

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Music Linn S.</i>	2. CERTIFICATE NO G 29307	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>8/24/09</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
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7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>74 Market St.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
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9. SEMEN (Check if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean <input checked="" type="checkbox"/>
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12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17238</i>
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15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Card Canada Export Inc 577 King St. Suite 203 Ardmore PA</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>
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If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE F	DATE G	CERTIFIED BRUCELLOSIS FREE AREA					NEGATIVE RESULTS OF OTHER TESTS			
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E			DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O	
<i>Music Linn S. 74 Market St. Jonestown PA 17238</i>	<i>1741</i>	<i>7</i>	<i>N</i>	<i>QH</i>												
	<i>1742</i>	<i>7</i>	<i>F</i>	<i>TH</i>												
	<i>1743</i>	<i>11</i>	<i>N</i>	<i>TH</i>												
	<i>1744</i>	<i>11</i>	<i>N</i>	<i>SN</i>												
	<i>1745</i>	<i>7</i>	<i>F</i>	<i>Mob</i>												
	<i>1746</i>	<i>12</i>	<i>F</i>	<i>QH</i>												
	<i>1747</i>	<i>12</i>	<i>F</i>	<i>QH</i>												
	<i>1748</i>	<i>12</i>	<i>F</i>	<i>QH</i>												
	<i>1749</i>	<i>14</i>	<i>F</i>	<i>VL</i>												
	<i>1750</i>	<i>12</i>	<i>N</i>	<i>SN</i>												
	<i>1751</i>	<i>12</i>	<i>F</i>	<i>AC</i>												
	<i>1752</i>	<i>12</i>	<i>F</i>	<i>QL</i>												
	<i>1753</i>	<i>12</i>	<i>N</i>	<i>SN</i>												
	<i>1754</i>	<i>20</i>	<i>N</i>	<i>SL</i>												
	<i>1755</i>	<i>14</i>	<i>N</i>	<i>TH</i>												
	<i>1756</i>	<i>12</i>	<i>F</i>	<i>TH</i>												
	<i>1757</i>	<i>10</i>	<i>F</i>	<i>TH</i>												
	<i>1758</i>	<i>6</i>	<i>F</i>	<i>TH</i>												
	<i>1759</i>	<i>12</i>	<i>N</i>	<i>TH</i>												

CERTIFIED BRUCELLOSIS FREE AREA

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

② The animals were to the best of the knowledge and belief of the Issuing Veterinarian were not exposed to any communicable disease within 30 days preceding the date of inspection.

③ The animals have resided in the USA at least 30 days prior to export.

④ The animals were not in contact with any animals in the USA during the period of inspection.

⑤ The animals were not in contact with any animals in the USA during the period of inspection.



VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

[Signature]

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED <i>8/24/09</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Mark Linn S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A) <i>32</i>
23. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>F.D. ...</i>		24. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Miss Lopez</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>20127</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>United Canadian Export Inc.</i>		Best Copy Available

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

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

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

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE		DATE H	VAC I	1/25 J	1/50 K	1/100 L	✓ G	DATE					
					F	G							M	N	O			
<i>11762</i>	<i>10</i>	<i>M</i>	<i>AT</i>															
<i>11763</i>	<i>9</i>	<i>M</i>	<i>AT</i>															
<i>11764</i>	<i>12</i>	<i>F</i>	<i>AT</i>															
<i>11765</i>	<i>10</i>	<i>M</i>	<i>AT</i>															
<i>11766</i>	<i>10</i>	<i>M</i>	<i>AT</i>															
<i>11767</i>	<i>14</i>	<i>F</i>	<i>AT</i>															
<i>11768</i>	<i>10</i>	<i>F</i>	<i>AT</i>															
<i>11769</i>	<i>7</i>	<i>F</i>	<i>AT</i>															
<i>11770</i>	<i>6</i>	<i>M</i>	<i>AT</i>															
<i>11771</i>	<i>M</i>	<i>M</i>	<i>AT</i>															
<i>11772</i>	<i>M</i>	<i>M</i>	<i>AT</i>															
<i>11773</i>	<i>M</i>	<i>M</i>	<i>AT</i>															
<i>11774</i>	<i>M</i>	<i>M</i>	<i>AT</i>															



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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Marc Brian S.</i>	2. CERTIFICATE NO <i>G 28753</i>	3. PAGE NO. <i>1 OF 2</i>
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4. DATE ISSUED <i>6/11/09</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown</i>	6. STATE CODE <i>PA (412)</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
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9. SEMEN (Check if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean <input checked="" type="checkbox"/>	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>
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15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)	16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address) <i>Covel Canada Export Inc. 517 Burg of Julia est. Andre Avellin</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>
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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)	NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
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OWNER'S NAME	OWNER'S ADDRESS	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F	CERTIFIED BRUCELLOSIS FREE AREA					DISEASE						
							DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O				
<i>Marc, B.S. 94 Hoover Dr Jonestown PA 17038</i>		<i>USA 1280</i>	<i>4</i>	<i>N</i>	<i>BL</i>													
		<i>12 81</i>	<i>20</i>	<i>N</i>	<i>BL</i>													
		<i>12 82</i>	<i>9</i>	<i>F</i>	<i>SN</i>													
		<i>12 83</i>	<i>12</i>	<i>N</i>	<i>SN</i>													
		<i>12 84</i>	<i>12</i>	<i>F</i>	<i>SN</i>													
		<i>12 85</i>	<i>7</i>	<i>F</i>	<i>SN</i>													
		<i>12 86</i>	<i>14</i>	<i>N</i>	<i>BL</i>													
		<i>12 87</i>	<i>20</i>	<i>F</i>	<i>BL</i>													
		<i>12 88</i>	<i>10</i>	<i>F</i>	<i>SAI</i>													
		<i>12 89</i>	<i>14</i>	<i>F</i>	<i>QH</i>													
		<i>12 90</i>	<i>14</i>	<i>F</i>	<i>AB</i>													
		<i>12 91</i>	<i>10</i>	<i>N</i>	<i>QH</i>													
		<i>12 92</i>	<i>20</i>	<i>N</i>	<i>SN</i>													
<i>12 93</i>	<i>5</i>	<i>F</i>	<i>QH</i>															
<i>12 94</i>	<i>20</i>	<i>N</i>	<i>SN</i>															
<i>12 95</i>	<i>8</i>	<i>N</i>	<i>SN</i>															
<i>12 96</i>	<i>20</i>	<i>F</i>	<i>TH</i>															
<i>12 97</i>	<i>12</i>	<i>F</i>	<i>QH</i>															

