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.: L024682

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 / DISEASE / TYPE TEST / DISEASE / 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, INCE	USGM3110	156	F	QH	CHESTNUT, STAR, STRIPE									
102 BUCKEYE ST.	USGM3111	156	F	QH	BLACK, STAR, LR,RR-SOCK									
SUGARCREEK, OHIO 44681	USGM3112	144	F	QH	CHESTNUT, NO MARKINGS									
	USGM3113	300	N	QH	CHESTNUT, STRIPE, LR-SOCK									
	USGM3114	132	N	QH	CHESTNUT, STRIPE,LR, RR,-SOCK									
	USGM3115	108	F	QH	GRAY, NO MARKINGS									
	USGM3116	216	N	QH	CHESTNUT, STAR, LR, RR-SOCK									
	USGM3117	84	N	QH	CHESTNUT, BLAZE, LR, RF, RR-SOCK									
	USGM3118	216	F	QH	TRI COLOR, STAR, BODY PAINTED									
	USGM3119	84	N	AP	GRAY/BLACK, NO MARKINGS									
	USGM3120	300	F	QH	BLACK, LR-PASTERN									
	USGM3121	96	F	QH	CHESTNUT, STRIPE, PAINTED BODY									
	USGM3122	180	F	QH	CHESTNUT, STAR, LR-SOCK									
	USGM3123	108	F	QH	CHESTNUT, STAR, LR, RR-SOCK									
	USGM3124	144	N	QH	CHESTNUT, STAR, LF, RF-PASTERN, LR, RR-SOCK									
	USGM3125	60	F	SN	BAY, LR-PASTERN SA925 NECK BRAND									
	USGM3126	60	F	QH	DUN, STAR, SNIP, LR, RR-SOCK									
	USGM3127	96	N	QH	BAY, STAR, STRIPE									

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

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: L024682

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

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

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.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USGM3128	24	F	QH		CHESTNUT, BLAZE, LF, LR, RF RR-SOCK									
USGM3129	60	F	QH		CHESTNUT, BLAZE, LF, RF-SOCK									
USGM3130	108	F	QH		CHESTNUT, STAR									
USGM3131	120	N	QH		BAY, STAR, LR-SOCK									
USGM3132	60	F	PAINT		BLACK, WHITE, BLAZE, PAINTED BODY									
USGM3133	300	F	QH		BLACK, NO MARKINGS									
USGM3134	300	F	QH		CHESTNUT, STRIPE									
USGM3135	108	F	QH		CHESTNUT, LR, RR-SOCK									
USGM3136	300	F	AP		RED ROAN, WHITE, NO MARKINGS									
USGM3137	84	F	QH		SORREL, RF-PASTERN									
USGM3138	300	F	QH		BLACK, STAR, STRIPE, LR-SOCK									
USGM3139	36	F	QH		RED ROAN, WHITE, BLAZE, BODY PAINTED									
USGM3140	60	N	HAFLINGER		SORREL, 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.)

Kenneth A. Shaw, DVM

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

PART 2 – VS RIVERDALE, MARYLAND

FOIA 11FD1000352

U.S. DEPARTMENT 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: 11-21-2010

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: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang Ste jWest 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	3172						Pal		X					X			
2		3173					X			X						X		
3		3174	X							X				X				
4		3175	X							Gr X						X		
5		3176						Bay/light					Paint	X				
6		3177	X							X						X		
7		3178	X							X				X				
8		3179						Bay/light					Paint			X		
9		3180	X							X						X		
10		3181					X			X				X				
11		3182			X					X						X		
12		3183					X			X				X				
13		3184					X			X						X		
14		3185						Sor		X						X		
15		3186						Sor/Grey			Bl			X				

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 Nov 2010

TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004)

Previous editions are obslete

PART 1 - INSPECTOR

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	DISGM	3187	X						TH					X				
17		3188					X			X				X				
18		3189			X					X				X				
19		3190	X							X				X				
20		3191					X			X						X		
21		3192			X					X				X				
22		3193			X					X						X		
23		3194						Red/White					Paint	X				
24		3195						Dunn				Draft Pony				X		
25		3196					X		TH					X				
26		3197	X						TH							X		
27		3198		X					TH							X		
28		3199	X						TH					X				
29																		
30																		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(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.: L024683

3. PAGE NO.: 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

12a. STATE CODE: 39

12b. 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

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OHIO 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
USGM3172	96	M	QH		PALOMINO, BLAZE, LF, LR, RR-SOCK									
USGM3173	24	N	QH		CHESTNUT, STAR, SNIP, LR, RR-SOCK, RF-PASTERN									
USGM3174	300	F	QH		BAY, RF-FETLOCK									
USGM3175	300	N	QH CROSS		BAY, STAR									
USGM3176	156	F	PAINT		BAY, WHITE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USGM3177	84	N	QH		BAY, STAR, LR,RR-SOCK									
USGM3178	168	F	QH		BAY, WHITE SPOTS ON LOWER LF LEG									
USGM3179	96	N	PAINT		BROWN, WHITE, LF, RF, RR-STOCKING, LR-SOCK									
USGM3180	120	N	QH		BAY, STAR, LR-SOCK									
USGM3181	120	F	QH		CHESTNUT, BLAZE, RR-SOCK									
USGM3182	108	N	QH		BLACK, LR, RR-STOCKING									
USGM3183	144	F	QH		CHESTNUT, BLAZE, LR,LF-SOCK									
USGM3184	156	N	QH		CHESTNUT, BLAZE, RR-STOCKING									
USGM3185	96	N	QH		SORREL, STRIPE, LR,RR-SOCK, RF-PASTERN									
USGM3186	96	F	BL		SORREL, GREY, BLAZE, RR-STOCKING									
USGM3187	132	F	TH		BAY, STAR, RR-SOCK									
USGM3188	300	F	QH		CHESTNUT, BLAZE									
USGM3189	300	F	QH		BLACK, STAR									

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 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): 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.

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: L024683

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 RESULTS OF OTHER TESTS

DISEASE	TYPE TEST	DATE
DISEASE	TYPE TEST	DATE
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
USGM3190	120	F	QH		BAY, STAR, LR,RR-SOCK									
USGM3191	132	N	QH		CHESTNUT, BLAZE, LR,LF,RR,RF-STOCKING									
USGM3192	300	F	QH		BLACK, LF-CORONET									
USGM3193	120	N	QH		BLACK, STAR, LR-SOCK									
USGM3194	48	F	PAINT		RED, WHITE, BALD FACE, LF-STOCKING, LR,RR-SOCK									
USGM3195	240	N	DRAFT PONY		DUNN, NO MARKINGS									
USGM3196	72	F	TH		CHESTNUT, BLAZE									
USGM3197	60	N	TH		BAY, BLAZE, LR,RR-CORONET									
USGM3198	84	N	TH		GREY,NO MARKINGS									
USGM3199	60	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.)~~

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. [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. CERTIFICATE NO. FROM VS FORM 17-140: L024621

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

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

MODIFIED ACCREDITED AREA (TB) — ✓ E — CERTIFIED BRUCELLOSIS FREE AREA — ✓ G

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USGM3789	48	F	TH	BAY, BLAZE, RF,RR-CORONET					
USGM3790	72	N	TH	CHESTNUT, STAR, STRIPE, LR,RR-SOCK, RF-CORONET					
USGM3791	72	N	TH	BAY, BLAZE, LR,RR-SOCK					
USGM3792	48	N	TH	BAY, NO MARKINGS					
USGM3793	60	F	TH	BAY, STAR, RR-CORONET					
USGM3794	60	F	TH	BAY, NO MARKINGS					
USGM3795	156	F	BL	SORREL, BLAZE					
USGM3796	300	N	BL	SORREL, BLAZE					
USGM3797	144	N	BL	SORREL, BLAZE, RR-SOCK					
USGM3798	144	N	PE	BLACK, STAR, SNIP, LR-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 THIRTY ONE (31) 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 *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

FOIA11F01A00351

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.

L024621

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)
12/10/10	ALEXANDRA BAY, NY	36	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	ENTER CODE
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

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

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.	USGM3771	84	F	SN	BAY, STAR, LF,LR,RF-SOCK									
102 BUCKEYE ST.	USGM3772	72	F	SN	BAY, BRAND ON RIGHT SIDE OF NECK									
SUGARCREEK, OHIO 44681	USGM3773	156	N	SN	BAY, NO MARKINGS									
	USGM3774	60	F	TH	BAY, STAR, LR-CORONET									
	USGM3775	60	F	TH	BAY, STAR, STRIPE									
	USGM3776	72	F	TH	CHESTNUT, STAR									
	USGM3777	60	N	TH	CHESTNUT, STAR, STRIPE, SNIP, LF,LR,RF,RR-SOCK									
	USGM3778	60	F	TH	CHESTNUT, STAR, STRIPE, RF-CORONET									
	USGM3779	72	N	TH	BAY, STAR, LF-CORONET									
	USGM3780	72	N	TH	BAY, NO MARKINGS									
	USGM3781	72	N	TH	BAY, RR-CORONET									
	USGM3782	60	N	TH	BAY, NO MARKINGS									
	USGM3783	144	N	TH	BAY, STAR, RF,RR-SOCK									
	USGM3784	84	N	SN	BAY, LR-FETLOCK									
	USGM3785	84	N	QH	CHESTNUT, BLAZE, LR-SOCK									
	USGM3786	180	N	QH	CHESTNUT, STAR, SNIP, LR,RR-SOCK									
	USGM3787	24	N	TH	BAY, NO MARKINGS									
	USGM3788	48	F	TH	BAY, BLAZE, LF,LR,RR,RF-CORONET									

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)
DEC 13 2010	HIRSCHBACH, BRYAN E. 9689	[ ] 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	

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

PART 3 - PORT VETERINARIAN

FOIA11F0000358

U.S. DEPARTMENT 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: 5:00 pm

DATE: 12-12-2010

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: 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 julhest julwo

CHECK THE BOX THAT INDICATES THE 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	3597						Sor		X				X				
2	↑	3598						Sor		X						X		
3		3599			X								TW	X				
4		3600						Sor		X				X				
5		3601	X							X						X		
6		3602						Sor					TW	X				
7		3603			X								SW			X		
8		3604						Sor					Heifinger			X		
9		3605						Roan					AP	X				
10		3606						Sor					Mule	X				
11		3607						Sor					Bashkir Curly	X				
12		3608						Sor					Bashkir Curly			X		
13		3609						Sor/wht					Paint	X				
14		3610						Sor		X				X				
15	↓	3611	X							X						X		

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 13/12/2010

TIME 13h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	3612					X			X				X				
17	↑	3613	X										Sv	X				
18		3614	X						TH					X				
19		3615	X										Sv	X				
20		3616	X						TH							X		
21		3617	X							X				X				
22		3618						Sor			Spotted Draft			X				
23		3619						Paint Pal Dun wht					Paint	X				
24		3620	X							X						X		
25		3621						Sor		X				X				
26		3622	X						TH					X				
27		3623					X		TH							X		
28		3624						Sor		X				X				
29		3625	X							X				X				
30	↓	3626	X										Sv			X		
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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.: L024628

3. PAGE NO.: 1 OF 1

4. DATE ISSUED: 12/3/10

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: 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

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

MODIFIED ACCREDITED AREA (TB): √ E, DATE F

CERTIFIED BRUCELLOSIS FREE AREA: √ G, DATE H, VAC I, 1/25 J, 1/50 K, 1/100 L

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
USGM3597	60	F	QH		SORREL, NO MARKINGS									
USGM3598	60	N	QH		SORREL, NO MARKINGS									
USGM3599	120	F	TW		BLACK, STAR									
USGM3600	60	F	QH		SORREL, LR,RR-FETLOCK									
USGM3601	84	N	QH		BAY, NO MARKINGS									
USGM3602	180	F	TW		SORREL, STAR, STRIPE, SNIP									
USGM3603	120	N	SN		BLACK, NO MARKINGS									
USGM3604	120	N	HAFLINGER		SORREL, BLAZE									
USGM3605	144	F	AP		ROAN, LF,LR,RR-SOCK									
USGM3606	180	F	MULE		SORREL, NO MARKINGS									
USGM3607	180	F	BASHKIR CURLY		SORREL, STAR, STRIPE									
USGM3608	180	N	BASHKIR CURLY		SORREL, BLAZE									
USGM3609	144	F	PAINT		SORREL, WHITE, STAR, PAINTED BODY									
USGM3610	48	F	QH		SORREL, BLAZE, LR,RR-SOCK									
USGM3611	60	N	QH		BAY, STAR, STRIPE, SNIP, LR-SOCK, RR-CORONET									
USGM3612	96	F	QH		CHESTNUT, STAR, RR-SOCK									
USGM3613	120	F	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK									
USGM3614	84	F	TH		BAY, STAR, RR-CORONET									

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: DEC 6 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): THOMPSON, TRAVIS, J. 8620

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.

PART 3 - PORT VETERINARIAN

FOIA11F0100361

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: 1024628

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
USGM3615	120	F	SN		BAY, WHITE HAIRS ACROSS NOSE, RR-CORONET									
USGM3616	84	N	TH		BAY, NO MARKINGS									
USGM3617	84	F	OH		BAY, BLAZE									
USGM3618	120	F	SPOTTED		DRAFT SORREL, WHITE, STAR, SNIP, LR, RR-STOCKING, PAINTED BODY									
USGM3619	120	F	PAINT		RED DUN, WHITE, SNIP, LF, LR-STOCKING, PAINTED BODY									
USGM3620	60	N	OH		BAY, STAR, SNIP, LF, LR, RR-SOCK									
USGM3621	96	F	OH		SORREL, BLAZE									
USGM3622	120	F	TH		BAY, STRIPE, RR-PASTERN									
USGM3623	240	N	TH		CHESTNUT, STAR, STRIPE									
USGM3624	84	F	OH		SORREL, STAR, STRIPE, SNIP, RR-PASTERN									
USGM3625	108	F	OH		BAY, STAR, STRIPE, SNIP, LR-SOCK, RR-FETLOCK									
USGM3626	84	N	SN		BAY, LR-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.)

