			X						X		
15		3068	X							X				X				

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. #4505

DATE 11/11/2010

TIME 15h 20

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FSIS000314

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	2156M	3069	X							X				X				
17	↑	3070	X							X						X		
18		3071					X			X				X				
19		3072			X					X				X				
20		3073						Rd Roan					AP	X				
21		3074			X					X						X		
X 22	—	3075						Br/wht					Paint			X		
23		3076	X										SW	X				
X 24	—	3077	X							X				X				
25		3078	X									X		X				
26		3079					X			X				X				
27		3080	X							X						X		
28	↓	3081	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
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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024679

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11-05-10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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 / TYPE TEST / DATE: DISEASE / TYPE TEST / DATE: DISEASE / TYPE TEST / DATE:

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM3054	300	N	PE		BLACK,		STAR, LR, RR, -SOCK					RF-PASTERN		
USGM3055	132	N	BL		SORREL,		BLAZE							
USGM3056	300	N	BL		SORREL,		BLAZE							
USGM3057	300	F	BL		SORREL,		STAR, STRIPE, SNIP							
USGM3058	240	F	BL		SORREL		BLAZE							
USGM3059	120	F	DRAFT X		SORREL,		BLAZE							
USGM3060	300	F	PE		BLACK,		STAR							
USGM3061	300	N	BL		SORREL,		NO MARKS							
USGM3062	300	F	BL		SORREL,		BLAZE							
USGM3063	300	N	QH		CHEST,		BLAZE, RR-SOCK							
USGM3064	36	F	QH		BN/WHT,		BLAZE, BODY PAINTED							
USGM3065	300	F	QH		BAY,		NO MARKINGS							
USGM3066	300	F	QH		BAY,		STAR, LF, LR-SOCK							
USGM3067	84	N	QH		CHEST,		STAR							
USGM3068	168	F	QH		BAY,		NO MARKINGS							
USGM3069	300	F	QH		BAY,		NO MARKINGS							
USGM3070	216	N	QH		BAY,		STAR							
USGM3071	300	F	QH		CHEST,		STRIPE, RR-SOCK							

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: NOV 8 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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): 28

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough, DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2 - VS RIVERDALE, MARYLAND

USDA APHIS A11F0140 0001

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024679

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANDADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGM3072	204	F	QH		BLACK, NO MARKINGS									
USGM3073	108	F	AP		RED ROAN, BLAZE, LF,LR,RR-STOCKING, RF-SOCK									
USGM3074	300	N	QH		BLACK, LF, LR, RR-SOCK									
USGM3075	240	N	PAINT		BROWN, WHITE, LF, RF-STOCKING, LR, RR-SOCK PAINTED BODY									
USGM3076	300	F	SN		BAY. STAR									
USGM3077	12	F	QH		BAY, STAR, STRIPE, RF,RR-SOCK									
USGM3078	120	F	PONY		BAY, LF,LR-SOCK, RR-PASTERN									
USGM3079	300	F	QH		CHEST, BLAZE, RR-SOCK									
USGM3080	36	N	QH		BAY, STAR, RF,RR-SOCK									
USGM3081	96	F	QH		BAY, STAR, STRIPE, LR,RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 9:30 pm

DATE: 11-14-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

(b)(6) AND DRIVER'S NAME (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USGM	3141	X							X						X		
2		3142	X							X				X				
3		3143			X					X				X				
4		3144					X			X				X				
5		3145	X							X				X				
6		3146	X							X						X		
7		3147						BK/wht					TW AP			X		
8		3148	X							X				X				
9		3149					X			X						X		
10		3150	X							X				X				
11		3151						Sor		X						X		
12		3152						BK wht		X				X				
13		3153						PAL		X				X				
14		3154		X									AP	X				
15		3155					X			X						X		

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. #505

DATE 15/11/2010

TIME 12h45 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A000718

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

	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	USGM	3156					X			X						X		
17	↑	3157	X							X						X		
18		3158						Sor					Hoffmyer			X		
19		3159					X			X				X				
20		3160	X							X						X		
21		3161						Sor		X				X				
22		3162					X			X				X				
23		3163						BROWN WHT					Paint			X		
24		3164	X							X				X				
25		3165	X							X				X				
26		3166					X			X				X				
27		3167	X							X						X		
28		3168						RD RN WHT		X				X				
29		3169	X							X						X		
30		3170	X							X						X		
31	↓	3171					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.)