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

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

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

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

⑤ During the previous 21 days the animals have not been in the state of Florida.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



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

19. DATE ENDORSED <i>6/12/09</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>H.H. James B.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 head</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>F.D. BROWN JR M.D.</i>	25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i>		

23. Signature of endorsing federal veterinarian

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>G 28753</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>		

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F
<i>1298</i>	<i>10</i>	<i>F</i>	<i>OH</i>		
<i>1299</i>	<i>15</i>	<i>N</i>	<i>SN</i>		
<i>1300</i>	<i>20</i>	<i>F</i>	<i>OH</i>		
<i>1301</i>	<i>7</i>	<i>N</i>	<i>OH</i>		
<i>1302</i>	<i>10</i>	<i>N</i>	<i>AP</i>		
<i>1303</i>	<i>6</i>	<i>N</i>	<i>TH</i>		
<i>1304</i>	<i>4</i>	<i>F</i>	<i>TH</i>		
<i>1305</i>	<i>10</i>	<i>F</i>	<i>TH</i>		
<i>1306</i>	<i>9</i>	<i>F</i>	<i>TH</i>		
<i>1307</i>	<i>9</i>	<i>F</i>	<i>TH</i>		
<i>1308</i>	<i>20</i>	<i>N</i>	<i>TH</i>		
<i>1309</i>	<i>20</i>	<i>N</i>	<i>OH</i>		

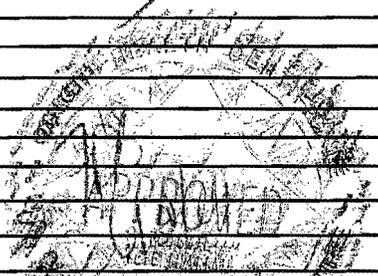
CERTIFIED BRUCELLOSIS FREE AREA

DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
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(6) The animals at the time of inspection were found healthy and in a physical condition fit to be transported.

(7) The exporter has been advised that due deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to the U.S. entry to Canada.

(8) Fit to be transported means that on the day of inspection no animals has any infectious illness in use of any other condition that could be aggravated when the animals are being transported causing the animals to suffer.



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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

Moore, Brian S.

2. CERTIFICATE NO

I 48170

3. PAGE NO.

1 OF 2

Best Copy Available

4. DATE ISSUED

8/17/09

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

Jonestown, PA

6. STATE CODE

42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town)

Jonestown

12. CONSIGNOR'S STATE

PA

13. STATE CODE

PA

14. ZIP CODE

17038

9. SEMEN (Check if yes)

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS

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

2

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

Cavel Canada Export INC.

DESTINATION COUNTRY

Canada

ENTER CODE

CA

517 Rang St julia est St.andre-Avelien

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

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

NEGATIVE TUBERCULIN READING

48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE

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

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	H	I	J	K	L	M	N	O
USA 1712	11	F	TH											
1713	12	N	TH											
1714	6	F	TH											
1715	14	F	BL											
1716	5	F	PN											
1717	5	F	GN											
1718	5	F	OP											
1719	10	N	TH											
1720	11	N	TH											
1721	11	F	TH											
1722	11	F	TH											
1723	7	N	SN											
1724	10	F	SN											
1725	12	F	SN											
1726	15	N	SN											
1727	10	F	SN											
1728	5	F	SN											
1729	13	F	SN											

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED

8/19/09

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

Mark James

21. STATUS 2 Federal 3 Accredited

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

11-318000406

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

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

Moore, Brian S.

2. CERTIFICATE NO.
FROM VS FORM 17-140

I48170

3. PAGE NO.

2 of 2

16. CONSIGNEE'S NAME

Cavel Canada EXPORT Inc

Best Copy Available

NEGATIVE TUBERCULIN
READING

48 HRS. 72 HRS.

BRUCellosis BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR
DESCRIPTION
A

AGE
B

SEX
C

BREED
D

DATE

E

F

CERTIFIED BRUCellosis
FREE AREA

DATE

G

H

VAC
I

1/25
J

1/50
K

1/100
L

M

N

O

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

ID NO. OR DESCRIPTION	AGE	SEX	BREED
1730	17	N	SN
1731	18	N	SN
1732	10	N	SN
1733	5	F	TH
1734	6	F	TH
1735	6	F	TH
1736	4	F	TH
1737	12	F	SN
1738	14	N	SN
1739	6	F	TH
1740	10	F	TH
1741	12	F	TH

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

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

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

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

11-318000407

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. FROM VS FORM 17-140 G28783	3. PAGE NO. 2 of 2
16. CONSIGNEE'S NAME Cavel Canada Export Inc.		

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

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O	
1700	10	F	DP												
1701	15	F	DP												
1702	7	N	DP												
1703	10	F	DP												
1704	11	N	DP												
1705	20	F	DP												
1706	14	F	DP												
1707	12	F	DP												
1708	10	F	DP												
1709	9	N	DP												
1710	10	N	DP												
1711	14	N	DP												

CERTIFIED BRUCellosis FREE AREA

5. have not been in the states of Missouri, Texas, or New Mexico.