FOIA11F01000362

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: 13-12-2010

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: 912 Second Ave West

CITY, STATE, ZIP CODE: SugarCreek OHIO 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Ramsteje Joliet Joliet

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	3683					X			X				X				
2	↑	3684						Strab Roan		X				X				
3		3685	X										SV			X		
4		3686						Palo					TW	X				
5		3687			X					X				X				
6		3688	X							X				X				
7		3689	X										SV	X				
8		3690	X										SV	X				
9		3691	X										SV	X				
10		3692						Sor		X				X				
11		3693						Sor		X				X				
12		3694						Red Dun					Paint			X		
13		3695	X										SV			X		
14		3696			X					X				X				
15	↓	3697						Sor			Belgian cross					X		

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 15/12/2010

TIME 10:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004)

Previous editions are obslete

FOIA11FS01A000363

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	21SSM	3698						Bay Roan					AP			X		
17	↑	3699					X			X				X				
18		3700			X								TW	X				
19		3701					X			X						X		
20		3702						Bk/wht					Paint	X				
21		3703						Sor		X				X				
22		3704			X					X				X				
23		3705					X			X				X				
24		3706			X					X						X		
25		3707			X								TW	X				
26		3708	X										SV			X		
27		3709			X					X				X				
28	↓	3710						Br/wht					Paint			X		
29																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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.: L024618

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/10/10

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
USGM3683	156	F	QH		CHESTNUT, BLAZE, LR,RR,LF,RF-SOCK									
USGM3684	96	F	QH		STRAWBERRY ROAN, BLAZE, LR,RR-SOCK									
USGM3685	264	N	SN		BAY, RR-PASTERN, BRAND ON RIGHT SIDE OF NECK									
USGM3686	96	F	TW		PALOMINO, NO MARKINGS									
USGM3687	24	F	QH		BLACK, STAR									
USGM3688	132	F	QH		BAY, STAR, STRIPE, SNIP, LF-CORONET									
USGM3689	240	F	SN		BAY, STAR									
USGM3690	48	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM3691	264	F	SN		BAY, STAR									
USGM3692	36	F	QH		SORREL, STAR, STRIPE, SNIP, RF-SOCK, RR-CORONET									
USGM3693	84	F	QH		SORREL, STAR, LR-CORONET									
USGM3694	120	N	PAINT		RED DUN, LF,LR,RR-SOCK, WHITE SPOT ON EACH SIDE OF RIBS,BLAZ									
USGM3695	300	N	SN		BAY, STAR									
USGM3696	72	F	QH		BLACK, NO MARKINGS									
USGM3697	36	N	BELGIAN		CROSS SORREL, STAR									
USGM3698	120	N	AP		BAY ROAN, NO MARKINGS									
USGM3699	24	F	QH		CHESTNUT, STAR, SNIP									
USGM3700	120	F	TW		BLACK, STAR, LR-SOCK, RF-PASTERN									

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

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: DEC 13 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): 28

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F01000365

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: CAZEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L024618

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3701	96	N	QH		CHESTNUT, NO MARKINGS									
102 BUCKEYE ST.	USGM3702	96	F	PAINT		BLACK, WHITE, BALD FACE, PAINTED BODY									
SUGARCREEK, OH 44681	USGM3703	144	F	QH		SORREL, BLAZE, RF,RR-SOCK									
	USGM3704	240	F	QH		BLACK, STAR, SNIP									
	USGM3705	60	F	QH		CHESTNUT, BLAZE, LF-CORONET, LR,RR-SOCK									
	USGM3706	156	N	QH		BLACK, STAR, SNIP									
	USGM3707	144	F	TW		BLACK, STAR, STRIPE, SNIP									
	USGM3708	96	N	SN		BAY, STAR, LF,LR,RR-SOCK, BRAND ON RIGHT SIDE OF NECK									
	USGM3709	60	F	QH		BLACK, BLAZE, LR,RR-SOCK									
	USGM3710	300	N	PAINT		BROWN, WHITE, BLAZE, PAINTED BODY									

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

FOIA11F0000266

U.S. DEPARTMENT 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: 12-20-10

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

(b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION

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

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Box 452

STREET ADDRESS: 912 Second ave WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 512 Rang Ste julnest 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	3851					X			X				X				
2	↑	3852	X										Sr			X		
3		3853	X										Sr	X				
4		3854						Sr					Halfinger		X			
5		3855			X					X				X				
6		3856	X										Sr	X				
7		3857	X										Sr	X				
8		3858						Sor Roan		X				X				
9		3859	X							X				X				
10		3860	X										Sr			X		
11		3861	X							X				X				
12		3862						Sor white					Paint	X				
13		3863	X							X				X				
14		3864	X							X				X				
15	↓	3865						white					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 21/12/2010

TIME 14h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	26SGM	3866	X							X						X		
17	↑	3867						Palo		X				X				
18		3868	X										SN	X				
19		3869	X										SN			X		
20		3870			X								Paint			X		
21		3871	X							X				X				
22		3872			X					X				X				
23		3873		X						X				X				
24		3874						Sor					Hoffinger	X				
25		3875						Sor			BKross			X				
26		3876	X						TH					X				
27		3877						Sor					Hoffinger	X				
28		3878						Sor					Hoffinger	X				
29		3879						Sor					Hoffinger	X				
30		3880	X							X				X				
31	↓	3881	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)

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.: L024622

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/17/10

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.

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, OHIO 44681

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

MODIFIED ACCREDITED AREA (TB)

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
USGM3851	228	F	QH		CHESTNUT, BLAZE									
USGM3852	300	N	SN		BAY, LR-FETLOCK, BRAND ON RIGHT SIDE OF NECK									
USGM3853	216	F	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK									
USGM3854	24	M	HAFLINGER		SORREL, STAR, WHITE HAIRS ON NOSE									
USGM3855	156	F	QH		BLACK, STAR, RR-CORONET									
USGM3856	300	F	SN		BAY, NO MARKINGS									
USGM3857	60	F	SN		BAY, RR-FETLOCK									
USGM3858	120	F	QH		SORREL ROAN, STAR									
USGM3859	120	F	QH		BAY, STAR, STRIPE, SNIP, RR-PASTERN									
USGM3860	84	N	SN		BAY, NO MARKINGS									
USGM3861	300	F	QH		BAY, STAR, LR-FETLOCK									
USGM3862	300	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USGM3863	180	F	QH		BAY, STAR, STRIPE, SNIP, LR-PASTERN									
USGM3864	48	F	QH		BAY, STAR, SNIP, LR-SOCK, RR-FETLOCK									
USGM3865	60	N	PAINT		WHITE, NO MARKINGS									
USGM3866	180	N	QH		BAY, STAR									
USGM3867	132	F	QH		PALOMINO, STAR									
USGM3868	300	F	SN		BAY, NO MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOVEA FS010000369

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: DEC 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): 31

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.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024622

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 / 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
USGM3869	300	N	SN		BAY, STAR, LF-FETLOCK, LR-SOCK									
USGM3870	300	N	PAINT		BLACK, STAR, SNIP, LR,RR-SOCK, WHITE ON FLANKS									
USGM3871	24	F	QH		BAY, STAR									
USGM3872	84	F	QH		BLACK, STAR, RR-SOCK									
USGM3873	84	F	QH		GREY, NO MARKINGS									
USGM3874	84	F	HAFLINGER		SORREL, STAR, STRIPE									
USGM3875	48	F	BELGIAN CROSS		SORREL, BLAZE, LF,LR,RF,RR-SOCK									
USGM3876	72	F	TH		BAY, STAR, LR,RF-SOCK									
USGM3877	60	F	HAFLINGER		SORREL, BLAZE, LR-SOCK									
USGM3878	120	F	HAFLINGER		SORREL, BLAZE									
USGM3879	24	F	HAFLINGER		SORREL, STAR, STRIPE, SNIP									
USGM3880	300	F	QH		BAY, STAR									
USGM3881	96	N	TH		BAY, STRIPE, 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.)

FOIA 11F01000370

U.S. DEPARTMENT 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: 12-14-10

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 K. 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 Jon Lloo

CHECK THE BOX THAT INDICATES THE 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	3653		X						X				X				
2	↑	3654					X						Holstein			X		
3		3655						Sor		X				X				
4		3656		X						X				X				
5		3657			X								SN	X				
6		3658						Sor/Wht					Paint	X				
7		3659			X								AP			X		
8		3660	X							X				X				
9		3661						Red Dunn		X						X		
10		3662					X			X				X				
11		3663					X			X						X		
12		3664	X										SN			X		
13		3665			X					X				X				
14		3666						Tri color					Paint			X		
15	↓	3667						Red Dunn		X				X				

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 15/12/2010

TIME 9h15 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

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	3668					X			X				X				
17	↑	3669			X					X						X		
18		3670			X								SV	X				
19		3671						BH/wht					Paint			X		
20		3672						Palo		X				X				
21		3673					X			X				X				
22		3674						Bay Roan					AP	X				
23		3675						Sor/wht					Paint			X		
24		3676			X					X				X				
25		3677			X					X				X				
26		3678					X			X				X				
27		3679			X					X						X		
28		3680					X			X				X				
29		3681					X			X						X		
30	↓	3682						Sor					Heifer			X		
31																		
32																		
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.)

(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: L024623

4. DATE ISSUED: 12/10/10

5. U.S. PORT OF EMBARKATION (*City and State*): ALEXANDREA 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 [X] 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. 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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3653	192	F	QH		NO MARKINGS , GRAY									
102 BUCKEYE ST.	USGM3654	156	N	HAFLINGER		CHESTNUT, STAR									
SUGARCREEK, OHIO 44681	USGM3655	96	F	QH		SORREL, SNIP, LR-SOCK									
	USGM3656	108	F	QH		GREY, NO MARKINGS									
	USGM3657	300	F	SN		BLACK, STAR, SNIP, LR-PASTURN									
	USGM3658	180	F	PAINT		SORREL/WHITE, SORREL BLAZE, LF, LR, RR STOCKING, PAINTED									
	USGM3659	300	N	AP		BLACK, LF,LR,RF,RR STOCKING, WHITE OVER RUMP									
	USGM3660	60	F	QH		BAY, STAR, STRIPE, SNIP									
	USGM3661	96	N	QH		RED DUN, STAR, STRIPE, RR SOCK									
	USGM3662	84	F	QH		CHESTNUT, STAR,SNIP									
	USGM3663	120	N	QH		CHESTNUT, BLAZE									
	USGM3664	156	N	SN		BAY, BLAZE									
	USGM3665	156	F	QH		BLACK, STAR, RR-SOCK									
	USGM3666	84	N	PAINT		TRICOLOR, BLAZE, PAINTED BODY									
	USGM3667	60	F	QH		RED DUN, STRIPE									
	USGM3668	216	F	QH		CHESTNUT, STAR									
	USGM3669	96	N	QH		BLACK, LR-PASTERN, RR-SOCK									
	USGM3670	156	F	SN		BLACK, STAR, BRAND ONRIGHT SIDE OF NECK									

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: DEC 13 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

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.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024623

3. PAGE NO.: 2 OF 4

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

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.	USGM3671	132	N	PAINT		BLACK/WHITE, BALD FACE, LF-STOCKING, PAINTED BODY									
102 BUCKEYE ST.	USGM3672	156	F	QH		PALOMINO, BLAZE									
SUGARCREEK, OH 44681	USGM3673	84	F	QH		CHESTNUT, BLAZE, LF,RF,RR-SOCK									
	USGM3674	36	F	AP		BAY ROAN, STAR, RR-CORONET									
	USGM3675	96	N	PAINT		SORREL/WHITE, BALD FACE, PAINTED BODY									
	USGM3676	216	F	QH		BLACK, STAR, RR-PASTERN									
	USGM3677	36	F	QH		BLACK, STAR									
	USGM3678	180	F	QH		CHESTNUT, BLAZE									
	USGM3679	72	N	QH		BLACK, STAR, LR-CORONET, RR-PASTERN									
	USGM3680	240	F	QH		CHESTNUT, STAR									
	USGM3681	240	N	QH		CHESTNUT, BLAZE, LF,RF-FETLOCK, LR-SOCK									
	USGM3682	156	N	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.)

FCIA1FCIA000374

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: 11:00 am

DATE: 11-30-2010

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

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc

(b)(6)

CONSIGNOR (OWNER/SHIPPER) 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 Julie West Jovlwo

AREA CODE & TELEPHONE NO.:

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	3382	X							X					X			
2		3383						Chst wht			Spotted Draft			X				
3		3384						Roan					AP	X				
4		3385		X							PE					X		
5		3386						Sor					Hallinger	X				
6		3387					X			X						X		
7		3388					X			X						X		
8		3389		X							PE			X				
9		3390			X						PE			X				
10		3391						Chst wht					Paint	X				
11		3392						Palo		X						X		
12		3393	X							X				X				
13		3394	X										SV	X				
14		3395	X								Draft Cross					X		
15		3396						Br/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 01/12/2010

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

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	2USGM	3397	X						TH					X				
17	↑	3398						TRi					Paint			X		
18		3399			X						Draft CROSS			X				
19		3400			X					Qtr Cross				X				
20		3401	X							X						X		
21		3402			X					X						X		
22		3403			X					X						X		
23		3404			X					X						X		
24		3405	X							X						X		
25		3406					X			X				X				
26		3407	X							X				X				
27	↓	3408						Sor		X				X				
28																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(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.: L024608

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/26/10

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 / DISEASE / TYPE TEST / DISEASE / 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. 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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3382	36	M	QH		BAY, BLAZE, LR,RR-SOCK									
102 BUCKEYE ST.	USGM3383	300	F	SPOTTED DRAFT		CHESTNUT, WHITE, BLAZE, PAINTED BODY									
SUGARCREEK, OHIO 44681	USGM3384	300	F	AP		ROAN, NO MARKINGS									
	USGM3385	300	N	PE		GREY, LF-RF,PASTERN									
	USGM3386	96	F	HAFLINGER		SORREL, STAR, STRIPE									
	USGM3387	96	N	QH		CHESTNUT, STAR									
	USGM3388	120	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-PASTERN, RR-SOCK									
	USGM3389	300	F	PE		GREY, NO MARKINGS									
	USGM3390	300	F	PE		BLACK, STAR									
	USGM3391	180	F	PAINT		CHESTNUT, WHITE, BLAZE, PAINTED BODY									
	USGM3392	300	N	QH		PALOMINO, STAR, STRIPE,									
	USGM3393	240	F	QH		BAY, WHITE SPOT ABOVE LEFT FRONT HOOF									
	USGM3394	120	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
	USGM3395	60	N	DRAFT CROSS		BAY, STAR, BRAND ON LEFT HIP									
	USGM3396	72	F	PAINT		BROWN, WHITE, STAR, STRIPE, LR-STOCKING, PAINTED BODY									
	USGM3397	84	F	TH		BAY, STAR, SNIP, LR,RR-SOCK									
	USGM3398	120	N	PAINT		TRICOLOR, STAR, SNIP, LF,LR,RF,RR-STOCKING, BODY PAINTED									
	USGM3399	72	F	DRAFT CROSS		BLACK, NO MARKINGS									

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 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): 27

23. Signature of Endorsing Federal Veterinarian: Nancy L. Hannaway DVM

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: L024608

3. PAGE NO.: 2 OF

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
USGM3400	72	F	QH	CROSS	BLACK, STAR									
USGM3401	84	N	QH		BAY, BRAND ON LEFT HIP									
USGM3402	72	N	QH		BLACK, NO MARKINGS									
USGM3403	84	N	QH		BLACK, STAR, BRAND ON LEFT HIP									
USGM3404	72	N	QH		BLACK, STAR, LR-PASTERN									
USGM3405	24	N	QH		BAY, NO MARKINGS									
USGM3406	180	F	QH		CHESTNUT, BLAZE, RR-SOCK									
USGM3407	72	F	QH		BAY, BRAND ON LEFT HIP									
USGM3408	120	F	QH		SORREL, BLAZE, LR-PASTERN, BRAND ON LEFT HIP									

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.)