(b)(6)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024681

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
11/5/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
☐ 48 HRS ☐ 72 HRS	☐ CERTIFIED BRUCELLOSIS FREE AREA	DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

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
SUGARCREEK LIVESTOCK AUCTION, INC 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM3141	216	N	QH		BAY, NO MARKINGS									
USGM3142	132	F	QH		BAY, RF, RR-SOCK									
USGM3143	96	F	QH		BLACK, BLAZE									
USGM3144	48	F	QH		CHESTNUT, STAR, LR-SOCK									
USGM3145	132	F	QH		BAY, STRIPE									
USGM3146	36	N	QH		BAY, NO MARKINGS									
USGM3147	96	N	TW X AP		BLACK, WHITE, SNIP, LF, LR, RF, RR-STOCKING									
USGM3148	168	F	QH		BAY, NO MARKINGS									
USGM3149	168	N	QH		CHESTNUT, STAR, RR-PASTERN									
USGM3150	60	F	QH		BAY, STAR									
USGM3151	144	N	QH		SORREL, STAR, SNIP									
USGM3152	96	F	QH		BLACK, WHITE, STAR, LR,LF,RR,RF- STOCKING									
USGM3153	180	F	QH		PALOMINO, STAR, LR-SOCK									
USGM3154	108	F	AP		GRAY, NO MARKINGS									
USGM3155	36	N	QH		CHESTNUT, STAR, SNIP, LF,LR,RR SOCK									
USGM3156	300	N	QH		CHESTNUT, BLAZE, RR,RF,LF,LR-SOCK									
USGM3157	300	N	QH		BAY, LR, RR-SOCK									
USGM3158	60	N	HAFLINGER		SORREL, BLAZE									

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: NOV 8 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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): 31

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough, DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2- VS RIVERDALE, MARYLAND

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024681

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/5/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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 / TYPE TEST / DATE

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM3141	216	N	QH		BAY, NO MARKINGS									
USGM3142	132	F	QH		BAY, RF, RR-SOCK									
USGM3143	96	F	QH		BLACK, BLAZE									
USGM3144	48	F	QH		CHESTNUT, STAR, LR-SOCK									
USGM3145	132	F	QH		BAY, STRIPE									
USGM3146	36	N	QH		BAY, NO MARKINGS									
USGM3147	96	N	TW X AP		BLACK, WHITE, SNIP, LF, LR, RF, RR-STOCKING									
USGM3148	168	F	QH		BAY, NO MARKINGS									
USGM3149	168	N	QH		CHESTNUT, STAR, RR-PASTERN									
USGM3150	60	F	QH		BAY, STAR									
USGM3151	144	N	QH		SORREL, STAR, SNIP									
USGM3152	96	F	QH		BLACK, WHITE, STAR, LR,LF,RR,RF- STOCKING									
USGM3153	180	F	QH		PALOMINO, STAR, LR-SOCK									
USGM3154	108	F	AP		GRAY, NO MARKINGS									
USGM3155	36	N	QH		CHESTNUT, STAR, SNIP, LF,LR,RR SOCK									
USGM3156	300	N	QH		CHESTNUT, BLAZE, RR,RF,LF,LR-SOCK									
USGM3157	300	N	QH		BAY, LR, RR-SOCK									
USGM3158	60	N	HAFLINGER		SORREL, BLAZE									

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: NOV 8 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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): 31

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 3 - PORT VETERINARIAN

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

FOIA11-FOIA000322

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: 9:00 Am

DATE: 11-16-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

(9)(q)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USGM	5397					X						SV	X				
2		5398						Bk/wht					Paint			X		
3		5399						Brown wht					AP	X				
4		5400						Palo		X						X		
5	USGM	3001						Brown wht					Paint			X		
6		3002			X					X				X				
7		3003			X					X						X		
8		3004					X			X				X				
9		3005					X			X				X				
10		3006					X			X				X				
11		3007					X			X				X				
12		3008						Tri					Paint	X				
13		3009						Brown wht					AP	X				
14		3010	X							X						X		
15		3011						Palo		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. 505

DATE 17 Nov, 2010

TIME 9:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsiete

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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, 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: 9:00 Am

DATE: 11-16-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (9)(q) (9)(q)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER): Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Juliest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGM	5397					X						SN	X				
2		5398						Bk/wht					Paint			X		
3		5399						Brown wht					AP	X				
4		5400						Palo		X						X		
5	USGM	3001						Brown wht					Paint			X		
6		3002			X					X				X				
7		3003			X					X						X		
8		3004					X			X				X				
9		3005					X			X				X				
10		3006					X			X				X				
11		3007					X			X				X				
12		3008						Tri					Paint	X				
13		3009						Brown wht					AP	X				
14		3010	X							X						X		
15		3011						Palo		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. 505

DATE 17 Nov, 2010

TIME 9:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PAGE 1 OF 2

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	USDA	3012					X			X				X				
17	↑	3013						Sorrel					Paint	X				
18		3014	X							X						X		
19		3015						Red roan					AP	X				
20		3016					X			X				X				
21		3017					X						Mule	X				
22		3018	X							X						X		
23		3019			X					X				X				
24		3020			X					X				X				
25		3021						Palo		X				X				
26		3022					X			X						X		
27		3023					X			X				X				
28		3024						Gr roan					AP	X				
29		3025	X							X				X				
30		3026					X			X				X				
31	↓	3027						Palo		X				X				
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(9)(q)