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

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

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

Stamp: OFFICE OF THE VETERINARY MEDICAL DIRECTOR, U.S. DEPARTMENT OF AGRICULTURE, ANIMAL AND PLANT HEALTH INSPECTION SERVICE, VETERINARY SERVICES, JONESTOWN, PA 17038

11-318000409

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) **Moore, Brian S.**
 2. CERTIFICATE NO **I 48165**
 3. PAGE NO. **1 OF 2**

Best Copy Available

4. DATE ISSUED **8/10/09**
 5. U.S. PORT OF EMBARKATION (City and State) **Jonestown PA**
 6. STATE CODE **42**

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

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

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

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address) **Coval Sounda Export Inc. 519 Bay St Julia St. Ande-Avellin**
 DESTINATION COUNTRY **Canada**
 ENTER CODE **CA**

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

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

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

MODIFIED ACCREDITED AREA (TB)

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E
USFA 1652	10	N	SN	
1653	16	N	SN	
1654	14	F	QH	
1655	18	N	SN	
1656	7	N	TH	
1657	4	N	TH	
1658	14	N	SN	
1659	12	N	SN	
1660	10	N	SN	
1661	14	F	TH	
1662	10	N	TH	
1663	16	F	TH	
1664	18	F	SN	
1665	18	N	BL	
1666	12	F	TH	
1667	7	N	TH	
1668	16	F	TH	
1669	20	F	QH	

CERTIFIED BRUCellosis FREE AREA

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

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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



23. Signature of endorsing federal veterinarian

19. DATE ENDORSED **8-11-2009**
 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) **H&H Jones S.**
 21. STATUS 2 Federal 3 Accredited
 22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) **30 head**
 24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) **DR. DAVID BLAYNA**
 25. SIGNATURE OF ISSUING VETERINARIAN **[Signature]**

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Maxine Brown</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>2001015</i>	3. PAGE NO. <i>2</i>
16. CONSIGNEE'S NAME <i>Coast Canada Export Inc.</i>		

Best Copy Available

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

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	CERTIFIED BRUCELLOSIS FREE AREA					NEGATIVE RESULTS OF OTHER TESTS					
							DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O			
<i>117A 3006</i>	<i>5</i>	<i>N</i>	<i>TH</i>														
<i>3007</i>	<i>7</i>	<i>F</i>	<i>QH</i>														
<i>3008</i>	<i>10</i>	<i>N</i>	<i>QH</i>														
<i>3009</i>	<i>10</i>	<i>F</i>	<i>QH</i>														
<i>3010</i>	<i>6</i>	<i>F</i>	<i>TH</i>														
<i>3011</i>	<i>5</i>	<i>N</i>	<i>TH</i>														
<i>3012</i>	<i>5</i>	<i>N</i>	<i>TH</i>														
<i>3013</i>	<i>13</i>	<i>F</i>	<i>TH</i>														
<i>3014</i>	<i>11</i>	<i>F</i>	<i>SM</i>														
<i>3015</i>	<i>11</i>	<i>N</i>	<i>QH</i>														
<i>3016</i>	<i>11</i>	<i>N</i>	<i>SM</i>														
<i>3017</i>	<i>9</i>	<i>N</i>	<i>SM</i>														



READ INSTRUCTIONS FROM VS FORM 17-140

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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) *Marie Brian S*
2. CERTIFICATE NO. FROM VS FORM 17-140 *Best Copy Available*
3. PAGE NO. *620705 2 of 2*

16. CONSIGNEE'S NAME *Card Canada Export Inc*

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

CERTIFIED BRUCellosis FREE AREA

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

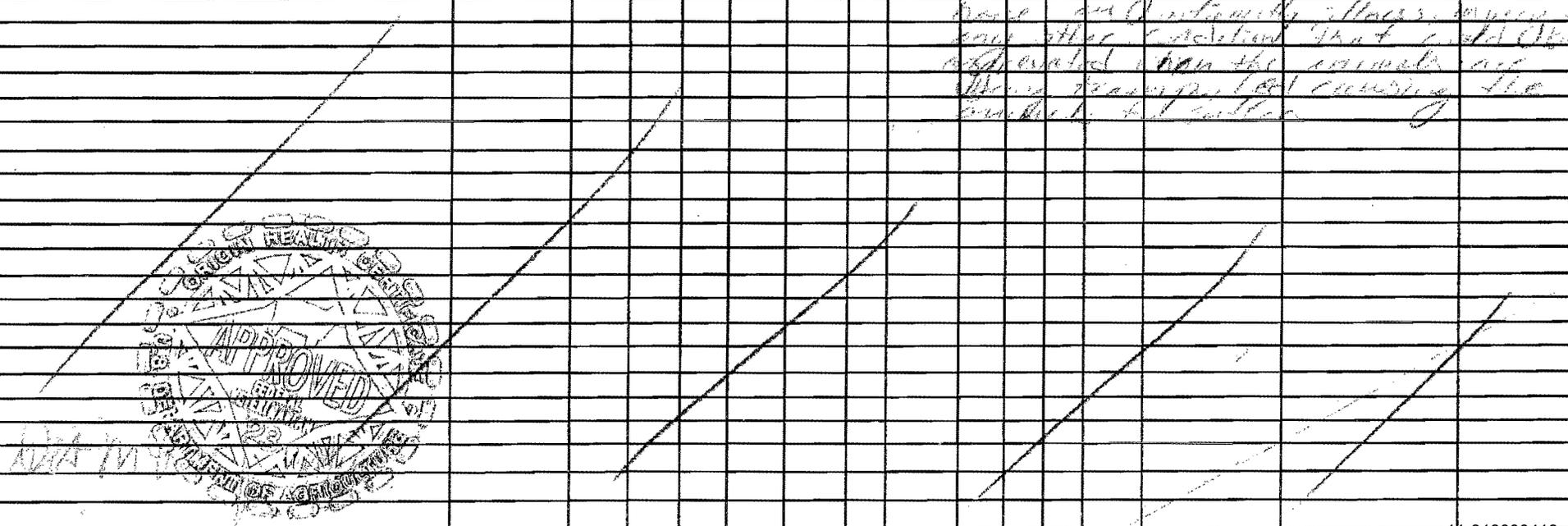
MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G
<i>1587</i>	<i>7</i>	<i>F</i>	<i>OH</i>			
<i>1589</i>	<i>7</i>	<i>F</i>	<i>OH</i>			
<i>1590</i>	<i>7</i>	<i>F</i>	<i>OH</i>			
<i>1598</i>	<i>10</i>	<i>F</i>	<i>TH</i>			
<i>1599</i>	<i>9</i>	<i>F</i>	<i>TH</i>			
<i>1600</i>	<i>10</i>	<i>F</i>	<i>TH</i>			
<i>1601</i>	<i>10</i>	<i>F</i>	<i>TH</i>			

DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>6</i>							
<i>7</i>							
<i>8</i>							

Marie B.S
944 ...
...



UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. L061359	3. PAGE NO. 1 OF 2
Best Copy Available		
4. DATE ISSUED 2/22/10	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE PA
7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.		8. CONSIGNOR'S CITY (or Town) Jonestown
12. CONSIGNOR'S STATE PA		13. STATE CODE PA
14. ZIP CODE 17038		
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canada Export Inc. 517 Rang st. Julie est st. Andre-Avellin		17. DESTINATION COUNTRY Canada
		18. ENTER CODE CA

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

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

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

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

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

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

MODIFIED ACCREDITED AREA (TB)					DATE						
ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE							
USEFA 3148	7	N	TH								
3149	10	N	QH								
3150	12	F	QH								
3151	12	F	QH								
3152	5	F	QH								
3153	5	F	QH								
3154	10	N	MULT								
3155	7	F	QH								
3156	6	F	QH								
3157	14	F	AS								
3158	7	F	QH								
3159	15	F	QH								
3160	12	F	SN								
3161	10	F	SN								
3162	12	F	SN								
3163	7	N	QH								
3164	8	F	SN								
3165	12	N	SN								

CERTIFIED BRUCellosis FREE AREA

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE



CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED 2/23/10	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30 head
23. SIGNATURE OF ENDORSING FEDERAL VET (Type, print, or stamp) M. BROWN JR VMD		24. SIGNATURE OF ISSUING VETERINARIAN [Signature] 800 70326 Acc # 5204	

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

2. CERTIFICATE NO. FROM VS FORM 17-140
L061359

3. PAGE NO.
2 of 2

CONTINUATION SHEET FOR

16. CONSIGNEE'S NAME
Cavel Cana Export Inc.

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

UNITED STATES ORIGIN HEALTH CERTIFICATE

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TA)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G
USFA 3166	10	N	QH			
Moore, B.S. 3167	17	N	QH			
94 Hoover Dr. 3168	11	F	QH			
Jonestown, PA 17038 3169	14	N	SN			
	3170	10	F	SN		
	3171	15	F	QH		
	3172	14	F	SN		
	3173	12	F	QH		
	3174	14	F	SN		
	3175	12	N	AS		
	3176	15	N	QH		
	3177	3	PM	QH		

CERTIFIED BRUCELLOSIS FREE AREA

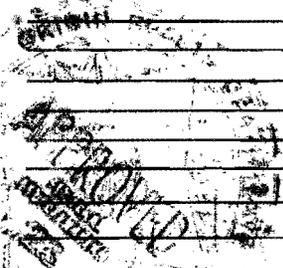
DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O

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

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

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

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



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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore S Moore S.	2. CERTIFICATE NO I 48171	3. PAGE NO. 1 OF 2
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4. DATE ISSUED 9/18/09	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE 42	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonestown
----------------------------------	--	----------------------------	---	---

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

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

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

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

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					CERTIFIED BRUCellosis FREE AREA					DISEASE			
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE	
Owner's street address		A	B	C	D	F	G	H	I	J	K	L	M	N	O
Moore, Brian S.		USFA 1918	10	N	TH										
94 Hoover Dr.		1919	14	F	QH										
Jonestown, PA 17038		1920	5	M	TH										
		1921	16	N	SN										
		1922	14	F	QH										
		1923	10	N	SN										
		1924	14	N	SN										
		1925	10	F	SN										
		1926	14	N	SN										
		1927	10	F	QH										
		1928	16	N	AS										
		1929	10	F	SN										
		1930	16	N	AS										
		1931	14	N	AS										
		1932	8	N	SN										
		1933	6	F	TH										
		1934	10	N	QH										
		1935	14	N	QH										

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(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 9-18-09	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A) 30 head
23. SIGNATURE OF ENDORSING FEDERAL VET (Type, print, or stamp) F D BROWN LMO	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN <i>(Signature)</i>	B4007032 L Accred #5204

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

Moore S. Brian

Best Copy Available

2. CERTIFICATE NO.
FROM VS FORM 17-140

I48171

3. PAGE NO.

2 of 2

16. CONSIGNEE'S NAME

Cavel Canada Export Inc.

NEGATIVE TUBERCULIN
READING

48 HRS. 72 HRS.

BRUCellosis BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

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

Moore, b.s.