FOIA1FR1000379

U.S. DEPARTMENT 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: 12:30 Am

DATE: 12-03-2010

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

NAME OF DRIVER/ TRUCK 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 OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330 852-2832

AREA CODE & TELEPHONE NO.: 517 Rangste Julist 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	USGM	3409	X							X					X			
2	↑	3410						Sor			Bl					X		
3		3411					X			X				X				
4		3412	X										SV	X				
5		3413	X										SV	X				
6		3414						Palo		X						X		
7		3415						Palo		X				X				
8		3416					X						SV	X				
9		3417			X								SV	X				
10		3418	X										AB			X		
11		3419	X										SV			X		
12		3420						Tri					Paint			X		
13		3421					X			X				X				
14		3422	X							X				X				
15	↓	3423	X										SV			X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 05/12/2010

TIME 8h30 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	ASGM	3424					X			X						X		
17	↑	3425					X		TH							X		
18		3426					X		TH							X		
19		3427	X						TH							X		
20		3428			X					X						X		
21		3429	X							X				X				
22		3430	X										SV	X				
23		3431	X							X				X				
24		3432					X			X				X				
25		3433					X			X				X				
26		3434	X						TH					X				
27		3435	X						TH							X		
28		3436	X						TH					X				
29		3437					X		TH					X				
30		3438	X						TH					X				
31	↓	3439		X					TH							X		
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)

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: L024612

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
USGM3427	108	N	TH		BAY, NO MARKINGS									
USGM3428	96	N	OH		BLACK, STAR, STRIPE, SNIP, LF,LR-SOCK									
USGM3429	216	F	OH		BAY, BLAZE, LR-SOCK									
USGM3430	180	F	SN		BAY, STAR, LR-FETLOCK, BRAND ON RIGHT SIDE OF NECK									
USGM3431	180	F	OH		BAY, STAR, SNIP									
USGM3432	300	F	OH		CHESTNUT, NO MARKINGS									
USGM3433	216	F	OH		CHESTNUT, BLAZE, RR-SOCK									
USGM3434	300	F	TH		BAY, STAR									
USGM3435	60	N	TH		BAY, BLAZE, RR-SOCK									
USGM3436	72	F	TH		BAY, NO MARKINGS									
USGM3437	60	F	TH		CHESTNUT, STAR, SNIP									
USGM3438	72	F	TH		BAY, STAR									
USGM3439	72	N	TH		GREY, 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.)

FOA 1F0100038 1

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
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.: L024612

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/26/10

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
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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OHIO 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
USGM3409	120	M	QH		BAY, SNIP, RF-SOCK									
USGM3410	300	N	BL		SORREL, BLAZE, WHITE SPOTS ON LEFT SHOULDER									
USGM3411	300	F	QH		CHESTNUT, STAR, LR-SOCK									
USGM3412	168	F	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK									
USGM3413	180	F	SN		BAY, LR-PASTERN, BRAND ON RIGHT SIDE OF NECK									
USGM3414	240	N	QH		PALOMINO, STAR									
USGM3415	120	F	QH		PALOMINO, STAR, STRIPE									
USGM3416	96	F	SN		CHESTNUT, STAR, STRIPE, SNIP									
USGM3417	96	F	SN		BLACK, LR-SOCK									
USGM3418	144	N	AB		BAY, STAR,									
USGM3419	180	N	SN		BAY, STAR, LR,RR-FETLOCK, RF-CORONET									
USGM3420	48	N	PAINT		TRICOLOR, BLAZE, PAINTED BODY									
USGM3421	300	F	QH		CHESTNUT, STAR									
USGM3422	240	F	QH		BAY, BLAZE, LR-SOCK, RR-CORONET									
USGM3423	240	N	SN		BAY, STAR									
USGM3424	300	N	QH		CHESTNUT, STAR, STRIPE, SNIP									
USGM3425	96	N	TH		CHESTNUT, STAR, LR-SOCK									
USGM3426	96	N	TH		BAY, NO MARKINGS									

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 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): 31

23. Signature of Endorsing Federal Veterinarian: Nancy L. Hannaway DVM

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.

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: 12-05-2010

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 Box 452

STREET ADDRESS: 913 Second Avenue West

CITY, STATE, ZIP CODE: SugarCreek Ohio 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Rangs St Jw West 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	3440					X		TH					X				
2	↑	3441	X							X				X				
3		3442						Tri					Paint	X				
4		3443	X							X						X		
5		3444						Sor wht					Paint	X				
6		3445			X								Tw			X		
7		3446						Sor		X				X				
8		3447			X								Paint	X				
9		3448						Sor wht					Paint	X				
10		3449						Palo		X				X				
11		3450	X						TH					X				
12		3451					X			X				X				
13		3452						Br/wht					Paint	X				
14		3453					X			X				X				
15	↓	3454			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 06/12/2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

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	2155M	3455	X							X						X		
17	↑	3456						Br/wht					Paint			X		
18		3457	X										SN	X				
19		3458	X										SN			X		
20		3459		X						X				X				
21		3460						Sor		X				X				
22		3461			X					X						X		
23		3462					X			X				X				
24		3463						Sor		X				X				
25		3464	X										SN	X				
26		3465					X			X				X				
27		3466	X						TH					X				
28		3467	X							X				X				
29		3468						Chst/wht					Paint	X				
30		3469	X										SN			X		
31		3470	X							X						X		
32	↓	3471	X							X						X		
33																		
34																		
35																		
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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)

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.: L024650

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/26/10

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)

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.	USGM3440	144	F	TH		CHESTNUT, WHITE SPOT ON RIGHT FLANK									
102 BUCKEYE ST.	USGM3441	120	F	QH		GREY, NO MARKINGS									
SUGARCREEK, OHIO 44681	USGM3442	60	F	PAINT		TRICOLOR, BLAZE, PAINTED BODY									
	USGM3443	60	N	QH		BAY, NO MARKINGS									
	USGM3444	240	F	PAINT		SORREL, WHITE, STAR, STRIPE, LR,RR-SOCK, PAINTED BODY									
	USGM3445	300	N	TW		BLACK, STAR, SNIP, LR,RR-PASTERN									
	USGM3446	72	F	QH		SORREL, STAR, SNIP, LF-FETLOCK, LR-CORONET									
	USGM3447	216	F	PAINT		BLACK, BLAZE, LR-FETLOCK									
	USGM3448	96	F	PAINT		SORREL, WHITE, BLAZE, LF-SOCK									
	USGM3449	96	F	QH		PALOMINO, STAR, STRIPE									
	USGM3450	96	F	TH		BAY, STAR									
	USGM3451	36	F	QH		CHESTNUT, BLAZE, LF-SOCK, RF-PASTERN									
	USGM3452	84	F	PAINT		BROWN, WHITE, LF,LR-SOCK, RF-STOCKING, PAINTED BODY									
	USGM3453	168	F	QH		CHESTNUT, STAR									
	USGM3454	144	F	TW		BLACK, BLAZE, LR,RR-SOCK, RF-PASTERN									
	USGM3455	228	N	QH		BAY, STAR, SNIP									
	USGM3456	300	N	PAINT		BROWN, WHITE, BALD FACE, BROWN SPOT ON LEFT FLANK AND HIP, BROWN SPOT OVER LEFT EYE AND EAR									
	USGM3457	240	F	SN		BAY, NO MARKINGS									

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 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): 32

23. Signature of Endorsing Federal Veterinarian: Nancy L. Hannaway DVM

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.

FOIA11FS000385

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.: L024650

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/26/10

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 M; DISEASE / TYPE TEST / DATE N; DISEASE / TYPE TEST / 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)

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3440	144	F	TH		CHESTNUT, WHITE SPOT ON RIGHT FLANK									
102 BUCKEYE ST.	USGM3441	120	F	QH		GREY, NO MARKINGS									
SUGARCREEK, OHIO 44681	USGM3442	60	F	PAINT		TRICOLOR, BLAZE, PAINTED BODY									
	USGM3443	60	N	QH		BAY, NO MARKINGS									
	USGM3444	240	F	PAINT		SORREL, WHITE, STAR, STRIPE, LR,RR-SOCK, PAINTED BODY									
	USGM3445	300	N	TW		BLACK, STAR, SNIP, LR,RR-PASTERN									
	USGM3446	72	F	QH		SORREL, STAR, SNIP, LF-FETLOCK, LR-CORONET									
	USGM3447	216	F	PAINT		BLACK, BLAZE, LR-FETLOCK									
	USGM3448	96	F	PAINT		SORREL, WHITE, BLAZE, LF-SOCK									
	USGM3449	96	F	QH		PALOMINO, STAR, STRIPE									
	USGM3450	96	F	TH		BAY, STAR									
	USGM3451	36	F	QH		CHESTNUT, BLAZE, LF-SOCK, RF-PASTERN									
	USGM3452	84	F	PAINT		BROWN, WHITE, LF,LR-SOCK, RF-STOCKING, PAINTED BODY									
	USGM3453	168	F	QH		CHESTNUT, STAR									
	USGM3454	144	F	TW		BLACK, BLAZE, LR,RR-SOCK, RF-PASTERN									
	USGM3455	228	N	QH		BAY, STAR, SNIP									
	USGM3456	300	N	PAINT		BROWN, WHITE, BALD FACE, BROWN SPOT ON LEFT FLANK AND HIP, BROWN SPOT OVER LEFT EYE AND EAR									
	USGM3457	240	F	SN		BAY, NO MARKINGS									

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 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): 32

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.

PART 2 - 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: L024650

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.	USGM3458	300	N	SN		BAY, STAR, SNIP, LR-PASTERN, RR-SOCK, BRAND ON RIGHT SIDE OF NE									
102 BUCKEYE ST.	USGM3459	144	F	OH		GREY, NO MARKINGS									
SUGARCREEK, OH 44681	USGM3460	84	F	OH		SORREL, BLAZE									
	USGM3461	240	N	OH		BLACK, STAR									
	USGM3462	72	F	OH		CHESTNUT, STAR, STRIPE, SNIP, RR-SOCK									
	USGM3463	120	F	OH		SORREL, STAR, RR-SOCK									
	USGM3464	120	F	SN		BAY, STAR, RR-SOCK, BRAND ON RIGHT SIDE OF NECK									
	USGM3465	300	F	OH		CHESTNUT, STAR									
	USGM3466	120	F	TH		BAY, STAR, RR-SOCK									
	USGM3467	300	F	OH		BAY, STAR, RR-FETLOCK									
	USGM3468	120	F	PAINT		CHESTNUT, WHITE, STAR, STRIPE, SNIP, BODY PAINTED									
	USGM3469	156	N	SN		BAY, LR-PASTERN									
	USGM3470	300	N	OH		BAY, BLAZE, LR,RR-SOCK									
	USGM3471	120	N	OH		BAY, 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.)

Mary E. Bachmann DVM

FO A1 F3 1P000387

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: 4:45 AM

DATE: 6-12-2010

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: 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 517 Rang Ste Julrest Joivlw

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	26GM	3504			X					X				X				
2	↑	3505	X							X						X		
3		3506						DUN		X				X				
4		3507						DUN		X				X				
5		3508	X										SW	X				
6		3509						Sor		X				X				
7		3510						DUN		X				X				
8		3511					X			X				X				
9		3512						Sor wht					Paint	X				
10		3513						TRI					Paint			X		
11		3514			X								Hat Cross			X		
12		3515			X								Hat Cross	X				
13		3516						Sor		X						X		
14		3517						Sor		X				X				
15	↓	3518						Red DUN		X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 4505

DATE 07/12/2010

TIME 9h00 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	3519						Tri					Mule			X		
17	↑	3520					X			X				X				
18		3521			X								MN			X		
19		3522						Sor		X				X				
20		3523	X									X		X				
21		3524			X					X						X		
22		3525					X			X				X				
23		3526						Sor		X				X				
24		3527						Sor wht					Paint	X				
25		3528					X			X				X				
26		3529						Sor		X						X		
27		3530	X										SN			X		
28		3531	X							X				X				
29		3532						Sor					Hat	X				
30		3533					X			X				X				
31		3534	X							X				X				
32		3535						Roan				X		X				
33	↓	3536	X										HK	X				
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)

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.: L024664

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/26/10

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.

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)

MODIFIED ACCREDITED AREA (TB)

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC	USGM3504	96	F	QH		BLACK, LR-PASTERN									
102 BUCKEYE ST.	USGM3505	24	N	QH		BAY, STAR, STRIPE, SNIP, LR-CORONET, RR-SOCK									
SUGARCREEK, OH 44681	USGM3506	72	F	QH		DUN, STAR, STRIPE, SNIP									
	USGM3507	60	F	QH		DUN, NO MARKINGS									
	USGM3508	108	F	SN		BAY, LR-SOCK, RR-CORONET									
	USGM3509	144	F	QH		SORREL, STAR, STRIPE, SNIP									
	USGM3510	24	F	QH		DUN, STAR, SNIP, LF-PASTERN									
	USGM3511	300	F	QH		CHESTNUT, STAR, SNIP, LR,RR-SOCK									
	USGM3512	156	F	PAINT		SORREL, WHITE, BALD FACE, SORREL EARS & SORREL AROUND LEFT									
	USGM3513	156	N	PAINT		TRICOLOR, BLAZE, LF,LR,RF-STOCKING									
	USGM3514	84	N	HAFLINGER CROSS		BLACK, BLAZE, LR,FETLOCK									
	USGM3515	108	F	HAFLINGER CROSS		BLACK, STAR, STRIPE, SNIP, LR,RR-FETLOCK									
	USGM3516	96	N	QH		SORREL, STAR, SNIP, LR,RR-FETLOCK									
	USGM3517	24	F	QH		SORREL, BLAZE, LR,RR-SOCK									
	USGM3518	240	F	QH		RED DUN, BLAZE, LF,RF,LR,RR-SOCK									
	USGM3519	36	N	MULE		TRICOLOR, STAR, SNIP, PAINTED BODY									
	USGM3520	180	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF,RF-SOCK									
	USGM3521	36	N	MN		BLACK, 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 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): 33

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.