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: SUGARCREEK LIVESTOCK

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
10-29-10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

12. CONSIGNOR'S STATE: OHIO

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): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
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

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)

17. Owner's name / street address / city/town, State code & zip code	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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USGM5397	144	F	SN		CHESTNUT, BLAZE, LF, LR, RF-SOCK, RR-PASTERN									
	USGM5398	72	N	PAINT		BLACK, WHITE, SNIP, LF, LR, RR, RF-STOCKING									
	USGM5399	168	F	AP		BROWN, WHITE, ROAN BODY, DARK LEGS									
	USGM5400	120	N	QH		PALOMINO, NO MARKINGS									
	USGM3001	120	N	PAINT		BROWN, WHITE, STAR, STRIPE, WHITE LEGS									
X	USGM3002	132	F	QH		BLACK, STAR, SNIP, LR-SOCK									
	USGM3003	300	N	QH		BLACK, SNIP									
	USGM3004	192	F	QH		CHESTNUT, BLAZE, LF, LR, RR, RF-SOCK									
	USGM3005	132	F	QH		CHESTNUT, STAR									
	USGM3006	72	F	QH		CHESTNUT, STAR, SNIP, LR-PASTERN									
	USGM3007	36	F	QH		CHESTNUT, STAR, STRIPE, LR-SOCK									
	USGM3008	24	F	PAINT		TRICOLOR, STAR, SNIP, LF,LR,RR,RF-STOCKING, PAINTED BODY									
	USGM3009	192	F	AP		BROWN, WHITE, STRIPE, ROAN BODY									
	USGM3010	240	N	QH		BAY, NO MARKINGS									
	USGM3011	84	N	QH		PALOMINO, BLAZE, LF,LR,RF,RR-SOCK									
	USGM3012	60	F	QH		CHESTNUT, LF, LR, RR-SOCK									
	USGM3013	36	F	PAINT		SORREL, WHITE, BALD FACE, LF,RF,RR,LR-SOCK, ROAN PAINTED B									
	USGM3014	168	N	QH		BAY, STAR, SNIP									

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
NOV 1 2010	HIRSCHBACH, BRYAN 9689	☐ 2 Federal ☐ 1 State ☐ 3 Accredited XX	31

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2- VS RIVERDALE, MARYLAND

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024668

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN Owner's name (Last name, two initials, & business name) Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3015	120	F	AP		RED, WHITE, BLAZE, LR,RR-SOCK, ROAN BODY									
102 BUCKEYE ST.	USGM3016	48	F	QH		CHESTNUT, BLAZE, LR,RR-SOCK									
SUGARCREEK, OH 44681	USGM3017	300	F	MULE		CHESTNUT, WHITE NOSE, WHITE HAIRS ON BODY									
	USGM3018	300	N	QH		BAY, SNIP									
	USGM3019	36	F	QH		BLACK, NO MARKINGS									
	USGM3020	300	F	QH		BLACK, STARS, SNIP, LR-SOCK									
	USGM3021	84	F	QH		PALOMINO, NO MARKINGS									
	USGM3022	144	N	QH		CHESTNUT, BLAZE, LF-FETLOCK, LR,RF,RR-SOCK									
	USGM3023	108	F	QH		CHESTNUT, STAR									
	USGM3024	120	F	AP		BLACK, WHITE, ROAN BODY									
	USGM3025	48	F	QH		BAY, NO MARKINGS									
	USGM3026	120	F	QH		CHESTNUT, STAR, LR-SOCK									
X—	USGM3027	108	F	QH		PALOMINO, NO MARKINGS									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kevin A. Sand, DVM

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

PART 2 – VS RIVERDALE, MARYLAND

FOIA11F01A000326

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

FOIA11FOIA000327

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: 8:30 pm
DATE: 11-01-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (9)(q)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER): Leroy N. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452
STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681
CITY, STATE, ZIP CODE: 517 Rang ste juliest jov1w0

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	USGM	5275					X			X						X		
2		5276			X					X						X		
3		5277					X			X				X				
4		5278					X			X				X				
5		5279	X							X				X				
6		5280					X			X				X				
7		5281					X						Paint			X		
X 8		5282	X							X				X				
9		5283	X							X						X		
10		5284					X			X						X		
11		5285					X			X				X				
12		5286						Brown		X						X		
13		5287						Gravel		X				X				
X 14		5288						Brown					Paint	X				
15		5289			X								Paint	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 knc ...

(9)(q)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 02/11/2010
TIME 16h00

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

	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	2USGM	5290						Roan					MN	X				
17	↑	5291					X			X						X		
18		5292					X						Paint	X				
19		5293					X						Paint	X				
20		5294	X							X				X				
21		5295						Sor					Hat	X				
22		5296						Sor					Hat			X		
23		5297	X							X				X				
24		5298			X								Paint	X				
25		5299		X						X				X				
26		5300						Tri					Paint	X				
27		5301						Brown		X				X				
28		5302					X			X				X				
29		5303					X						SW			X		
30		5304					X			X				X				
31		5305			X					X				X				
32	↓	5306	X							X				X				
33																		
34																		
35																		
36																		
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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.)