94 Hoover Dr.

Jonestown, PA 17038

1936	8	N	QH											
1937	9	F	QH											
1938	20	N	Mule											
1939	9	N	QH											
1940	14	F	QH											
1941	10	N	QH											
1942	12	N	QH											
1943	4	N	TH											
1944	16	F	QH											
1945	8	F	TH											
1946	14	N	QH											
1947	12	F	TH											

CERTIFIED BRUCellosis
FREE AREA

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

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

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

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

11-318000417

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>More, Brian S.</i>	2. CERTIFICATE NO. L060854	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>Oct 1 2009</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
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7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Haver Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
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9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean
---	------------------------	--

12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>
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15. SPECIES ("X" one - use VS Form 17-6 for Poultry)			
<input type="checkbox"/> 01 BOVINE	<input type="checkbox"/> 02 PORCINE	<input type="checkbox"/> 03 OVINE	<input type="checkbox"/> 04 CAPRINE
<input checked="" type="checkbox"/> 05 EQUINE	<input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL		
<input type="checkbox"/> 09 OTHER (Specify)			

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Caval Canada Export Inc. 577 Rang St. Tullahoma, St. Andre - Avellan</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>
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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
----------------------------	----------	----------	------------	---	-----------	---

19. DATE ENDORSED
10/5/09

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

21. STATUS 2 Federal 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
3131800418

*More B.S.
94 Haver Dr.
Jonestown PA 17038*

<i>USFA 2008</i>	<i>12</i>	<i>N</i>	<i>QH</i>			
<i>2009</i>	<i>14</i>	<i>F</i>	<i>SN</i>			
<i>2010</i>	<i>10</i>	<i>N</i>	<i>PE</i>			
<i>2011</i>	<i>10</i>	<i>F</i>	<i>SN</i>			
<i>2012</i>	<i>11</i>	<i>F</i>	<i>SN</i>			
<i>2013</i>	<i>12</i>	<i>F</i>	<i>SN</i>			
<i>2014</i>	<i>10</i>	<i>N</i>	<i>SN</i>			
<i>2015</i>	<i>9</i>	<i>F</i>	<i>SN</i>			
<i>2016</i>	<i>13</i>	<i>F</i>	<i>SN</i>			
<i>2017</i>	<i>16</i>	<i>F</i>	<i>TH</i>			
<i>2018</i>	<i>10</i>	<i>F</i>	<i>SN</i>			
<i>2019</i>	<i>9</i>	<i>F</i>	<i>SN</i>			
<i>2020</i>	<i>9</i>	<i>N</i>	<i>BL</i>			
<i>2021</i>	<i>16</i>	<i>N</i>	<i>SN</i>			
<i>2022</i>	<i>9</i>	<i>F</i>	<i>SN</i>			
<i>2023</i>	<i>4</i>	<i>N</i>	<i>SN</i>			
<i>2024</i>	<i>14</i>	<i>N</i>	<i>SN</i>			
<i>2025</i>	<i>10</i>	<i>F</i>	<i>SN</i>			

CERTIFIED BRUCELLOSIS FREE AREA

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

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

F.D. Brown

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.

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

25. SIGNATURE OF ISSUING VETERINARIAN
J.S. Holt

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Morse Brian S.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>L 060854</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>		

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

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G
<i>Morse B.S.</i>	<i>USA 2026</i>	<i>10</i>	<i>N</i>	<i>SN</i>		
<i>24 Hower Dr</i>	<i>2027</i>	<i>10</i>	<i>F</i>	<i>SN</i>		
<i>Tonawanda PA 17038</i>	<i>2028</i>	<i>7</i>	<i>N</i>	<i>DL</i>		
	<i>2029</i>	<i>20</i>	<i>N</i>	<i>PE</i>		
	<i>2030</i>	<i>20</i>	<i>F</i>	<i>PE</i>		
	<i>2031</i>	<i>10</i>	<i>F</i>	<i>SN</i>		
	<i>2032</i>	<i>10</i>	<i>F</i>	<i>SN</i>		
	<i>2033</i>	<i>12</i>	<i>N</i>	<i>SN</i>		
	<i>2034</i>	<i>8</i>	<i>N</i>	<i>SN</i>		
	<i>2035</i>	<i>12</i>	<i>F</i>	<i>SN</i>		
	<i>2036</i>	<i>10</i>	<i>F</i>	<i>SN</i>		
	<i>2037</i>	<i>9</i>	<i>F</i>	<i>SN</i>		

CERTIFIED BRUCELLOSIS FREE AREA

DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>(6)</i>							
<i>The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.</i>							
<i>(7)</i>							
<i>The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.</i>							
<i>(8)</i>							
<i>Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be observed while the animals are being transported causing them to suffer.</i>							

Handwritten signatures and stamps at the bottom left of the page.

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. L061176	3. PAGE NO. 1 OF 2
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Best Copy Available

4. DATE ISSUED <i>10/29/09</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>PA</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Houser Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Cavel Canada Export Inc. 517 Rang St Julia est St Andre - Avellan</i>	14. ZIP CODE <i>17038</i>
			NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCellosis BLOOD SAMPLE COLLECTED
			NEGATIVE RESULTS OF OTHER TESTS	
			DISEASE	
			TYPE TEST	