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 ...

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: L024664

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

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.	USGM3522	156	F	QH		SORREL, STAR, STRIPE									
102 BUCKEYE ST.	USGM3523	144	F	PONY		BAY, STAR, LR-FETLOCK									
SUGARCREEK, OH 44681	USGM3524	300	N	QH		BLACK, SNIP									
	USGM3525	132	F	QH		CHESTNUT, NO MARKINGS									
	USGM3526	240	F	QH		SORREL, STAR									
	USGM3527	180	F	PAINT		SORREL, WHITE, STAR, SNIP, PAINTED BODY									
	USGM3528	120	F	QH		CHESTNUT, STAR, STRIPE									
	USGM3529	96	N	QH		SORREL, STAR, LR-PASTERN									
	USGM3530	96	N	SN		BAY, LR,RR-FETLOCK									
	USGM3531	24	F	QH		BAY, SNIP									
	USGM3532	96	F	HAFLINGER		SORREL, BLAZE, RR-SOCK									
	USGM3533	120	F	QH		CHESTNUT, STAR									
	USGM3534	240	F	QH		BAY, LR-FETLOCK									
	USGM3535	96	F	PONY		ROAN, NO MARKINGS									
	USGM3536	72	F	HK		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.)

FOIA11F0IA000091

U.S. DEPARTMENT 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 PM
DATE: 12 9 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: CAROL CANADA EXPORTS
STREET ADDRESS: 102 BUCKEYE ST P.O BX 452
STREET ADDRESS: 912 SECOND AVE WEST
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681
CITY, STATE, ZIP CODE: OWENSOUND ONTARIO
AREA CODE & TELEPHONE NO.: 330-852-2832
CITY, STATE, ZIP CODE: 510 Rang ste joliet joliet
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	26SCM	3537					X			X				X				
2	↑	3538					X			X						X		
3		3539	X							X						X		
4		3540						Bay/wht					Paint	X				
5		3541	X						TH							X		
6		3542					X			X				X				
7		3543	X										SV	X				
8		3544	X										SV	X				
9		3545	X										SV			X		
10		3546					X						SV	X				
11		3547	X										SV	X				
12		3548						Sor		X				X				
13		3549						Sor					Hallinger	X				
14		3550			X						AE			X				
15	↓	3551	X										SV			X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. #505
DATE 10/12/2010
TIME 19h00

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

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	2KGM	3552			X					X				X				
17	↑	3553						Blk/wht					Paint			X		
18		3554						Palo		X				X				
19		3555						Palo		X						X		
20		3556					X			X				X				
21		3557						Br/wht					Paint	X				
22		3558						Sor					Hallinger	X				
23		3559	X							X				X				
24		3560						Sor		X				X				
25		3561					X			X						X		
26		3562						Sor					Paint	X				
27		3563						Buckskin		X				X				
28		3564						Sor		X				X				
29		3565			X								SW			X		
30	↓	3566					X			X						X		
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE 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.: L0246431

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/3/10

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: DISEASE / TYPE TEST / DATE

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

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

MODIFIED ACCREDITED AREA (TB)

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
USGM3537	180	F	QH		CHESTNUT, STAR, STRIPE, LR,RR-SOCK									
USGM3538	300	N	QH		CHESTNUT, STAR, STRIPE, SNIP, WHITE SPOT ON LEFT SHOULDER &RIBS									
USGM3539	84	N	QH		BAY, STAR, LR-PASTERN									
USGM3540	168	F	PAINT		BROWN, WHITE, BALD FACE, PAINTED BODY									
USGM3541	60	N	TH		BAY, NO MARKINGS									
USGM3542	216	F	QH		CHESTNUT, BLAZE, LF,LR-SOCK, RR-PASTERN, WHITE SPOT ON LEFT SHOULDER									
USGM3543	144	F	SN		BAY, STAR, LR,RR-SOCK, BRAND ON RIGHT SIDE OF NECK									
USGM3544	240	F	SN		BAY, STAR, RR-FETLOCK, BRAND ON RIGHT SIDE OF NECK									
USGM3545	180	N	SN		BAY, LR-CORONET, BRAND ON RIGHT SIDE OF NECK									
USGM3546	156	F	SN		CHESTNUT, STAR, LR-SOCK									
USGM3547	48	F	SN		BAY, STAR									
USGM3548	84	F	QH		SORREL, BLAZE, LR,RR-SOCK									
USGM3549	180	F	HAFLINGER		SORREL, STAR, STRIPE, SNIP									
USGM3550	120	F	PE		BLACK, NO MARKINGS									
USGM3551	60	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM3552	132	F	QH		BLACK, STAR, RR-SOCK									
USGM3553	218	N	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP, PAINTED BODY									
USGM3554	60	F	QH		PALOMINO, BLAZE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA 2011-00294

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: DEC 6 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): THOMPSON, TRAVIS J. 8620

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. 0579-0220

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: L024643

PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF THE

DISEASE / TYPE TEST / DATE

DISEASE / TYPE TEST / DATE

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
USGM3555	108	N	QH		PALOMINO, BLAZE, LR-SOCK									
USGM3556	120	F	QH		CHESTNUT, STAR									
USGM3557	120	F	PAINT		BROWN, WHITE, BLAZE, LF,LR RF-STOCKING, PAINTED BODY									
USGM3558	72	F	HAFLINGER		SORREL, BLAZE									
USGM3559	180	F	QH		BAY, STAR									
USGM3560	300	F	QH		SORREL, BLAZE, RR-SOCK									
USGM3561	180	N	QH		CHESTNUT, STAR, LR,RR-FETLOCK									
USGM3562	180	F	PAINT		SORREL, WIDE BLAZE, PAINTED BODY									
USGM3563	120	F	QH		BUCKSKIN, STAR, STRIPE, SNIP									
USGM3564	120	F	QH		SORREL, STAR, STRIPE LR-PASTERN									
USGM3565	108	N	SN		BLACK, STAR, LR,RR-SOCK									
USGM3566	276	N	QH		CHESTNUT, STAR, LR,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.)

FOIA 1F01000395

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: 12:00 pm

DATE: 12-09-2010

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

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 Julnest jivlwo

CHECK THE BOX THAT INDICATES THE 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	21SGM	3627						Sor			BL			X				
2	↑	3628						Sor			BL					X		
3		3629						Sor			BL			X				
4		3630						Sor			BL			X				
5		3631						Sor			BL			X				
6		3632						Sor			BL			X				
7		3633						Sor			BL					X		
8		3634						Sor			BL					X		
9		3635						Sor			BL					X		
10		3636			X						PE			X				
11		3637						Sor			BL					X		
12		3638		X							PE			X				
13		3639	X						TH							X		
14		3640	X						TH							X		
15	↓	3641	X										SV			X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 10 DECEMBER 2010

TIME 9h40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	215EM	3642	X						TH					X				
17	↑	3643	X						TH					X				
18		3644					X		TH					X				
19		3645	X						TH					X				
20		3646	X										SV	X				
21		3647					X		TH					X				
22		3648	X						TH							X		
23		3649					X		TH					X				
24		3650	X						TH							X		
25		3651					X		TH							X		
26	↓	3652	X						TH						X			
27																		
28																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(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.: L024630

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/3/10

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

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
USGM3627	240	F	BL		SORREL, BLAZE									
USGM3628	96	N	BL		SORREL, BLAZE									
USGM3629	120	F	BL		SORREL, BLAZE									
USGM3630	240	F	BL		SORREL, BLAZE									
USGM3631	180	F	BL		SORREL, STAR, STRIPE									
USGM3632	276	F	BL		SORREL, BLAZE									
USGM3633	240	N	BL		SORREL, BLAZE									
USGM3634	120	N	BL		SORREL, BLAZE, LR,RR-SOCK									
USGM3635	276	N	BL		SORREL, STAR									
USGM3636	48	F	PE		BLACK, STAR									
USGM3637	216	N	BL		SORREL, STAR, STRIPE, SNIP									
USGM3638	120	F	PE		GREY, NO MARKINGS									
USGM3639	96	N	TH		BAY, NO MARKINGS									
USGM3640	84	N	TH		BAY, STAR, STRIPE, SNIP, LF-SOCK									
USGM3641	132	N	SN		BAY, STAR, STRIPE, LR,RR-FETLOCK									
USGM3642	48	F	TH		BAY, STAR									
USGM3643	144	F	TH		BAY, STAR									
USGM3644	96	F	TH		CHESTNUT, STAR									

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: DEC 6 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): THOMPSON, TRAVIS J. 8620

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.

FOIA11F00000398

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
L024630

3. PAGE NO.
1 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	DATE	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.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
	USGM3645	84	F	TH		BAY, NO MARKINGS								
	USGM3646	36	F	SN		BAY, NO MARKINGS								
	USGM3647	72	F	TH		CHESTNUT, NO MARKINGS								
	USGM3648	96	N	TH		BAY, STAR, LR-CORONET								
	USGM3649	48	F	TH		CHESTNUT, STAR, STRIPE								
	USGM3650	60	N	TH		BAY, LR,RF-CORONET								
	USGM3651	48	N	TH		CHESTNUT, STAR, STRIPE, LR,RR-SOCK								
	USGM3652	96	M	TH		BAY, 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

FOIA11F0IA000099

U.S. DEPARTMENT 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 12-09-10

VE (b)(6)

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

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 517 Rang Ste julrest 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	2GGM	3567	X							X				X				
2	↑	3568						Palo		X				X				
3		3569						Palo		X						X		
4		3570	X										SN	X				
5		3571						Buckskin		X				X				
6		3572			X					X						X		
7		3573						Sor					TW	X				
8		3574	X										SN			X		
9		3575						Grey Roan					AP			X		
10		3576						Sor		X				X				
11		3577	X										SN			X		
12		3578	X										SN	X				
13		3579					X			X				X				
14		3580						Grey Roan					AP	X				
15	↓	3581			X					X				X				

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 December 2010

TIME 13h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	3582					X						AP	X				
17	↑	3583			X								SV	X				
18		3584			X								TW	X				
19		3585			X								SV	X				
20		3586			X								TW	X				
21		3587	X							X				X				
22		3588					X			X				X				
23		3589	X										SV			X		
24		3590	X										SV	X				
25		3591	X										SV	X				
26		3592						Buck Skin					AP	X				
27		3593						White					Paint	X				
28		3594	X							X				X				
29		3595			X								SV			X		
30	✓	3596	X							X						X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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 Approved OMB No. [illegible]-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: LO[illegible]

PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

DISEASE TYPE TEST DATE

DISEASE TYPE TEST DATE

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
USGM3585	24	F	SN		BLACK, NO MARKINGS									
USGM3586	108	F	TW		BLACK, STAR, SNIP, LR-SOCK									
USGM3587	216	F	QH		BAY, STAR, STRIPE, SNIP, LR-SOCK, WHITE SPOT ON WITHERS									
USGM3588	72	F	QH		CHESTNUT, BLAZE, LF,RF-PASTERN									
USGM3589	144	N	SN		BAY, STAR, LF,LR,RF,RR-FETLOCK									
USGM3590	144	F	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK, WHITE SPOT ON RIGHT SHOULDER									
USGM3591	120	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM3592	84	F	AP		BUCKSKIN, STAR, WHITE SPOT ON NOSE, WHITE SPOTS ON BODY									
USGM3593	96	F	PAINT		WHITE, NO MARKINGS									
USGM3594	120	F	QH		BAY, NO MARKINGS									
USGM3595	144	N	SN		BLACK, NO MARKINGS									
USGM3596	156	N	QH		BAY, STAR, LR-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 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: 5.25 PM

DATE: 12-09-10

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 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 Rang Ste Julhest J0N1W0

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	21SGM	3567	X							X				X				
2	↑	3568						Palo		X				X				
3		3569						Palo		X						X		
4		3570	X										SV	X				
5		3571						Buckskin		X				X				
6		3572			X					X						X		
7		3573						Sor					TW	X				
8		3574	X										SV			X		
9		3575						Grey Roan					AP			X		
10		3576						Sor		X				X				
11		3577	X										SV			X		
12		3578	X										SV	X				
13		3579					X			X				X				
14		3580						Grey Roan					AP	X				
15	↓	3581			X					X				X				

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 december 2010

TIME 13h00

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	21SGM	3582					X						AP	X				
17		3583			X								SV	X				
18		3584			X								TW	X				
19		3585			X								SV	X				
20		3586			X								TW	X				
21		3587	X							X				X				
22		3588					X			X				X				
23		3589	X										SV			X		
24		3590	X										SV	X				
25		3591	X										SV	X				
26		3592						Buck Skin					AP	X				
27		3593						White					Paint	X				
28		3594	X							X				X				
29		3595			X								SV			X		
30		3596	X							X						X		
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

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.: L024632

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/3/10

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)

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.	USGM3567	36	F	QH		BAY, STAR, STRIPE, SNIP, LF-FETLOCK, LR-SOCK									
102 BUCKEYE ST.	USGM3568	60	F	QH		PALOMINO, STAR, STRIPE, SNIP									
SUGARCREEK, OH 44681	USGM3569	60	N	QH		PALOMINO, STAR									
	USGM3570	180	F	SN		BAY, RR-CORONET, BRAND ON BOTH SIDES OF NECK, BRAND ON LEFT HI									
	USGM3571	144	F	QH		BUCKSKIN, STAR, LR-PASTERN, RR-SOCK									
	USGM3572	84	N	QH		BLACK, LF,RF,RR-SOCK									
	USGM3573	60	F	TW		SORREL, STAR									
	USGM3574	84	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
	USGM3575	120	N	AP		GREY ROAN, STAR, STRIPE, SNIP, RR-SOCK									
	USGM3576	180	F	QH		SORREL, STAR, STRIPE, SNIP									
	USGM3577	144	N	SN		BAY, SNIP									
	USGM3578	180	F	SN		BAY, LR,RR-CORONET									
	USGM3579	84	F	QH		CHESTNUT, STAR, RR-CORONET									
	USGM3580	96	F	AP		GREY ROAN, LR,RR-SOCK									
	USGM3581	240	F	QH		BLACK, BLAZE, LF,LR,RF,RR-SOCK									
	USGM3582	72	F	AP		CHESTNUT, STAR, WHITE SPOT ON NOSE, WHITE MARKINGS OVER RUMP									
	USGM3583	156	F	SN		BLACK, NO MARKINGS									
	USGM3584	120	F	TW		BLACK, STAR									

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: DEC 6 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): THOMPSON, TRAVIS J. 8620

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.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L0246132

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
USGM3585	24	F	SN		BLACK, NO MARKINGS									
USGM3586	108	F	TW		BLACK, STAR, SNIP, LR-SOCK									
USGM3587	216	F	OH		BAY, STAR, STRIPE, SNIP, LR-SOCK, WHITE SPOT ON WITHERS									
USGM3588	72	F	OH		CHESTNUT, BLAZE, LF,RF-PASTERN									
USGM3589	144	N	SN		BAY, STAR, LF,LR,RF,RR-FETLOCK									
USGM3590	144	F	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK, WHITE SPOT ON RIGHT SHOULDER									
USGM3591	120	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM3592	84	F	AP		BUCKSKIN, STAR, WHITE SPOT ON NOSE, WHITE SPOTS ON BODY									
USGM3593	96	F	PAINT		WHITE, NO MARKINGS									
USGM3594	120	F	OH		BAY, NO MARKINGS									
USGM3595	144	N	SN		BLACK, NO MARKINGS									
USGM3596	156	N	OH		BAY, STAR, LR-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.)