(9)(q)

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024692

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/22/10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM5275	36	N	QH		CHESTNUT, STAR, STRIPE, LF-SOCK, RR-STOCKING									
USGM5276	228	N	QH		BLACK, BALD, LF, LR, RF, RR-STOCKING									
USGM5277	72	F	QH		CHESTNUT, STAR, STRIPE, RR-STOCKING									
USGM5278	120	F	QH		CHESTNUT, STAR, LR-SOCK									
USGM5279	300	F	QH		BAY, LR-SOCK									
USGM5280	120	F	QH		CHESTNUT, BLAZE, LR, RF, RR-PASTERN									
USGM5281	108	N	PAINT		CHESTNUT, BLAZE, BODY PAINTEED									
X USGM5282	96	F	QH		BAY, NO MARKS									
USGM5283	108	N	QH		BAY, STAR, STRIPE, SNIP, LF, LR-SOCK, RF-PASTERN									
USGM5284	300	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR, RR-SOCK									
USGM5285	72	F	QH		CHESTNUT, BLAZE, LF, RF-SOCK, LR, RR-STOCKING									
USGM5286	96	N	QH		BROWN, NO MARKS									
USGM5287	300	F	QH		GRUEL, BLAZE, LR, RR-STOCKING									
✓ USGM5288	48	F	PAINT		BROWN, WHITE, BLAZE									
USGM5289	120	F	PAINT		BLACK/WHITE, BLAZE									
USGM5290	144	F	MN		ROAN, NO MARKS									
✓ USGM5291	60	N	QH		CHESTNUT, STAR, STRIPE, SNIP									
USGM5292	132	F	PAINT		CHESTNUT/WHITE, BLAZE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 25 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN E. 9689

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 5 - ISSUING 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L024692

3. PAGE NO.: 2 OF 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 M	DATE M	DISEASE TYPE TEST N	DATE N	DISEASE TYPE TEST O	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5293	300	F	PAINT														
102 BUCKEYE ST.	USGM5294	60	F	QH														
SUGARCREEK, OH 44681	USGM5295	120	F	HAFLINGER														
	USGM5296	120	N	HAFLIGER														
	USGM5297	300	F	QH														
	USGM5298	84	F	PAINT														
	USGM5299	60	F	QH														
	USGM5300	48	F	PAINT														
	USGM5301	120	F	QH														
	USGM5302	84	F	QH														
	USGM5303	120	N	SN														
	USGM5304	120	F	QH														
	USGM5305	120	F	QH														
	USGM5306	48	F	QH														

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA
	USGM5293	300	F	PAINT				CHESTNUT/WHITE, BALD
	USGM5294	60	F	QH				BAY, NO MARKS
	USGM5295	120	F	HAFLINGER				SORREL, BLAZE
	USGM5296	120	N	HAFLIGER				SORREL, STAR, STRIPE, SNIP
	USGM5297	300	F	QH				BAY, NO MARKS
	USGM5298	84	F	PAINT				BLACK/WHITE
	USGM5299	60	F	QH				GREY, DAPPLED
	USGM5300	48	F	PAINT				BLACK/BROWN/WHITE, BALD
	USGM5301	120	F	QH				BROWN, LR, RR-CORONET
	USGM5302	84	F	QH				CHESTNUT, LR, RR-EASTERN
	USGM5303	120	N	SN				CHESTNUT, NO MARKS
	USGM5304	120	F	QH				CHESTNUT, STAR
	USGM5305	120	F	QH				BLACK, NO MARKS
	USGM5306	48	F	QH				BAY, BLAZE

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kevin C. Hawkins DVM

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

PART 3 – PORT VETERINARIAN

FOIA11F00130

U.S. DEPARTMENT 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: 8:00 am
DATE: 11-04-2010
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452
STREET ADDRESS: 912 Second ave west OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681
CITY, STATE, ZIP CODE: 517 Rang Ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

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	DISGM	5307	X							X				X				
2	↑	5308	X							X				X				
3		5309	X							X				X				
4		5310	X										SN	X				
5		5311	X							X						X		
6		5312			X					X				X				
7		5313			X								SN	X				
8		5314	X							X						X		
9		5315	X							X				X				
10		5316					X			X						X		
11		5317			X					X				X				
12		5318	X										SN			X		
13		5319	X										SN	X				
14		5320			X					X						X		
15	↓	5321			X								Paint			X		

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. 505
DATE 5 Nov 2010
TIME 8:00