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

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION					19. DATE ENDORSED					20. NAME OF ISSUING VETERINARIAN					21. STATUS					22. TOTAL NO. OF ANIMALS				
Owner's name (Last name, two initials, or business name)		Instructions for columns A, B, C & D on reverse					DATE					NAME					DATE					DATE				
Owner's street address		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE					NAME					DATE					DATE					
Owner's city/town, State code (FIPS code on reverse) & zip code		A	B	C	D	DATE					NAME					DATE					DATE					
<i>Moore B.S.</i>		<i>MSFA 2248</i>	<i>7</i>	<i>N</i>	<i>QH</i>																					
<i>94 Houser Dr.</i>		<i>2249</i>	<i>10</i>	<i>N</i>	<i>SN</i>																					
<i>Jonestown PA 17038</i>		<i>2250</i>	<i>10</i>	<i>F</i>	<i>SN</i>																					
		<i>2251</i>	<i>10</i>	<i>F</i>	<i>SN</i>																					
		<i>2252</i>	<i>5</i>	<i>F</i>	<i>QH</i>																					
		<i>2253</i>	<i>5</i>	<i>F</i>	<i>QH</i>																					
		<i>2254</i>	<i>6</i>	<i>N</i>	<i>SN</i>																					
		<i>2255</i>	<i>12</i>	<i>N</i>	<i>SN</i>																					
		<i>2256</i>	<i>20</i>	<i>N</i>	<i>BL</i>																					
		<i>2257</i>	<i>15</i>	<i>F</i>	<i>QH</i>																					
		<i>2258</i>	<i>15</i>	<i>F</i>	<i>QH</i>																					
		<i>2259</i>	<i>7</i>	<i>N</i>	<i>SN</i>																					
		<i>2260</i>	<i>8</i>	<i>N</i>	<i>SN</i>																					
		<i>2261</i>	<i>10</i>	<i>N</i>	<i>QH</i>																					
		<i>2262</i>	<i>10</i>	<i>N</i>	<i>QH</i>																					
		<i>2263</i>	<i>20</i>	<i>F</i>	<i>BL</i>																					
		<i>2264</i>	<i>20</i>	<i>F</i>	<i>QH</i>																					
		<i>2265</i>	<i>15</i>	<i>N</i>	<i>QH</i>																					

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

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED <i>10-30-09</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>331800020</i>
23. SIGNATURE OF ENDORSING FEDERAL VET <i>F.D. BROWN JR M.D.</i>	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN <i>J.S. Holt</i>	<i>Acc'd 5204</i>

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Marc Brian S</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>LO61175</i>	3. PAGE NO. <i>2 of 2</i>
15. CONSIGNEE'S NAME <i>Cavel Canada Export Inc</i>	Best Copy Available	

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

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TAB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C		BREED D	✓ E	DATE F	✓ G
<i>2266</i>	<i>15</i>	<i>N</i>	<i>SN</i>				
<i>2267</i>	<i>10</i>	<i>N</i>	<i>SN</i>				
<i>2268</i>	<i>9</i>	<i>F</i>	<i>QH</i>				
<i>2269</i>	<i>10</i>	<i>F</i>	<i>SN</i>				
<i>2270</i>	<i>10</i>	<i>F</i>	<i>SN</i>				
<i>2271</i>	<i>10</i>	<i>N</i>	<i>SN</i>				
<i>2272</i>	<i>10</i>	<i>N</i>	<i>SN</i>				
<i>2273</i>	<i>10</i>	<i>F</i>	<i>SN</i>				
<i>2274</i>	<i>10</i>	<i>N</i>	<i>SN</i>				
<i>2275</i>	<i>10</i>	<i>N</i>	<i>SN</i>				
<i>2276</i>	<i>9</i>	<i>N</i>	<i>QH</i>				
<i>2277</i>	<i>10</i>	<i>F</i>	<i>QH</i>				

CERTIFIED BRUCELLOSIS FREE AREA

DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<p>(6) The exporter has been advised about any determination in the health or physical condition of the animals that may render them unfit for transport and result in the shipment to be returned to Canada.</p> <p>(7) Fit to be transported because that on the date of inspection no animals have any infirmity, illness, injury or any other condition that would be aggravated when the animals are transported. Reasoning them to suffer.</p> <p>(8) During the previous 21 days, the animals in this shipment have not been in the state of Texas.</p>							

Marc B.S. *USFA*
24 Howard Dr.
Jordan PA 17038

9/23
10/20/09

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) *Moore Brian S.*
2. CERTIFICATE NO. *L061176*
3. PAGE NO. *1 OF 2*

4. DATE ISSUED *10/29/09*
5. U.S. PORT OF EMBARKATION (City and State) *Jonestown PA*
6. STATE CODE *PA*
7. CONSIGNOR'S STREET ADDRESS (Mailing Address) *94 Hoover Dr.*
8. CONSIGNOR'S CITY (or Town) *Jonestown*
12. CONSIGNOR'S STATE *Pennsylvania*
13. STATE CODE *42*
14. ZIP CODE *17038*

9. SEMEN ("X" if yes)
10. NO. DOSES OF SEMEN
11. TRANSPORTATION CLASS
 1 - Rail 3 - Air
 2 - Truck 4 - Ocean
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) *Canada Canada Export Inc. 577 Rang St Julia cat St Andre - Avellan*
DESTINATION COUNTRY *Canada*
ENTER CODE *CA*

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)
NEGATIVE TUBERCULIN READING 48 HRS 72 HRS
BRUCellosis BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION				19. DATE ENDORSED					20. NAME OF ISSUING VETERINARIAN			21. STATUS			22. TOTAL NO. OF ANIMALS		
Owner's name (Last name, two initials, or business name)		(Instructions for columns A, B, C & D on reverse)																	
Owner's street address		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE					
Owner's city/town, State code (FIPS code on reverse) & zip code		A	B	C	D	F	G	H	I	J	K	M	N	O					
<i>Moore BS</i>		<i>MSFA 2248</i>	<i>7</i>	<i>N</i>	<i>QH</i>														
<i>94 Hoover Dr</i>		<i>2249</i>	<i>10</i>	<i>N</i>	<i>SN</i>														
<i>Jonestown PA 17038</i>		<i>2250</i>	<i>10</i>	<i>F</i>	<i>SN</i>														
		<i>2251</i>	<i>10</i>	<i>F</i>	<i>SN</i>														
		<i>2252</i>	<i>5</i>	<i>F</i>	<i>QH</i>														
		<i>2253</i>	<i>5</i>	<i>F</i>	<i>QH</i>														
		<i>2254</i>	<i>6</i>	<i>N</i>	<i>SN</i>														
		<i>2255</i>	<i>12</i>	<i>N</i>	<i>SN</i>														
		<i>2256</i>	<i>20</i>	<i>N</i>	<i>BL</i>														
		<i>2257</i>	<i>15</i>	<i>F</i>	<i>QH</i>														
		<i>2258</i>	<i>15</i>	<i>F</i>	<i>QH</i>														
		<i>2259</i>	<i>7</i>	<i>N</i>	<i>SN</i>														
		<i>2260</i>	<i>8</i>	<i>N</i>	<i>SN</i>														
		<i>2261</i>	<i>10</i>	<i>N</i>	<i>QH</i>														
		<i>2262</i>	<i>10</i>	<i>N</i>	<i>QH</i>														
		<i>2263</i>	<i>20</i>	<i>F</i>	<i>BL</i>														
		<i>2264</i>	<i>20</i>	<i>F</i>	<i>QH</i>														
		<i>2265</i>	<i>15</i>	<i>N</i>	<i>QH</i>														

① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
② The animals were to the best of the knowledge and belief of James S Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.
③ The animals have resided in the USA since birth (or)
④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.
⑤ The animals at the time of the inspection were found healthy and in a physical condition.

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 *10-30-09*
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) *Holt, James S.*
21. STATUS 2 Federal 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) *3031000422*
23. SIGNATURE OF ENDORSING FEDERAL VET (Type, print, or stamp) *F.D. BROWN M.D.*
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)
25. SIGNATURE OF ISSUING VETERINARIAN *J. S. Holt* *Acc # 5204*

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

Maxie Brown

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140

2061176

3. PAGE NO.

2 of 2

16. CONSIGNEE'S NAME

Cavel Canada Export Inc

NEGATIVE TUBERCULIN READING

48 HRS. 72 HRS.

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE

TYPE TEST TYPE TEST TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION AGE SEX BREED

DATE

CERTIFIED BRUCellosis FREE AREA

DATE VAC 1/25 1/50 1/100

DATE

DATE

DATE

ID NO. OR DESCRIPTION	AGE	SEX	BREED	<input checked="" type="checkbox"/>	DATE	<input checked="" type="checkbox"/>
A	B	C	D	E	F	G
<i>Maxie B.S.</i>	<i>USA</i>	<i>2266</i>	<i>15</i>	<i>N</i>	<i>SN</i>	
<i>94 Hoover Dr.</i>		<i>2267</i>	<i>10</i>	<i>N</i>	<i>SN</i>	
<i>Jourdawn PA 17038</i>		<i>2268</i>	<i>9</i>	<i>F</i>	<i>QH</i>	
		<i>2269</i>	<i>10</i>	<i>F</i>	<i>SN</i>	
		<i>2270</i>	<i>10</i>	<i>F</i>	<i>SN</i>	
		<i>2271</i>	<i>10</i>	<i>N</i>	<i>SN</i>	
		<i>2272</i>	<i>10</i>	<i>N</i>	<i>SN</i>	
		<i>2273</i>	<i>10</i>	<i>F</i>	<i>SN</i>	
		<i>2274</i>	<i>10</i>	<i>N</i>	<i>SN</i>	
		<i>2275</i>	<i>10</i>	<i>N</i>	<i>SN</i>	
		<i>2276</i>	<i>9</i>	<i>N</i>	<i>QH</i>	
		<i>2277</i>	<i>10</i>	<i>F</i>	<i>QH</i>	

(6) The exporter has been advised what any determination in the health or physical condition of the animals that could render them unfit for transport may result in the shipment to be returned to Canada.

(7) Fit to be transported means that on the date of inspection no animals have any infectious illness, injury or any other condition that would be aggravated when the animals are transported. Allowing them to suffer.

(8) During the previous 21 days, the animals in this shipment have not been in the state of Texas.

10/20/01

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Walter Brown S</i>	2. CERTIFICATE NO. 061173	3. PAGE NO. 1 OF 2
---	-------------------------------------	-----------------------

4. DATE ISSUED <i>10/26/09</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
-----------------------------------	---	----------------------------

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

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

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

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

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Cover Canada Export Inc. 517 Ross St. Jones rd St. Andre-Avelin</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>
---	--------------------------------------	-------------------------

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

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

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

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

OWNER'S NAME	OWNER'S ADDRESS	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F	DATE G	CERTIFIED BRUCellosis FREE AREA					DATE M	DATE N	DATE O
								H	I	J	K	L			
<i>Walter Brown S</i>	<i>94 Haver Dr. Jonestown PA 17038</i>	<i>USA 2218</i>	<i>14</i>	<i>F</i>	<i>AP</i>										
		<i>2219</i>	<i>4</i>	<i>F</i>	<i>QH</i>										
		<i>2220</i>	<i>4</i>	<i>F</i>	<i>QH</i>										
		<i>2221</i>	<i>8</i>	<i>F</i>	<i>PE</i>										
		<i>2222</i>	<i>20</i>	<i>N</i>	<i>BL</i>										
		<i>2223</i>	<i>20</i>	<i>N</i>	<i>QH</i>										
		<i>2224</i>	<i>7</i>	<i>N</i>	<i>SN</i>										
		<i>2225</i>	<i>9</i>	<i>N</i>	<i>SN</i>										
		<i>2226</i>	<i>11</i>	<i>F</i>	<i>QH</i>										
		<i>2227</i>	<i>12</i>	<i>F</i>	<i>QH</i>										
		<i>2228</i>	<i>7</i>	<i>N</i>	<i>TB</i>										
		<i>2229</i>	<i>20</i>	<i>N</i>	<i>SN</i>										
		<i>2230</i>	<i>8</i>	<i>N</i>	<i>SN</i>										
		<i>2231</i>	<i>20</i>	<i>N</i>	<i>QH</i>										
		<i>2232</i>	<i>10</i>	<i>F</i>	<i>QH</i>										
<i>2233</i>	<i>10</i>	<i>N</i>	<i>QH</i>												
<i>2234</i>	<i>10</i>	<i>F</i>	<i>QH</i>												
<i>2235</i>	<i>9</i>	<i>F</i>	<i>QH</i>												