DVM

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

PART 3 – PORT VETERINARIAN

FOIA11FE11000806

U.S. DEPARTMENT 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: 12-07-2010

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

(b)(6)

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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

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

STREET ADDRESS: 913 Second Line West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang Ste julnest jillwo

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	2LSGM	3472						Palo		X				X				
2	↑	3473	X										SN	X				
3		3474						Sor					Tw	X				
4		3475			X								Tw			X		
5		3476	X							X				X				
6		3477						Sor					Half	X				
7		3478	X							X				X				
8		3479						Sor		X				X				
9		3480						BK/wht					Paint	X				
10		3481	X							X				X				
11		3482					X			X						X		
12		3483						Br/wht					Paint			X		
13		3484						BK/wht					Paint			X		
14		3485			X					X						X		
15	↓	3486						Sor					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 08/12/2010

TIME 13430

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024601

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/26/10

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 / 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

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3472	300	F	QH		PALOMINO, STAR									
102 BUCKEYE ST.	USGM3473	300	F	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK									
SUGARCREEK, OHIO 44681	USGM3474	48	F	TW		SORREL, BLAZE, LR-SOCK									
	USGM3475	300	N	TW		BLACK, NO MARKINGS									
	USGM3476	300	F	QH		BAY, STAR									
	USGM3477	300	F	HAFLINGER		SORREL, STAR, SMALL STRIPE									
	USGM3478	156	F	QH		BAY, NO MARKINGS									
	USGM3479	180	F	QH		SORREL, BLAZE, LF-FETLOCK, LR-SOCK, RR-PASTERN									
	USGM3480	120	F	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP, RF,RR-STOCKING, PAINTED BO									
	USGM3481	180	F	QH		BAY, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM3482	48	N	QH		CHESTNUT, STAR, RR-SOCK									
	USGM3483	120	N	PAINT		BROWN, WHITE, BLAZE, PAINTED BODY									
	USGM3484	120	N	PAINT		BLACK, WHITE, BLAZE, PAINTED BODY									
	USGM3485	48	N	QH		BLACK, STAR, LR-PASTERN									
	USGM3486	156	N	PAINT		SORREL, BLAZE, LR,RR-STOCKING									
	USGM3487	300	F	QH		BLACK, STAR, SNIP, LF,RF,RR-SOCK, LR-CORONET									
	USGM3488	156	F	QH		BAY, STAR									
	USGM3489	240	F	PAINT		TRICOLOR, BLAZE, RF-STOCKING, PAINTED BODY									

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 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): 32

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.

PART 2 - PORT VETERINARIAN

FOIA11F0100808

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: L024601

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

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. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM3490	60	F	PAINT		TRICOLOR, STAR, SNIP, RR-SOCK, PAINTED BODY									
USGM3491	60	F	OH		BLACK, NO WHITE MARKINGS									
USGM3492	36	N	TH		BAY, NO MARKINGS									
USGM3493	84	N	SN		BAY, STAR, RR-CORONET									
USGM3494	96	N	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK									
USGM3495	120	N	AS		CHESTNUT, LR,RR-SOCK									
USGM3496	120	F	OH		BAY, STAR, SNIP									
USGM3497	216	F	OH		BAY, STAR, LR-SOCK,SPOT ON RIGHT SHOULDER									
USGM3498	180	F	OH		SORREL, STAR, SMALL STRIPE									
USGM3499	180	F	PAINT		BROWN, WHITE, BLAZE, RR-STOCKING, PAINTED BODY									
USGM3500	60	N	TH		BAY, STAR									
USGM3501	60	N	TH		BAY, STAR									
USGM3502	60	N	TH		BAY, STAR									
USGM3503	60	N	TH		BLACK, 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.)

FOIA11F0100809

U.S. DEPARTMENT 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 AM

DATE: 11-23-2010

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: Carel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

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

AREA CODE & TELEPHONE NO.: 519 Rangste 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						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	3200	X							X					X			
2		3201						Palo		X				X				
3		3202		X									AP	X				
4		3203					X			X				X				
5		3204					X			X						X		
6		3205	X							X				X				
7		3206	X							X				X				
8		3207						Br/wht					Paint	X				
9		3208						Br/wht					Paint	X				
10		3209						Palo		X				X				
11		3210						Palo		X				X				
12		3211						Red/wht					Paint	X				
13		3212						Palo		X				X				
14		3213						Palo		X				X				
15		3214						Sor					Hf.	X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 24 Nov. 2010

TIME 8:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete

FOIA11-0170-0810 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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 Am

DATE: 11-23-2010

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: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SugarCreek OH 44681

CITY, STATE, ZIP CODE: Sin Rangste juliest jovlaxo

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	21SSM	3200	X							X					X			
2		3201						Palo		X				X				
3		3202		X									AP	X				
4		3203					X			X				X				
5		3204					X			X						X		
6		3205	X							X				X				
7		3206	X							X				X				
8		3207						Br/wht					Paint	X				
9		3208						Br/wht					Paint	X				
10		3209						Palo		X				X				
11		3210						Palo		X				X				
12		3211						Red/wht					Paint	X				
13		3212						Palo		X				X				
14		3213						Palo		X				X				
15		3214						Sor					Hat.	X				

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. 805

DATE 24 Nov. 2010

TIME 8:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

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-SGM	3215					X			X				X				
17	↑	3216						White					Paint	X				
18		3217					X			X				X				
19		3218	X							X				X				
20		3219					X			X				X				
21		3220					X			X						X		
22		3221					X			X						X		
23		3222	X							X				X				
24		3223	X							X				X				
25		3224	X							X				X				
26		3225			X					X				X				
27		3226					X						Paint			X		
28		3227	X										Mustang	X				
29		3228					X			X						X		
30		3229	X							X				X				
31		3230					X			X				X				
32		3231			X					X						X		
33	↓	3232						White		X				X				
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)

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.: L024672 — 1 OF

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): 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)

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.	USGM3200	84	M	QH		BAY, RR-PASTERN									
102 BUCKEYE ST.	USGM3201	132	F	QH		PALOMINO, BLAZE									
SUGARCREEK, OH 44681	USGM3202	84	F	AP		GREY, NO MARKINGS									
	USGM3203	24	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK									
	USGM3204	48	N	QH		CHESTNUT, BLAZE									
	USGM3205	120	F	QH		BAY, NO MARKINGS									
	USGM3206	300	F	QH		BAY, BLAZE, LF-CORONET, RF-PASTERN									
	USGM3207	120	F	PAINT		BROWN, WHITE, BLAZE, RR,RF,LR,LF-STOCKING, PAINTED BODY									
	USGM3208	168	F	PAINT		BROWN, WHITE, BLAZE, PAINTED BODY									
	USGM3209	84	F	QH		PALOMINO, BLAZE									
	USGM3210	108	F	QH		PALOMINO, BLAZE									
	USGM3211	60	F	PAINT		RED, WHITE, RED MARKINGS AROUND EYES, PAINTED BODY									
	USGM3212	84	F	QH		PALOMINO, STAR									
	USGM3213	108	F	QH		PALOMINO, BLAZE									
	USGM3214	84	F	HAFLINGER		SORREL, STRIPE									
	USGM3215	120	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM3216	120	F	PAINT		BROWN, WHITE, BLAZE, PAINTED BODY									
	USGM3217	120	F	QH		CHESTNUT, STAR									

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 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

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

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.: L024672
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 [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: CERTIFIED BRUCELLOSIS FREE AREA

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)

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3200	84	M	QH		BAY, RR-PASTERN									
102 BUCKEYE ST.	USGM3201	132	F	QH		PALOMINO, BLAZE									
SUGARCREEK, OH 44681	USGM3202	84	F	AP		GREY, NO MARKINGS									
	USGM3203	24	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK									
	USGM3204	48	N	QH		CHESTNUT, BLAZE									
	USGM3205	120	F	QH		BAY, NO MARKINGS									
	USGM3206	300	F	QH		BAY, BLAZE, LF-CORONET, RF-PASTERN									
	USGM3207	120	F	PAINT		BROWN, WHITE, BLAZE, RR,RF,LR,LF-STOCKING, PAINTED BODY									
	USGM3208	168	F	PAINT		BROWN, WHITE, BLAZE, PAINTED BODY									
	USGM3209	84	F	QH		PALOMINO, BLAZE									
	USGM3210	108	F	QH		PALOMINO, BLAZE									
	USGM3211	60	F	PAINT		RED, WHITE, RED MARKINGS AROUND EYES, PAINTED BODY									
	USGM3212	84	F	QH		PALOMINO, STAR									
	USGM3213	108	F	QH		PALOMINO, BLAZE									
	USGM3214	84	F	HAFLINGER		SORREL, STRIPE									
	USGM3215	120	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM3216	120	F	PAINT		BROWN, WHITE, BLAZE, PAINTED BODY									
	USGM3217	120	F	QH		CHESTNUT, STAR									

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 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
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.

FOIA11FE00000814

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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:

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 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 OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rangeste N/West

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	264M	3266						Skwt					Paint	X				
2	↑	3267					X			X				X				
3		3268	X							X				X				
4		3269	X							X				X				
5		3270			X					X				X				
6		3271	X							X				X				
7		3272			X					X						X		
8		3273	X							X				X				
9		3274	X							X				X				
10		3275					X			X						X		
11		3276	X							X					X			
12		3277	X										SW	X				
13		3278						Sor		X						X		
14		3279					X			X				X				
15	↓	3280	X							X				X				

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 2/4/2010

TIME 17h00

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	21SGM	3281			X					X						X		
17	↑	3282			X								TW	X				
18		3283	X										SN			X		
19		3284					X			X						X		
20		3285						wht BKSpots					AP	X				
~~21~~		~~3286~~						~~Pinto~~					~~Pinto~~			~~X~~		
22		3287					X			X						X		
23		3288	X										SN Cross			X		
24		3289						Sor			BL					X		
25		3290	X							X				X				
26		3291	X						TH							X		
27		3292			X					X				X				
28		3293					X					X		X				
29	↓	3294					X			X						X		
30																		
31																		
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NOT A FOIA DELETION

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)

FOIA11F0110816

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.: L024661

3. PAGE NO.: 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): 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.

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)

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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

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
USGM3266	132	F	PAINT		BLACK, WHITE, STAR, SNIP, PAINTED BODY									
USGM3267	120	F	QH		CHESTNUT, STAR, WHITE MARKINGS OVER RUMP									
USGM3268	120	F	QH		BAY, STAR									
USGM3269	300	F	QH		BAY, BLAZE, RR-SOCK									
USGM3270	36	F	QH		BLACK, STAR, LR,RR-SOCK									
USGM3271	132	F	QH		BAY, NO MARKINGS									
USGM3272	120	N	QH		BLACK, STAR, SNIP, LR,RF-SOCK									
USGM3273	120	F	QH		BAY, NO MARKINGS									
USGM3274	132	F	QH		BAY, STAR, LR,RR-SOCK									
USGM3275	144	N	QH		CHESTNUT, STAR,STRIPE, RF-SOCK									
USGM3276	48	M	QH		BAY, STAR, STRIPE, SNIP, LF-SOCK									
USGM3277	144	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM3278	120	N	QH		SORREL, BLAZE, LR,RR-SOCK									
USGM3279	120	F	QH		CHESTNUT, STAR, SNIP, LR-SOCK, RF-FETLOCK, RR-FETLOCK									
USGM3280	108	F	QH		BAY, STAR, SNIP, LR,RF,RR-SOCK									
USGM3281	120	N	QH		BLACK, NO MARKINGS									
USGM3282	180	F	TW		BLACK, LR,RR-SOCK									
USGM3283	84	N	SN		BAY, STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOR INTERNAL 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: 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): 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.

CERTIFICATE NO. (VS FORM 17-140): L024661

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

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
USGM3284	36	N	QH		CHESTNUT, BLAZE, RR-SOCK									
USGM3285	96	F	AP		WHITE, BLACK SPOTS OVER BODY									
[illegible]	[illegible]	[illegible]	[illegible]		[illegible]									
USGM3287	24	N	QH		CHESTNUT, BLAZE, LR,RR-SOCK									
USGM3288	36	N	SN CROSS		BAY, STAR									
USGM3289	300	N	BL		SORREL, BLAZE									
USGM3290	180	F	QH		BAY, STAR, RR-FETLOKK									
USGM3291	84	N	TH		BAY, STAR,									
USGM3292	84	F	QH		BLACK, BLAZE, RF,RR-FETLOCK									
USGM3293	60	F	PONY		CHESTNUT, STAR, STRIPE, SNIP									
USGM3294	156	N	QH		CHESTNUT, STAR, 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.)