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

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

FOIA11-FOIA00331 PAGE 1 OF 2

PART 1 - INSPECTOR

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	USGM	5322	X										SV			X		
17	↑	5323	X							X						X		
18		5324					X			X				X				
19		5325	X										SV			X		
20		5326			X								SV	X				
21		5327					X			X						X		
22		5328					X			X				X				
23		5329	X							X				X				
24		5330	X										SV	X				
25		5331					X			X				X				
26		5332	X										SV	X				
27		5333	X										SV	X				
28		5334			X					X				X				
29		5335		X						X						X		
30	↓	5336						Brown				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
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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

L024689 1 OF

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
10/22/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

APHIS 11 FORM 2000 0331

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM5307	96	F	QH		BAY									
USGM5308	120	F	QH		BAY, STAR, STRIPE, RF-SOCK, RR-PASTERN									
USGM5309	84	F	QH		BAY									
USGM5310	84	F	SN		BAY, NECK BRAND									
USGM5311	192	N	QH		BAY, NO MARKS									
USGM5312	300	F	QH		BLACK, STAR, STRIPE, LR-SOCK									
USGM5313	180	F	SN		BLACK, NO MARKS									
USGM5314	156	N	QH		BAY, STAR									
USGM5315	120	F	QH		BAY, STAR, SNIP, LR-SOCK									
USGM5316	300	N	QH		CHESTNUT, STAR									
X — USGM5317	228	F	QH		BLACK, STAR									
USGM5318	132	N	SN		BAY, STAR									
USGM5319	168	F	SN		BAY, NO MARKS									
USGM5320	108	N	QH		BLACK									
USGM5321	132	N	PAINT		BLACK, BALD, BODY PAINTED									
USGM5322	84	N	SN		STAR, S, BAY, LR-PASTERN, NECK BRAND									
USGM5323	24	N	QH		BAY, LR, RR-SOCK									
USGM5324	72	F	QH		CHESTNUT, STAR, STRIPE, SNIP									

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	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 25 2010	HIRSCHBACH, BRYAN E.	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

PART 2- VS RIVERDALE, MARYLAND

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024689

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5325	300	N	SN	BAY, LR, RR-SOCK									
102 BUCKEYE ST.	USGM5326	156	F	SN	BLACK, NECK BRAND									
SUGARCREEK, OH 44681	USGM5327	120	N	QH	CHESTNUT, STAR, STRIPE, SNIP, LF, RF-SOCK, LR, RR-STOCKING									
	USGM5328	156	F	QH	CHESTNUT, STAR									
	USGM5329	144	F	QH	BAY, LR, RR-SOCK									
	USGM5330	120	F	SN	BAY, NECK BRAND									
	USGM5331	120	F	QH	CHESTNUT, STRIPE, SNIP, LR-STOCKING, RF-SOCK									
	USGM5332	168	F	SN	BAY, STAR, NECK BRAND									
	USGM5333	108	F	SN	BAY, STAR, LR-SOCK									
	USGM5334	84	F	QH	BLACK, LR-PASTERN									
	USGM5335	144	N	QH	GREY, NO MARKS									
	USGM5336	132	F	PONY	BROWN, BLAZE, LF, LR, RF, RR-STOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 2:00 AM

DATE: 11-10-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 913 SECOND AVE. WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 RANG STE JUWEST JOVLWO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	2USGM	3028						Br/wht					AP		X			
2	↑	3029	X										SV	X				
3		3030						Chest wht					Paint	X				
4		3031						Chest wht					Paint	X				
5		3032						Tri					Paint	X				
6		3033					X			X				X				
7		3034	X							X						X		
8		3035						Palo.		X						X		
9		3036		X						X				X				
10		3037						Br/wht					AP			X		
11		3038			X					X				X				
12		3039						Blk/wht					Paint			X		
13		3040			X					X				X				
14		3041	X										SV	X				
15	↓	3042						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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 10/11/2010

TIME 1800

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).

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 best of my knowledge.)

(b)(6)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024669

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-29-10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [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.

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)*

17. FARM ORIGIN	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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USGM3028	72	M	AP		BROWN, WHITE, STAR, ROAN BODY									
	USGM3029	300	F	SN		BAY, STAR									
	USGM3030	96	F	PAINT		CHESTNUT, WHITE, BLAZE, BODY							PAINTED		
	USGM3031	96	F	PAINT		CHESTNUT, WHITE, BLAZE, LF,LR,RR,RF-STOCKING, BODY							PAINTED		
	USGM3032	96	F	PAINT		TRICOLOR, BLAZE, LF,LR,RR-STOCKING, RF-SOCK, BODY							PAINTED		
	USGM3033	48	F	QH		CHESTNUT, STAR									
	USGM3034	144	N	QH		BAY, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM3035	108	N	QH		PALOMINO, NO MARKINGS									
	USGM3036	216	F	QH		GREY, NO MARKINGS									
	USGM3037	60	N	AP		BROWN, WHITE, BLAZE, LR,RR-STOCKING, ROAN BODY									
	USGM3038	84	F	QH		BLACK, RR-SOCK									
	USGM3039	96	N	PAINT		BLACK, WHITE, BLAZE, LF,RF-STOCKING									
	USGM3040	156	F	QH		BLACK, SNIP									
	USGM3041	48	F	SN		BAY, NO MARKINGS									
	USGM3042	60	N	QH		SORREL, STAR, STRIPE, SNIP, RR-SOCK									
	USGM3043	120	N	QH		GREY, NO MARKINGS									
	USGM3044	180	F	DRAFT CROSS		BAY, SNIP, LF,RF,RR-SOCK									
	USGM3045	60	F	QH		PALOMINO, STAR, STRIPE, SNIP									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Kellie A. Hough DVM

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: NOV 1 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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): 26

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2 - PORT VETERINARIAN

FOIA11F01200336

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L024669

3. PAGE NO.: 2 OF 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) — 18. INDIVIDUAL IDENTIFICATION: ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	CERTIFIED BRUCELLOSIS FREE AREA: 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3046	180	N	OH		CHESTNUT, STAR, STRIPE, SNIP									
102 BUCKEYE ST.	USGM3047	120	N	SN		BAY, STAR									
SUGARCREEK, OH 44681	USGM3048	60	F	SN		BAY, STAR, STRIPE, SNIP, LR-FETLOCK									
	USGM3049	240	F	OH		SORREL, BLAZE, LF, LR, RF-SOCK									
	USGM3050	300	N	SN		BAY, STAR, RR-PASTERN									
	USGM3051	96	F	OH		CHESTNUT, STAR									
	USGM3052	72	N	PAINT		TRICOLOR, LR, RR-STOCKING, BODY PAINTED									
	USGM3053	120	N	OH		STRAWBERRY ROAN, STAR, SNIP, LR-FETLOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kellie A. Vaughn DVM

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

PART 3 – PORT VETERINARIAN

FOIA11FOIA000337

U.S. DEPARTMENT 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: 7:30 pm

DATE: 11-11-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

(b)(6)

CONSIGNOR (OWNER/SHIPPER): Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second ave West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681

CITY, STATE, ZIP CODE: 517 Rang ste Juliest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USGM	5368	X							X						X		
2		5369						Dunn		X						X		
3		5370			X					X				X				
4		5371					X			X						X		
5		5372	X							X						X		
6		5373	X							X				X				
7		5374					X			X				X				
8		5375	X							X				X				
9		5376	X							X				X				
10		5377					X			X						X		
11		5378					X			X						X		
12		5379	X							X				X				
13		5380	X							X						X		
14		5381	X										SN	X				
15		5382					X			X				X				

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. 505

DATE 12 Nov. 2010

TIME 11:30

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, 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: 7:30 PM

DATE: 11-11-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 5M Rang ste jul WEST jvl 1w0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USSM	5368	X							X						X		
2		5369						Dun		X						X		
3		5370			X					X				X				
4		5371					X			X						X		
5		5372	X							X						X		
6		5373	X							X				X				
7		5374					X			X				X				
8		5375	X							X				X				
9		5376	X							X				X				
10		5377					X			X						X		
11		5378					X			X						X		
12		5379	X							X				X				
13		5380	X							X						X		
14		5381	X										SW	X				
15		5382					X			X				X				

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

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	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGM	5383	X							X						X		
17	↑	5384						BL/WHT					Paint	X				
18		5385						Brown		X				X				
19		5386	X										SV			X		
20		5387					X			X						X		
21		5388					X			X				X				
22		5389	X							X						X		
23		5390					X			X				X				
24		5391					X						Hafinger			X		
25		5392	X							X				X				
26		5393			X								SV	X				
27		5394						Choc WHT					AP			X		
28		5395	X										SV			X		
29	↓	5396					X				BL					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)

VS FORM 10-13A
(SEP 2002)

FOIA11F01A010340

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

L0246001 | 1 of

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
10/29/10	ALEXANDRA BAY, NY	36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
102 BUCKEYE ST.	SUGARCREEK

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

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USGM5368	168	N	QH		STAR, SNIP, LF, LR, RF, RR-SOCK BAY									
	USGM5369	120	N	QH		DUNN, NO MARKINGS									
	USGM5370	96	F	QH		BLACK, STRIPE, SNIP, RR-FETLOCK									
	USGM5371	96	N	QH		CHESTNUT, STAR									
	USGM5372	60	N	QH		BAY, STAR, LF, LR, RR, RF-SOCK									
	USGM5373	108	F	QH		BAY, RR-SOCK									
	USGM5374	84	F	QH		CHESTNUT, LF, LR-SOCK									
	USGM5375	132	F	QH		BAY, NO MARKINGS									
	USGM5376	120	F	QH		BAY, STAR									
	USGM5377	84	N	QH		CHESTNUT, BLAZE, LR, LF, RR, RF-SOCK									
	USGM5378	300	N	QH		CHESTNUT, BLAZE, LR, LF, RR, RF-SOCK									
	USGM5379	96	F	QH		BAY, STAR, STRIPE, SNIP									
	USGM5380	96	N	QH		BAY, LR, RR-SOCK									
	USGM5381	180	F	SN		BAY, NO MARKINGS									
	USGM5382	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP									
	USGM5383	120	N	QH		BAY, STAR, STRIPE, LR, RR-SOCK									
	USGM5384	96	F	PAINT		BLACK, WHITE, BLAZE, RF-STOCKING, BODY PAINTED									
	USGM5385	96	F	QH		BROWN, LR-SOCK									