NOT A FOIA DELETION

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: 9:00 pm

DATE: 11-25-2010

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

CITY, STATE, ZIP CODE: SUGARCREEK OH 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	USGM	3295					X						TW		X			
2	↑	3296		X					TH							X		
3		3297	X						TH							X		
4		3298	X						TH							X		
5		3299	X						TH					X				
6		3300					X			X						X		
7		3301					X		TH							X		
8		3302	X										SN			X		
9		3303						Blk/wht					Paint	X				
10		3304						Blk/wht					Paint	X				
11		3305	X							X				X				
12		3306						Br/wht					Paint	X				
13		3307						Br/wht					Paint	X				
14		3308			X						PE					X		
15	↓	3309	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: 26/11/2010

TIME: 1340

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

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	8USGM	3310						Tri color					Paint	X				
17	↑	3311						Sor					TW			X		
18		3312	DK/BAY							X				X				
19		3313	X										SV	X				
20		3314	X										SV			X		
21		3315					X			X				X				
22		3316	X							X				X				
23		3317	X										SV			X		
24		3318					X			X				X				
25		3319					X			X				X				
26		3320					X			X						X		
27		3321						Sor		X						X		
28		3322	X							X						X		
29	↓	3323						Sor					Hoffinger			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)

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

DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
11/19/10	ALEXANDRA BAY, NY	36	102 BUCKEYE ST.	SUGARCREEK

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

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

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	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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	MODIFIED ACCREDITED AREA (TB) ✓ E	DATE F	CERTIFIED BRUCELLOSIS FREE AREA ✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGM3295	120	M	TW		CHESTNUT, STAR, STRIPE, SNIP, LF,LR,RR-SOCK									
USGM3296	36	N	TH		GREY, STAR									
USGM3297	84	N	TH		BAY, NO MARKINGS									
USGM3298	60	N	TH		BAY, STAR, STRIPE, SNIP, LR-CORONET									
USGM3299	96	F	TH		BAY, STAR, STRIPE, SNIP, RR-CORONET									
USGM3300	120	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK, RF-CORONET									
USGM3301	48	N	TH		CHESTNUT, NO MARKINGS									
USGM3302	180	N	SN		BAY, STAR, LR,RR-SOCK, BRAND ON RIGHT SIDE OF NECK									
USGM3303	84	F	PAINT		BLACK, WHITE, STAR, SNIP, WHITE LEGS, PAINTED BODY									
USGM3304	144	F	PAINT		BLACK, WHITE, BLAZE, LF-STOCKING, PAINTED BODY									
USGM3305	84	F	QH		BAY, STAR, STRIPE, SNIP									
USGM3306	144	F	PAINT		BROWN, WHITE, BALD FACE, WHITE LEGS, PAINTED BODY									
USGM3307	120	F	PAINT		BROWN, WHITE, BALD FACE, PAINTED BODY, WHITE LEGS									
USGM3308	300	N	PE		BLACK, STAR, RR-PASTERN, WHITE SPOT ON LEFT SHOULDER									
USGM3309	120	F	SN		BAY, STAR, LF,LR,RF,RR-SOCK									
USGM3310	60	F	PAINT		TRICOLOR, BLAZE, RF,RR-STOCKING, PAINTED BODY									
USGM3311	120	N	TW		SORREL, STAR, LF,LR,RR-SOCK									
USGM3312	96	F	QH		DARK BAY, STAR, LR,RR-SOCK, RF-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA11-0310000827

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
NOV 22 2010	HIRSCHBACH, BRYAN E. 9689	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	(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)	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.

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. FROM VS FORM 17-140: L024662

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

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
USGM3313	120	F	SN		BAY, STAR, SNIP, RR-CORONET									
USGM3314	60	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM3315	120	F	OH		CHESTNUT, STAR, SNIP, LR-FETLOCK									
USGM3316	12	F	OH		BAY, NO MARKINGS									
USGM3317	144	N	SN		BAY, SNIP, BRAND ON RIGHT SIDE OF NECK									
USGM3318	144	F	OH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-FETLOCK									
USGM3319	132	F	OH		CHESTNUT, STAR, STRIPE, SNIP									
USGM3320	60	N	OH		CHESTNUT, STAR, RR-SOCK									
USGM3321	96	N	OH		SORREL, STAR, SNIP, LF,LR,RF,RR-SOCK									
USGM3322	240	N	OH		BAY, BLAZE, LR-CORONET, RR-SOCK									
USGM3323	300	N	HAFLINGER		SORREL, BLAZE, 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.)

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: 4:00 pm

DATE: 12/10/2010

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 AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER (b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: CARL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: QUENSOUND ONTARIO 517 Rang ste JULIEST JOULIW

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	3711			X					X				X				
2	↑	3712						Sor				X		X				
3		3713	X										SN			X		
4		3714	X							X						X		
5		3715						Sor					Holstiner	X				
6		3716	X										SN	X				
7		3717			X								SN			X		
8		3718	X							X						X		
9		3719			X								TW	X				
10		3720			X								TW	X				
11		3721	X							X				X				
12		3722	X										SN	X				
13		3723					X			X				X				
14		3724					X			X				X				
15	↓	3725						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 18/12/2010

TIME 8h00 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

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	PISGM	3726					X			X				X				
17	↑	3727						Sor					Halfinger			X		
18		3728			X					X				X				
19		3729	X										SV	X				
20		3730						Sor		X						X		
21		3731						Red Dun		X				X				
22		3732						Sor		X						X		
23		3733						Sor Wht					TW	X				
24		3734			X				TH					X				
25		3735						Sor		X				X				
26		3736			X					X				X				
27		3737	X										SV	X				
28	↓	3738						Ches Wht					Paint	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.: L024645

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/10/10

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

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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)

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3711	60	F	QH		BLACK, STAR, STRIPE,SNIP, LF-FETLOCK, RR-SOCK									
102 BUCKEYE ST.	USGM3712	240	F	PONY		SORREL, STAR, STRIPE, SNIP									
SUGARCREEK, OHIO 44681	USGM3713	72	N	SN		BAY, RR-CORONET									
	USGM3714	144	N	QH		BAY, NO MARKINGS									
	USGM3715	240	F	HAFLINGER		SORREL, WHITE HAIRS ACROSS FOREHEAD									
	USGM3716	240	F	SN		BAY, STAR, LR-FETLOCK, RR-CORONET									
	USGM3717	156	N	SN		BLACK, LR,RR-CORONET									
	USGM3718	192	N	QH		BAY, STAR, LR,RR-SOCK									
	USGM3719	144	F	TW		BLACK, STAR, STRIPE, SNIP, LR-FETLOCK, RR-SOCK									
	USGM3720	156	F	TW		BLACK, NO MARKINGS									
	USGM3721	60	F	QH		BAY, LF,LR,RR-SOCK									
	USGM3722	96	F	SN		BAY, NO MARKINGS									
	USGM3723	108	F	QH		CHESTNUT, STAR, RR-FETLOCK									
	USGM3724	96	F	QH		CHESTNUT, BLAZE, LR-SOCK									
	USGM3725	60	N	QH		SORREL, STAR, STRIPE, SNIP									
	USGM3726	120	F	QH		CHESTNUT, SNIP, LR-SOCK									
	USGM3727	120	N	HAFLINGER		SORREL, BLAZE, WHITE SPOT ON RIGHT SHOULDER, LR,RR-STOCKI									
	USGM3728	156	F	QH		BLACK, BLAZE, 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: DEC 13 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): 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

FOIA11FOIA00825

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: L024645

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
USGM3729	240	F	SN		BAY, WHITE SPOT ON RUMP									
USGM3730	120	N	QH		SORREL, BLAZE, RR-SOCK									
USGM3731	84	F	QH		RED DUN, STAR, STRIPE, SNIP, LR,RF-SOCK									
USGM3732	72	N	QH		SORREL, STAR, STRIPE, SNIP									
USGM3733	216	F	TW		SORREL, WHITE, BLAZE, PAINTED BODY									
USGM3734	84	F	TH		BLACK, NO MARKINGS									
USGM3735	48	F	QH		SORREL, BLAZE, RF,RR-SOCK									
USGM3736	48	F	QH		BLACK, STAR, SNIP, LR-CORONET									
USGM3737	120	F	SN		BAY, STAR, LR-PASTERN									
USGM3738	72	F	PAINT		CHESTNUT, WHITE,STAR, STRIPE, SNIP, PAINTED BODY									

~~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.)~~

FOIA1 FOIA000826

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 AM

DATE: 12-16-10

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: 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.: 330-852-2882

AREA CODE & TELEPHONE NO.: 517 Rang ste juliet JÖVLOO

CHECK THE BOX THAT INDICATES THE 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	3799			X								SN	X				
2	↑	3800						BK/white					Paint			X		
3		3801	X							X						X		
4		3802					X			X				X				
5		3803			X					X						X		
6		3804	X							X						X		
7		3805					X					X		X				
8		3806			X					X						X		
9		3807	X										SN	X				
10		3808						Palo		X						X		
11		3809					X			X				X				
12		3810			X					X						X		
13		3811	X							X				X				
14		3812	X							X						X		
15	↓	3813			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 17/12/2010

TIME 8h30

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	21SGM	3814						Bk/wht					Paint	X				
17	↑	3815					X			X						X		
18		3816			X					X				X				
19		3817						Sr/wht					Paint	X				
20		3818			X					X				X				
21		3819					X			X				X				
22		3820	X							X				X				
23		3821	X							X				X				
24		3822	X						TH							X		
25		3823	X										Sr	X				
26		3824						Sor		X						X		
27		3825						Sor		X						X		
28		3826		X						X				X				
29		3827	X										Sr			X		
30		3828					X			X						X		
31		3829					X			X				X				
32		3830	X							X				X				
33		3831					X			X				X				
34		3832					X						AS	X				
35		3833		X						X				X				
36	↓	3834		X						X				X				
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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.

L024620 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)
12/10/10	ALEXANDRA BAY, NY	36	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

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 / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3799	156	F	SN		BLACK, NO MARKINGS									
102 BUCKEYE ST.	USGM3800	96	N	PAINT		BLACK, WHITE, BLAZE, PAINTED BODY									
SUGARCREEK, OHIO 44681	USGM3801	240	N	QH		BAY, NO MARKINGS									
	USGM3802	120	F	QH		CHESTNUT, STAR, STRIPE, LR,RR-CORONET									
	USGM3803	216	N	QH		BLACK, NO MARKINGS									
	USGM3804	120	N	QH		BAY, STAR, LR-CORONET									
	USGM3805	120	F	PONY		CHESTNUT, BLAZE, RF-CORONET									
	USGM3806	180	N	QH		BLACK, NO MARKINGS									
	USGM3807	96	F	SN		BAY, NO MARKINGS									
	USGM3808	108	N	QH		PALOMINO, BLAZE, LR-SOCK									
	USGM3809	120	F	QH		CHESTNUT, STAR									
	USGM3810	72	N	QH		BLACK, LR-CORONET									
	USGM3811	48	F	QH		BAY, STAR, STRIPE, SNIP, LR,RF-PASTERN, RR-SOCK									
	USGM3812	240	N	QH		BAY, STAR, STRIPE, LR,RR-SOCK									
	USGM3813	300	F	SN		BLACK, NO MARKINGS									
	USGM3814	84	F	PAINT		BLACK, WHITE, STAR, SNIPS, LF,LR-STOCKING, RR-SOCK, PAINTED BODY									
	USGM3815	96	N	QH		CHESTNUT, BLAZE, LR-SOCK									
	USGM3816	60	F	QH		BLACK, NO MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOR 1 HEALTH CERTIFICATE

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)
DEC 13 2010	HIRSCHBACH, BRYAN E. 9689	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	36

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: L024620

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM3817	216	F	PAINT		SORREL, WHITE, STAR, STRIPE, SNIP, LF,RF,RR-STOCKING,PAINTED BODY									
USGM3818	300	F	QH		BLACK, STAR									
USGM3819	24	F	QH		CHESTNUT, BLAZE, LR,RR-SOCK									
USGM3820	84	F	QH		BAY, LR,RR-SOCK, LF-FETLOCK									
USGM3821	300	F	QH		BAY, STAR									
USGM3822	96	N	TH		BAY, STRIPE, LR,RR-CORONET									
USGM3823	300	F	SN		BAY, STAR									
USGM3824	240	N	QH		SORREL, SNIP									
USGM3825	300	N	QH		SORREL, STAR, STRIPE									
USGM3826	36	F	QH		GREY, NO MARKINGS									
USGM3827	24	N	SN		BAY, STAR									
USGM3828	24	N	QH		CHESTNUT, STAR, STRIPE, SNIP									
USGM3829	24	F	QH		CHESTNUT, STAR									
USGM3830	24	F	QH		BAY, STAR, LR-SOCK									
USGM3831	216	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM3832	24	F	AS		CHESTNUT, STAR, LR-SOCK									
USGM3833	240	F	QH		GREY, NO MARKINGS									
USGM3834	24	F	QH		GREY, 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 *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: 8:30 AM

DATE: 12-16-2010

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

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 Rong 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						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	3739						Sor					Mule	X				
2		3740						Sor/wht					Paint			X		
3		3741					X			X						X		
4		3742					X			X				X				
5		3743	X										AB	X				
6		3744						Sor		X				X				
7		3745						Sor		X				X				
8		3746						Bay/wht					Paint			X		
9		3747	X							X				X				
10		3748	X										SV	X				
11		3749	X										SV	X				
12		3750			X					X				X				
13		3751	X										SV			X		
14		3752	X							X				X				
15		3753	X							X						X		

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 17/12/2010

TIME 8h00 A.M

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	2166M	3754			X					X						X		
17	↑	3755	X										SV	X				
18		3756					X			X						X		
19		3757						Sor					AS			X		
20		3758	X							X				X				
21		3759	X							X						X		
22		3760	X										TW	X				
23		3761						Sor					TW	X				
24		3762						Sor		X				X				
25		3763						Sor		X				X				
26		3764			X					X				X				
27		3765						Sor					Missing	X				
28		3766	X										SV			X		
29		3767	X										SV			X		
30		3768	X										SV			X		
31		3769						Sor		X						X		
32	↓	3770					X			X				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)

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.: L024644

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/10/10

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

CERTIFIED BRUCELLOSIS FREE AREA

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.

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3739	300	F	MULE		SORREL, STAR									
102 BUCKEYE ST.	USGM3740	60	N	PAINT		SORREL, WHITE, STRIPE, PAINTED BODY									
SUGARCREEK, OHIO 44681	USGM3741	96	N	QH		CHESTNUT, BLAZE, LR,RF-SOCK									
	USGM3742	216	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR,LF-CORONET, RR-SOCK									
	USGM3743	144	F	AB		BAY, BLAZE									
	USGM3744	240	F	QH		SORREL, STAR, STRIPE, SNIP									
	USGM3745	144	F	QH		SORREL, STAR, SNIP, LR,RR-CORONET									
	USGM3746	96	N	PAINT		BAY, WHITE, BLAZE, LR,RR-STOCKING, PAINTED BODY									
	USGM3747	60	F	QH		BAY, STAR, STRIPE, SNIP, LR,RR,LF,RF-SOCK									
	USGM3748	96	F	SN		BAY, STAR, RR-FETLOCK									
	USGM3749	144	F	SN		BAY, LR,RR-SOCK									
	USGM3750	156	F	QH		BLACK, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM3751	108	N	SN		BAY, STAR									
	USGM3752	36	F	QH		BAY, SNIP									
	USGM3753	84	N	QH		BAY, STAR, LR-SOCK									
	USGM3754	144	N	QH		BLACK, NO MARKINGS									
	USGM3755	96	F	SN		BAY, NO MARKINGS									
	USGM3756	168	N	QH		CHESTNUT, STAR									

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: DEC 13 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.

PART 3 - PORT VETERINARIAN

FOIA11F0100833

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: L024644

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.	USGM3757	24	N	AS		SORREL, STAR, LF,LR,RF,RR-SOCK									
102 BUCKEYE ST.	USGM3758	96	F	QH		BAY, STAR									
SUGARCREEK, OH 44681	USGM3759	24	N	QH		BAY, STAR, SNIP, RR-SOCK									
	USGM3760	48	F	TW		BAY, STAR, SNIP									
	USGM3761	36	F	TW		SORREL, STAR, SNIP									
	USGM3762	48	F	QH		SORREL, STAR									
	USGM3763	156	F	QH		SORREL, BLAZE, LR,RR-SOCK									
	USGM3764	36	F	QH		BLACK, STAR, RR-SOCK									
	USGM3765	192	F	MUSTANG		SORREL, STAR, STRIPE, SNIP, LR,RR-SOCK, BRAND ON NECK-LEFT SIDE									
	USGM3766	24	N	SN		BAY, LR,RR-SOCK, RF-CORONET									
	USGM3767	180	N	SN		BAY, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM3768	84	N	SN		BAY, LR,RR-CORONET									
	USGM3769	48	N	QH		SORREL, STAR, SNIP, LR,RR-SOCK									
	USGM3770	156	F	QH		CHESTNUT, 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

FOIA11F0100834

U.S. DEPARTMENT 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: 11:30 AM

DATE: 12-14-2010

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 Rang Ste jo/WST jo/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	USGM	3771	X										SW	X				
2	↑	3772	X										SW	X				
3		3773	X										SW			X		
4		3774	X						TH					X				
5		3775	X						TH					X				
6		3776					X		TH					X				
7		3777					X		TH							X		
8		3778					X		TH					X				
9		3779	X						TH							X		
10		3780	X						TH							X		
11		3781	X						TH							X		
12		3782	X						TH							X		
13		3783	X						TH							X		
14		3784	X										SW			X		
15	↓	3785					X			X						X		

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 15/12/2010

TIME 7h00 A.M.

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	2USGM	3786					X			X						X		
17	↑	3787	X						TH							X		
18		3788	X						TH					X				
19		3789	X						TH					X				
20		3790					X		TH							X		
21		3791	X						TH							X		
22		3792	X						TH							X		
23		3793	X						TH					X				
24		3794	X						TH					X				
25		3795						Sor			BL			X				
26		3796						Sor			BL					X		
27		3797						Sor			BL					X		
28	↓	3798			X						PE					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)

U.S. DEPARTMENT 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

(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.Box 452

STREET ADDRESS: 912 Second Avenue West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO S17 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						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	2726						Sor		X				X				
2		2727					Chst wht						Paint			X		
3		2728			X					X						X		
4		2729					X			X						X		
5		2730	X										Sr	X				
6		2731						Blk wht					Paint	X				
7		2732	X							X				X				
8		2733	X										Sr			X		
9		2734						Blk 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	Blk X										Sr			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.)

(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

FOIA11F0IA000837

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	215GM	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 wht					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																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F01A000838

PAGE ____ OF ____

VS FORM 10-13A
(SEP 2002)

provided. FORM APPROVED

ame, middle initial or business name)

AUCTION, INC.

2. CERTIFICATE NO. K024188

DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)		DRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
9/17/10	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)	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: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / 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														
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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS
SEP 20,2010	HIRSCHBACH, BRYAN E. 9689	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	(Certified for export or donate semen) (Include nos. from a attached VS Forms 17-140A) 27

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA1F3100000839

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.: L024188

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

NEGATIVE RESULTS OF OTHER TESTS: 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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
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

TRUCK 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: Owen Sound Ontario 517 Rang Ste Julhest Jo1Lw0

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	2USM	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

FOIA11-01A000841

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	215EM	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				
X 22		2657	Bay w/WT										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 w/WT										PAINT			X		
28	↓	2663					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)

FOIA11F3011A0010842

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.

L024184 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)
9/17/10	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)	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.

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)

MODIFIED ACCREDITED AREA (TB)

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
UGARCREEK LIVESTOCK AUCTION, INC.														
02 BUCKEYE ST.														
UGARCREEK, OH 44681														
USGM2636	60	M	OH		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	OH		CHESTNUT, STRIPE									
USGM2649	36	N	OH		CHESTNUT, STRIPE, LR, RR-SOCK									
USGM2650	156	N	OH		BAY, STAR, LR-SOCK									
USGM2651	96	F	OH		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

FOIA11F0310000840

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 20,2010	HIRSCHBACH, BRYAN E. 9689	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	28

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

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.

2. CER... FROM VS FORM...
L024184

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
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681											
USGM2654	96	N	OH		CHESTNUT, BLAZE, LR, RF, RR-SOCK						
USGM2655	36	N	OH		ROAN, LF, LR, RF, RR-SOCK						
USGM2656	24	F	OH		BAY, STAR						
USGM2657	132	F	PAINT		BAY, WHITE, STAR, LF, LR, RF, RR-STOCKING, BODY PAINTED						
USGM2658	24	N	OH		RED ROAN, STAR, STRIPE, SNIP, RR-SOCK						
USGM2659	24	F	OH		CHESTNUT, STAR, STRIPE, SNIP						
USGM2660	300	F	OH		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	OH		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.)

FOIA11F01000844

U.S. DEPARTMENT 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

CITY, STATE, ZIP CODE: SugarCreek OH 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Julhest Jovlwd Owensound Ontario

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	21SGM	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. SOS

DATE 17 Sept 2010

TIME 14:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110845

Previous editions are obsolete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2LSGM	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					CHST	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	Dk Bay							X						X		
29		2602						Sor		X				X				
30		2603	X							X						X		
31		2604	X										HK	X				
32	✓	2605						Br/Wht					Paint	X				
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

SUGARCREEK LIVE...

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

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

CERTIFIED BRUCELLOSIS FREE AREA

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.

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

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	DATE M	DATE N	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, RF-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: 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): 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.

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: 0024192

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 TESTS OR OTHER TESTS

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
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

U.S. DEPARTMENT 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: Carol 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. jWEST JAYLWD

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										SW			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. 502

DATE 12 Sept. 2010

TIME 12:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0IA000849

Previous editions are obslete

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024191

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: 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*)

17. FARM ORIGIN	A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E √	F DATE	G √	H DATE	I VAC	J 1/25	K 1/50	L 1/100	M DATE	N DATE	O DATE
UGARCREEK LIVESTOCK AUCTION, INC.	USGM2460	72	N	QH				CHESTNUT, LF-SOCK							
02 BUCKEYE ST.	USGM2461	156	F	QH				BLACK, NO MARKS							
UGARCREEK, OH 44681	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 SHOULDER							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA F3

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 [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*): SUSAN M. SKIRUPSKI, DVM, AREA VETERINARIAN IN CHARGE OH/

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: L024191

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
USGM2478	300	F	PAINT			BLACK, BROWN, WHITE, BLAZE								
USGM2479	156	F	OH			BLACK, BLAZE, LF, LR, RF, RR-SOCK, BRAND RIGHT SHOULDER								
USGM2480	48	N	PAINT			LIVER AND WHITE								
USGM2481	144	N	OH			CHESTNUT, BLAZE, LR, RR-SOCK								
USGM2482	300	F	OH			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	OH			CHESTNUT, BLAZE, LR, RR-STOCKING								
USGM2487	204	F	OH			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

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

TIME HORSES LOADED ON CONVEYANCE: 9:15

DATE: 9-15-10

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

CITY, STATE, ZIP CODE: SugarCreek OHIO 44681

CITY, STATE, ZIP CODE: Owensound ONTARIO 517 Rang Ste Julliest Jovlano

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	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						Bir/Gr wht					Paint			X		
8		2553	X								PE				X			
9		2554						Bir 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. #505

DATE 16/09/2010

TIME 12h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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. 0579-0220 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.: 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

CERTIFIED BRUCELLOSIS FREE AREA

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)

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
UGARCREEK LIVESTOCK AUCTION, INC.	USGM2546	60	F	PAINT	CHESTNUT, BLAZE, LF-SOCK, BODY PAINTED									
02 BUCKEYE ST.	USGM2547	96	F	QH	SORREL, STAR, STRIPE, RF-PASTERN									
UGARCREEK, OH 44681	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

FOIA EFIN 000811

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.

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

REFERENCE NO. (FROM VS FORM 17-140): 1 OF 1

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.	USGM2564	96	F	OH		SORREL, STAR, STRIPE, BRAND ON LEFT HIP									
102 BUCKEYE ST.	USGM2565	72	N	OH		BAY, STAR, STRIPE, SNIP									
SUGARCREEK, OH 44681	USGM2566	84	F	PAINT		BROWN, BLACK, WHITE, STAR, SNIP, RR-STOCKING, BRAND ON LEFT HIP									
	USGM2567	72	N	OH		BAY, STAR, STRIPE, LR, RR-SOCK									
	USGM2568	96	N	OH		GREY, BRAND ON LEFT HIP, SPOTS ON RIGHT HIP									
	USGM2569	144	F	HAFLINGER		SORREL, STAR									
	USGM2570	72	F	OH		CHESTNUT, LR-PASTERN, BRAND ON LEFT HIP									
	USGM2571	60	F	OH		SORREL, STAR, STRIPE, SNIP, LF, LR, RR-STOCKING									
	USGM2572	300	N	TH		BAY, NO MARKS									
	USGM2573	144	N	OH		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 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.)

U.S. DEPARTMENT 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 pm

DATE: 11-28-2010

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

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc

(b)(6)

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

STREET ADDRESS: 102 Buckeye St P.O Bx 452

CITY, STATE, ZIP CODE: SugarCreek OH 44681

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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada Exports

STREET ADDRESS: 913 Second Ave West

CITY, STATE, ZIP CODE: Owensound ONTARIO

AREA CODE & TELEPHONE NO.: 517 Rang Ste Jwest 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	2156-M	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						Blk/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

(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 29/11/2010

TIME 1530

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0100855

Previous editions are obslete

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

CERTIFIED BRUCELLOSIS FREE AREA

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
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

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

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

FOIA13-0312-000141

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

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: L024687

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 [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 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

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

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

MODIFIED ACCREDITED AREA (TB)

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
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

FOIA EXEMPTION 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 0579-0

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.:

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 TESTS: DISEASE / TYPE TEST / DATE

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

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

MODIFIED ACCREDITED AREA (TB)

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
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

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:

23. Signature of Endorsing Federal Veterinarian

FOIA Exemption 6

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: L024687

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
USGM3251	300	F	QH		BLACK, NO MARKINGS									
USGM3252	180	F	QH		BAY, STAR									
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.)

DVM

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

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
USGM3251	300	F	QH		BLACK, NO MARKINGS									
USGM3252	180	F	QH		BAY, STAR									
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.)

U.S. DEPARTMENT 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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

(b)(6)

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

STREET ADDRESS: 102 Buckeye ST P.O BX 452

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 912 Second ave West

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 517 Rang ste juliet jovlaa

CHECK THE BOX THAT INDICATES THE 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	265M	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						Pt/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

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	5352						Sor		X				X				
17	↑	5353						Palo		X				X				
18		5354			X					X						X		
19		5355			X								Paint	X				
20		5356						Yellow/wht					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										SN	X				
29		5365	X							X				X				
30		5366			X					X				X				
31	↓	5367	X							X				X				
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)

FOIA11F3011A0010862

VS FORM 10-13A

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

SUGARCREEK LIVESTOCK AUCTION, INC.

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)
10/29/10	ALEXANDRA BAY, NY	36	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	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	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 / TYPE TEST	DISEASE / TYPE TEST	DISEASE / 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. 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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5337	144	F	BL		SORREL, BLAZE									
102 BUCKEYE ST.	USGM5338	168	N	BL		SORREL, BLAZE									
SUGARCREEK, OH 44681	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

FOIA11F0100386

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	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.

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: 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
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 A. Faul DVM

U.S. DEPARTMENT 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: Carol Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 512 Second Ave West

CITY, STATE, ZIP CODE: SugarCreek OH 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Rangeste 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	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			DRAFT X			X				
7		3060			X						PE			X				
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 2011/2010

TIME 15:4 20

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110865

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	245GM	3069	X							X				X				
17	↑	3070	X							X						X		
18		3071					X			X				X				
19		3072			X					X				X				
20		3073						Red Roan					AP	X				
21		3074			X					X						X		
X 22	—	3075						Br/wht					Paint			X		
23		3076	X										SN	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																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A0109866

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.

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

CERTIFIED BRUCELLOSIS FREE AREA

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)

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

FOIA CERTIFICATE 0000867

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.

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 (for name, for name, middle initial, or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: LO24679

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

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
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, RF-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.)

Kevin A. Hauser, DVM

S FORM 17-140a *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 am

DATE: 11-14-2010

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

(b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER): Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave we

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 Rangste julnest jorlwo

CHECK THE BOX THAT INDICATES THE 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				
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

FOIA11F0IA000869

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	3156					X			X						X		
17	↑	3157	X							X						X		
18		3158						Sor					Heifer			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																		
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)

FOIA11F3IA000870

VS FORM 10-13A

he 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. 0579-0141

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

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: 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									

FOIA 13-01-000871

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.

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. 0579-0082 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.: 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

CERTIFIED BRUCELLOSIS FREE AREA

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)

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	DATE M	DATE N	DATE O
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

FOA 1F31A000872

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.