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	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
NOV 1 2010	HIRSCHBACH, BRYAN 9689	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	29

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2- VS RIVERDALE, MARYLAND

FOIA11F0100034

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024667

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5386	132	N	SN		BAY, NO MARKINGS								
102 BUCKEYE ST.	USGM5387	84	N	QH		CHESTNUT, STAR, SNIP								
SUGARCREEK, OH 44681	USGM5388	84	F	QH		CHESTNUT, BLAZE, LR-SOCK								
	USGM5389	144	N	QH		BAY, NO MARKINGS								
	USGM5390	300	F	QH		CHESTNUT, STAR								
	USGM5391	72	N	HAFLINGER		CHESTNUT, STAR, SNIP, LF, LR, RR-SOCK, RF-PASTERN								
	USGM5392	216	F	QH		BAY, SNIP, LR-PASTERN								
	USGM5393	120	F	SN		BLACK, BRAND ON RIGHT SIDE OF NECK								
	USGM5394	60	N	AP		CHOCOLATE, WHITE, STAR, STRIPE, SNIP, WHITE LEGS, ROAN BODY								
	USGM5395	144	N	SN		BAY, NO MARKINGS								
	USGM5396	72	N	BL		CHESTNUT, BLAZE, LF, LR, RR-SOCK								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kimberly A Shultz, DVM

FOIA 1FO120000841

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

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 6:30 Am

DATE: 11-18-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: 517 Rang ste jolrest jov1w0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USGM	3082	X							X						X		
2		3083					X			X						X		
3		3084	X							X						X		
4		3085						Br/wht		X						X		
5		3086					X			X				X				
6		3087					X			X						X		
7		3088	X							X				X				
8		3089					X			X						X		
9		3090					X			X						X		
10		3091	X										SN	X				
11		3092					X			X				X				
12		3093	X							X						X		
13		3094	X							X						X		
14		3095	X							X						X		
15		3096	X							X				X				

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. #505

DATE 19/11/2010

TIME 6h00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FOI1000343

VS FORM 10-13 (AUG 2004)

Previous editions are obslete

PART 1 - INSPECTOR

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	21SGM	3097	X							X				X				
17	↑	3098					X			X						X		
18		3099						Br/wht		X						X		
19		3100					X			X				X				
20		3101			X					X				X				
21		3102	X							X						X		
22		3103	X							X				X				
23		3104	X							X				X				
24		3105					X			X				X				
25		3106						Red Roan wht		X						X		
26		3107						DUN		X				X				
27		3108	X							X						X		
28	↓	3109	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
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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024678

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-05-10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM3082	300	N	QH		BAY, BLAZE, LF-CORNET, LR,RR-SOCK									
USGM3083	300	N	QH		CHEST, HOLE IN HEAD, RR-SOCK									
USGM3084	300	N	QH		BAY, STRIPE									
USGM3085	144	N	QH		BROWN/WHITE, BLAZE, BODY PAINTED									
USGM3086	180	F	QH		CHESTNUT, BLAZE, LF,RF,RR-SOCK, LR-STOCKING									
USGM3087	48	N	QH		CHESTNUT, STAR, RR-SOCK									
USGM3088	96	F	QH		BAY, BLAZE									
USGM3089	96	N	QH		CHESTNUT, STAR, LF,RF,RR-SOCK, LR-STOCKING									
USGM3090	300	N	QH		CHESTNUT, STAR, LR-SOCK									
USGM3091	132	F	SN		BAY,WHIRL, LR-PASTERN X2328 NECK BRAND									
USGM3092	132	F	QH		CHESTNUT, STRIPE, LF,LR,RR-SOCK									
USGM3093	300	N	QH		BAY, NO MARKINGS									
USGM3094	300	N	QH		BAY, LR,RF,RR-SOCK									
USGM3095	300	N	QH		BAY, LR,RF,RR-SOCK									
USGM3096	300	F	QH		BAY, NO MARKINGS									
USGM3097	300	F	QH		BAY, STAR									
USGM3098	300	N	QH		CHESTNUT, BLAZE, LR,RR-SOCK									
USGM3099 CT	120	N	QH		BROWN/WHITE, BODY PAINTED									

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: NOV 8 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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): 28

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 2- VS RIVERDALE, MARYLAND

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024678

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-05-10

5. U.S. PORT OF EMBARKATION *(City and State)*: ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[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.