U.S. DEPARTMENT 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

(b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER): LEROY K. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 9/2 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

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

AREA CODE & TELEPHONE NO.: 517 Rang Ste Julest Joviad

CHECK THE BOX THAT INDICATES THE 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	2156M	5397					X						SV	X				
2	↑	5398						BK/wht					Paint			X		
3		5399						Brown wht					AP	X				
4	↓	5400						Palo		X						X		
5	2156M	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 (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 17 Nov 2010

TIME 9:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000873

Previous editions are obsolete

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

LEROY N. Baker

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave WEST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSWND ONTARIO 511 Rang Ste Julist Jovlwd

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	2SGM	5397					X						SW	X				
2		5398						BK/wht					Paint			X		
3		5399						Brown wht					AP	X				
4		5400						Palo		X						X		
5	2SGM	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 (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 17 Nov. 2010

TIME 9:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FSCIA000874

editions are obsolete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	265M	3012					X			X				X				
17	↑	3013						Sor wht					Paint	X				
18		3014	X							X						X		
19		3015						Red wht					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						Blk wht					AP	X				
29		3025	X							X				X				
30		3026					X			X				X				
X ~~31~~	↓	3027						Palo		X				X				
32																		
33																		
34																		
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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)

FOIA11F0IA00875

VS FORM 10-13A

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	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)
10-29-10	ALEXANDRA BAY, NY	36	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 / TYPE TEST | DISEASE / TYPE TEST | DISEASE / 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. 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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5397	144	F	SN		CHESTNUT, BLAZE, LF, LR, RF-SOCK, RR-PASTERN									
102 BUCKEYE ST.	USGM5398	72	N	PAINT		BLACK, WHITE, SNIP, LF, LR, RR, RF-STOCKING									
SUGARCREEK, OH 44681	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 BO									
	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 [X] 3 Accredited	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

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
USGM3015	120	F	AP		RED, WHITE, BLAZE, LR,RR-SOCK, ROAN BODY									
USGM3016	48	F	QH		CHESTNUT, BLAZE, LR,RR-SOCK									
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 O'Quinn, 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: 8:30 am

DATE: 11-01-10

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: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

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

CITY, STATE, ZIP CODE: 517 Rang Ste Juliet Joliet

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	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

(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 02/11/2010

TIME 16h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110000878

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	2LSGM	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																		
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SIGNATURE 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 un[illegible] 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.: 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: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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
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									
X 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

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

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: 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 / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5293	300	F	PAINT			CHESTNUT/WHITE, BALD								
102 BUCKEYE ST.	USGM5294	60	F	OH			BAY, NO MARKS								
SUGARCREEK, OH 44681	USGM5295	120	F	HAFLINGER			SORREL, BLAZE								
	USGM5296	120	N	HAFLIGER			SORREL, STAR, STRIPE, SNIP								
	USGM5297	300	F	OH			BAY, NO MARKS								
	USGM5298	84	F	PAINT			BLACK/WHITE								
	USGM5299	60	F	OH			GREY, DAPPLED								
	USGM5300	48	F	PAINT			BLACK/BROWN/WHITE, BALD								
	USGM5301	120	F	OH			BROWN, LR, FR-CORONET								
	USGM5302	84	F	OH			CHESTNUT, LR, FR-PASTERN								
	USGM5303	120	N	SN			CHESTNUT, NO MARKS								
	USGM5304	120	F	OH			CHESTNUT, STAR								
	USGM5305	120	F	OH			BLACK, NO MARKS								
	USGM5306	48	F	OH			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. Vanderhoff 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: 8:00 am

DATE: 11-04-2010

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

(b)(6)

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

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cadel Canada Exports

STREET ADDRESS: 912 Second ave west OWENSOUND ONTARIO

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

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	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

FOIA11FS01A000882

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	21SGM	5322	X										SN			X		
17	↑	5323	X							X						X		
18		5324					X			X				X				
19		5325	X										SN			X		
20		5326			X								SN	X				
21		5327					X			X						X		
22		5328					X			X				X				
23		5329	X							X				X				
24		5330	X										SN	X				
25		5331					X			X				X				
26		5332	X										SN	X				
27		5333	X										SN	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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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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

SUGARCREEK LIVESTOCK AUCTION, INC.

LU24089 | 1 of

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)
10/22/10	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)	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.

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5307	96	F	QH		BAY									
102 BUCKEYE ST.	USGM5308	120	F	QH		BAY, STAR, STRIPE, RF-SOCK, RR-PASTERN									
SUGARCREEK, OH 44681	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

FOIA HQ-2011-00188

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.	☐ 2 Federal ☐ 1 State ☒ 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 / 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.	USGM5325	300	N	SN	BAY, LR, RR-SOCK									
102 BUCKEYE ST.	USGM5326	156	F	SN	BLACK, NECK BRAND									
SUGARCREEK, OH 44681	USGM5327	120	N	OH	CHESTNUT, STAR, STRIPE, SNIP, LF, RF-SOCK, LR, RR-STOCKING									
	USGM5328	156	F	OH	CHESTNUT, STAR									
	USGM5329	144	F	OH	BAY, LR, RR-SOCK									
	USGM5330	120	F	SN	BAY, NECK BRAND									
	USGM5331	120	F	OH	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	OH	BLACK, LR-PASTERN									
	USGM5335	144	N	OH	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.)

U.S. DEPARTMENT 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 BUCHAREST P.O. BX 452

STREET ADDRESS: 918 SECOND AVE. WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang Ste julnest 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	21SGM	3028						Br/wht					AP		X			
2		3029	X										SN	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						Bk/wht					Paint			X		
13		3040			X					X				X				
14		3041	X										SN	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)

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 10/11/2010

TIME 18:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110886

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

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.	USGM3028	72	M	AP	BROWN, WHITE, STAR, ROAN BODY									
102 BUCKEYE ST.	USGM3029	300	F	SN	BAY, STAR									
SUGARCREEK, OH 44681	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

FOIA FSIS2010-0887

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: [ ] 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: 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: L024669

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.	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.)

Kevin A. Vaughn 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: 7:30 PM

DATE: 11-11-2010

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: 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 51 Rang ste Julest jollwod

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	21SGM	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										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

FOIA11F0110889

U.S. DEPARTMENT 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

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 5M Rang ste JWRST jw1w0

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	2KSM	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										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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110890

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	5383	X							X						X		
17	↑	5384						Blk/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																		
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)

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.

L024607 | 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)
10/29/10	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 [X] 2 - Truck [ ] 4 - Ocean	OHIO	39	44681

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	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.

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM5368	168	N	QH		STAR, SNIP, LF, LR, RF, RR-SOCK BAY									
102 BUCKEYE ST.	USGM5369	120	N	QH		DUNN, NO MARKINGS									
SUGARCREEK, OH 44681	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

OIA11F3IA000892

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 [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.

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: 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: 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

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.)

Kurt A Shultz, 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)

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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

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO S17 Rang.ste jolrest 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	3082	X							X						X		
2		3083					X			X						X		
3		3084	X							X						X		
4		3085						br/light		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

FOIA11F0110894

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	2155M	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						Dunn		X				X				
27		3108	X							X						X		
28	↓	3109	X							X						X		
29																		
30																		
31																		
32																		
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34																		
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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)

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.: 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

CERTIFIED BRUCELLOSIS FREE AREA

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.

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)

MODIFIED ACCREDITED AREA (TB)

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3082	300	N	QH		BAY, BLAZE, LF-CORNET, LR,RR-SOCK									
102 BUCKEYE ST.	USGM3083	300	N	QH		CHEST, HOLE IN HEAD, RR-SOCK									
SUGARCREEK, OH 44681	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	120	N	QH		BROWN/WHITE, BODY PAINTED									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA F31P000896

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: [ ] 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): 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.

This certificate is authorized by law (7 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.: 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 / 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

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	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	120	N	QH		BROWN/WHITE, BODY PAINTED									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FI-21-000897

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.

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: LO24678

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.	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.)

Kenneth O'Donald 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: 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: 913 second ave west

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rangeste juliest jovlloo

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

FOIA11F0110899

U.S. DEPARTMENT 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: 92 Second Ave West

CITY, STATE, ZIP CODE: SugarCreek Ohio 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Rang Ste Juliet N0H1W0

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						Color					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

FOIA11F01A000900

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

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

(Please type or print in ink)

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

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.: L024682

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

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)

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, INCE	USGM3110	156	F	QH		CHESTNUT, STAR, STRIPE									
102 BUCKEYE ST.	USGM3111	156	F	QH		BLACK, STAR, LR,RR-SOCK									
SUGARCREEK, OHIO 44681	USGM3112	144	F	QH		CHESTNUT, NO MARKINGS									
	USGM3113	300	N	QH		CHESTNUT, STRIPE, LR-SOCK									
	USGM3114	132	N	QH		CHESTNUT, STRIPE,LR, RR,-SOCK									
	USGM3115	108	F	QH		GRAY, NO MARKINGS									
	USGM3116	216	N	QH		CHESTNUT, STAR, LR, RR-SOCK									
	USGM3117	84	N	QH		CHESTNUT, BLAZE, LR, RF, RR-SOCK									
	USGM3118	216	F	QH		TRI COLOR, STAR, BODY PAINTED									
	USGM3119	84	N	AP		GRAY/BLACK, NO MARKINGS									
	USGM3120	300	F	QH		BLACK, LR-PASTERN									
	USGM3121	96	F	QH		CHESTNUT, STRIPE, PAINTED BODY									
	USGM3122	180	F	QH		CHESTNUT, STAR, LR-SOCK									
	USGM3123	108	F	QH		CHESTNUT, STAR, LR, RR-SOCK									
	USGM3124	144	N	QH		CHESTNUT, STAR, LF, RF-PASTERN, LR, RR-SOCK									
	USGM3125	60	F	SN		BAY, LR-PASTERN 8A925 NECK BRAND									
	USGM3126	60	F	QH		DUN, STAR, SNIP, LR, RR-SOCK									
	USGM3127	96	N	QH		BAY, STAR, STRIPE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA VF3IP000902

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

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: L024682

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.	USGM3128	24	F	QH		CHESTNUT, BLAZE, LF, LR, RF, RR-SOCK									
102 BUCKEYE ST.	USGM3129	60	F	QH		CHESTNUT, BLAZE, LF, RF-SOCK									
SUGARCREEK, OH 44681	USGM3130	108	F	QH		CHESTNUT, STAR									
	USGM3131	120	N	QH		BAY, STAR, LR-SOCK									
	USGM3132	60	F	PAINT		BLACK, WHITE, BLAZE, PAINTED BODY									
	USGM3133	300	F	QH		BLACK, NO MARKINGS									
	USGM3134	300	F	QH		CHESTNUT, STRIPE									
	USGM3135	108	F	QH		CHESTNUT, LR, RR-SOCK									
	USGM3136	300	F	AP		RED ROAN, WHITE, NO MARKINGS									
	USGM3137	84	F	QH		SORREL, RF-PASTERN									
	USGM3138	300	F	QH		BLACK, STAR, STRIPE, LR-SOCK									
	USGM3139	36	F	QH		RED ROAN, WHITE, BLAZE, BODY PAINTED									
	USGM3140	60	N	HAFLINGER		SORREL, 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.)

Kenneth O'Hara, 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: 9:30 pm

DATE: 11-21-2010

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 Rang Ste julliest joviloo

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	3172						Pal		X					X			
2		3173					X			X						X		
3		3174	X							X				X				
4		3175	X							Gre X						X		
5		3176						Bay/Wht					Paint	X				
6		3177	X							X						X		
7		3178	X							X				X				
8		3179						Bel/wht					Paint			X		
9		3180	X							X						X		
10		3181					X			X				X				
11		3182			X					X						X		
12		3183					X			X				X				
13		3184					X			X						X		
14		3185						Sor		X						X		
15		3186						Sor/Grey			BL			X				

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 Nov 2010

TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110904

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	3187	X						TH					X				
17		3188					X			X				X				
18		3189			X					X				X				
19		3190	X							X				X				
20		3191					X			X						X		
21		3192			X					X				X				
22		3193			X					X						X		
23		3194						Red/Wht					Paint	X				
24		3195						Dunn				Draft Pony				X		
25		3196					X		TH					X				
26		3197	X						TH							X		
27		3198		X					TH							X		
28		3199	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)

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. 0579-0141

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.: L024683

3. PAGE NO.: 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): 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, OHIO 44681

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

MODIFIED ACCREDITED AREA (TB)

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
USGM3172	96	M	QH		PALOMINO, BLAZE, LF, LR, RR-SOCK									
USGM3173	24	N	QH		CHESTNUT, STAR, SNIP, LR, RR-SOCK, RF-PASTERN									
USGM3174	300	F	QH		BAY, RF-FETLOCK									
USGM3175	300	N	QH CROSS		BAY, STAR									
USGM3176	156	F	PAINT		BAY, WHITE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USGM3177	84	N	QH		BAY, STAR, LR,RR-SOCK									
USGM3178	168	F	QH		BAY, WHITE SPOTS ON LOWER LF LEG									
USGM3179	96	N	PAINT		BROWN, WHITE, LF, RF, RR-STOCKING, LR-SOCK									
USGM3180	120	N	QH		BAY, STAR, LR-SOCK									
USGM3181	120	F	QH		CHESTNUT, BLAZE, RR-SOCK									
USGM3182	108	N	QH		BLACK, LR, RR-STOCKING									
USGM3183	144	F	QH		CHESTNUT, BLAZE, LR,LF-SOCK									
USGM3184	156	N	QH		CHESTNUT, BLAZE, RR-STOCKING									
USGM3185	96	N	QH		SORREL, STRIPE, LR,RR-SOCK, RF-PASTERN									
USGM3186	96	F	BL		SORREL, GREY, BLAZE, RR-STOCKING									
USGM3187	132	F	TH		BAY, STAR, RR-SOCK									
USGM3188	300	F	QH		CHESTNUT, BLAZE									
USGM3189	300	F	QH		BLACK, STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA-APHIS-2012-00906

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): 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.

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): L024683

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
USGM3190	120	F	QH		BAY, STAR, LR,RR-SOCK									
USGM3191	132	N	QH		CHESTNUT, BLAZE, LR,LF,RR,RF-STOCKING									
USGM3192	300	F	QH		BLACK, LF-CORONET									
USGM3193	120	N	QH		BLACK, STAR, LR-SOCK									
USGM3194	48	F	PAINT		RED, WHITE, BALD FACE, LF-STOCKING, LR,RR-SOCK									
USGM3195	240	N	DRAFT PONY		DUNN, NO MARKINGS									
USGM3196	72	F	TH		CHESTNUT, BLAZE									
USGM3197	60	N	TH		BAY, BLAZE, LR,RR-CORONET									
USGM3198	84	N	TH		GREY,NO MARKINGS									
USGM3199	60	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.)~~

DVM

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

PART 2 – VS RIVERDALE, MARYLAND