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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM3082	300	N	QH		BAY, BLAZE, LF-CORNET, LR,RR-SOCK									
USGM3083	300	N	QH		CHEST, HOLE IN HEAD, RR-SOCK									
USGM3084	300	N	QH		BAY, STRIPE									
USGM3085	144	N	QH		BROWN/WHITE, BLAZE, BODY PAINTED									
USGM3086	180	F	QH		CHESTNUT, BLAZE, LF,RF,RR-SOCK, LR-STOCKING									
USGM3087	48	N	QH		CHESTNUT, STAR, RR-SOCK									
USGM3088	96	F	QH		BAY, BLAZE									
USGM3089	96	N	QH		CHESTNUT, STAR, LF,RF,RR-SOCK, LR-STOCKING									
USGM3090	300	N	QH		CHESTNUT, STAR, LR-SOCK									
USGM3091	132	F	SN		BAY,WHIRL, LR-PASTERN X2328 NECK BRAND									
USGM3092	132	F	QH		CHESTNUT, STRIPE, LF,LR,RR-SOCK									
USGM3093	300	N	QH		BAY, NO MARKINGS									
USGM3094	300	N	QH		BAY, LR,RF,RR-SOCK									
USGM3095	300	N	QH		BAY, LR,RF,RR-SOCK									
USGM3096	300	F	QH		BAY, NO MARKINGS									
USGM3097	300	F	QH		BAY, STAR									
USGM3098	300	N	QH		CHESTNUT, BLAZE, LR,RR-SOCK									
USGM3099 CT	120	N	QH		BROWN/WHITE, BODY PAINTED									

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: NOV 8 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: HIRSCHBACH, BRYAN 9689

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): 28

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING 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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024678

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3100	36	F	QH	CHESTNUT, STAR, STRIPE, LF, RR, STOCKING									
102 BUCKEYE ST.	USGM3101	300	F	QH	BLACK, STAR, RR-PASTERN									
SUGARCREEK, OH 44681	USGM3102	168	N	QH	BAY, NO MARKINGS									
	USGM3103	120	F	QH	BAY, NO MARKINGS									
	USGM3104	108	F	QH	BAY, LR-SOCK									
	USGM3105	300	F	QH	CHESTNUT, STRIPE, LR, RR-SOCK									
	USGM3106	156	N	QH	RED ROAN, WHITE, BODY PAINTED									
	USGM3107	120	F	QH	DUN, BLAZE, LF,LR,RR,SOCK									
	USGM3108	144	N	QH	BAY, STAR, SNIP, LR-PASTERN									
	USGM3109	84	N	QH	BAY, LR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kellie A. Hauck, DVM

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

PART 2 – VS RIVERDALE, MARYLAND

FOIA11F01000347

U.S. DEPARTMENT 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: 10:00

DATE: 11-17-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

(b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Rang ste juliest jov1000

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

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	USGM	3110					X			X				X				
2	↑	3111			X					X				X				
3		3112					X			X				X				
4		3113					X			X						X		
5		3114					X			X						X		
6		3115		X						X				X				
7		3116					X			X						X		
8		3117					X			X						X		
9		3118						TRI		X				X				
10		3119						Gr/BK					AP			X		
11		3120			X					X				X				
12		3121					X			X				X				
13		3122					X			X				X				
14		3123					X			X				X				
15	↓	3124					X			X						X		

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. 505

DATE 18 Nov 2010

TIME 13:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A000348

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, 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: 10:00	DATE: 11-17-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 912 Second ave West OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: 517 Rang ste juliest jov1w0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

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	USGM	3110					X			X				X				
2		3111			X					X				X				
3		3112					X			X				X				
4		3113					X			X						X		
5		3114					X			X						X		
6		3115		X						X				X				
7		3116					X			X						X		
8		3117					X			X						X		
9		3118						Tri		X				X				
10		3119						Gr/Bk.					AP			X		
11		3120			X					X				X				
12		3121					X			X				X				
13		3122					X			X				X				
14		3123					X			X				X				
15		3124					X			X						X		

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 FORM 10-13 (AUG 2004) Previous editions are obslete FOIA11FGIA000710 PAGE 1 OF 2

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	USGM	3125	X										SW	X				
17		3126						DUN		X				X				
18		3127	X							X						X		
19		3128					X			X				X				
20		3129					X			X				X				
21		3130					X			X				X				
22		3131	X							X						X		
23		3132						BK WHT					Paint	X				
24		3133			X					X				X				
25		3134					X			X				X				
26		3135					X			X				X				
27		3136						RED ROAN WHT					AP	X				
28		3137						SOR		X				X				
29		3138			X					X				X				
30		3139						RED ROAN WHT		X				X				
31	↓	3140						SOR					Halfinger			X		
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)

FOIA11F01A000350