CERTIFIED BRUCellosis FREE AREA

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

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

[Signature]

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED <i>10/29/09</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Hill, James S</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>3131800424</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>FD BROWN J LMO</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Blaine B. B. B.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>206112</i>	3. PAGE NO. <i>1 of 2</i>
16. CONSIGNEE'S NAME <i>Card Canada Coy. Inc.</i>		

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

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

MODIFIED ACCREDITED AREA (TB)
18. INDIVIDUAL IDENTIFICATION

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

CERTIFIED BRUCellosis FREE AREA

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

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION						CERTIFIED BRUCellosis FREE AREA					NEGATIVE RESULTS OF OTHER TESTS			
Owner's name (Last name, two initials, & business name)		ID NO. OR DESCRIPTION A	AGE B	SEX C		BREED D	DATE E	DATE F	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>Blaine B. B. B.</i>	<i>11111</i>			<i>2121</i>	<i>2</i>											
<i>Blaine B. B. B.</i>	<i>11111</i>	<i>2122</i>	<i>2</i>	<i>F</i>	<i>W</i>											
<i>Blaine B. B. B.</i>	<i>11111</i>	<i>2123</i>	<i>2</i>	<i>F</i>	<i>W</i>											
<i>Blaine B. B. B.</i>	<i>11111</i>	<i>2124</i>	<i>2</i>	<i>F</i>	<i>W</i>											
<i>Blaine B. B. B.</i>	<i>11111</i>	<i>2125</i>	<i>2</i>	<i>F</i>	<i>W</i>											
<i>Blaine B. B. B.</i>	<i>11111</i>	<i>2126</i>	<i>2</i>	<i>F</i>	<i>W</i>											
<i>Blaine B. B. B.</i>	<i>11111</i>	<i>2127</i>	<i>2</i>	<i>F</i>	<i>W</i>											

*(b) The animal is at the farm of the
owner and is not to be transported
without the approval of the
Department of Agriculture.*

*(c) The animal has been a herd that
is not subject to the health inspection
program of the Department of
Agriculture. The animal is not
to be transported without the
approval of the Department of
Agriculture.*

*(d) The animal is not to be transported
without the approval of the
Department of Agriculture. The
animal is not to be transported
without the approval of the
Department of Agriculture.*

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

Moore, BRIAN S.

2. CERTIFICATE NO

I 48169

3. PAGE NO.

1 OF 2

Best Copy Available

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

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address) DESTINATION COUNTRY ENTER CODE
 Cavel Canada Export Inc. Canada CA
 517 Rang st julia est St. Andre-Avellin
 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

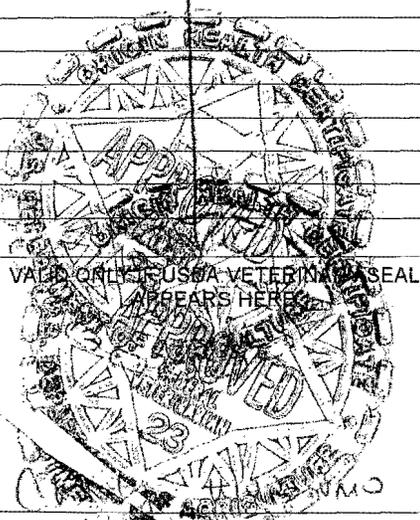
17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)				DATE													
	ID NO. OR DESCRIPTION	AGE	SEX	BREED														H
Moore, Brian S. 94 Hoover Dr. Jonestown, PA 17038	USA 2188	4	F	QH														
	2189	6	F	TH														
	2190	8	M	TH														
	2191	14	F	TH														
	2192	10	F	TH														
	2193	10	F	TH														
	2194	8	F	TH														
	2195	12	F	TH														
	2196	8	F	TH														
	2197	16	F	TH														
	2198	10	N	TH														
	2199	10	N	TH														
	2200	11	F	TH														
	2201	10	N	QH														
	2202	11	F	TH														
2203	12	F	TH															
2204	12	F	TH															
2205	10	F	QH															

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

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

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

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



CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED 10/20/09	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited <input type="checkbox"/> 1 State	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30 Loads
23. Signature of endorsing federal veterinarian ARRISHYN WOOD VMD		24. SIGNATURE OF ISSUING VETERINARIAN J. S. Holt #57201	

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. FORM VS FORM 17-140 48169	3. PAGE NO. 2 of 2
16. CONSIGNEE'S NAME Cavel Canada Export Inc.		

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

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB) _____

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	
							H

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G
7706	15	M	SN			
7707	10	F	SN			
7708	7	F	SN			
7709	9	M	SN			
7710	11	F	SN			
7711	16	M	SN			
7712	10	M	SN			
7713	8	M	SN			
7714	11	M	SN			
7715	14	F	SN			
7716	12	M	SN			
7717	10	M	SN			

CERTIFIED BRUCellosis FREE AREA

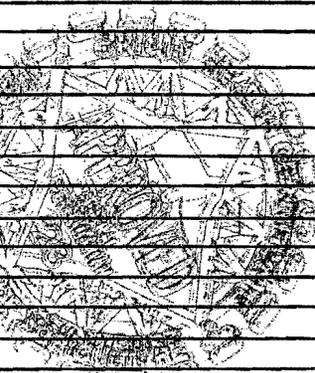
DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
-----------	----------	-----------	-----------	------------	-----------	-----------	-----------

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

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

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

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



READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>L061167</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Cavel Canada Export Inc.</i>		

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

17. FARM ORIGIN

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

Moore B.S. USFA
24 Hower Dr.
Joneston VA 17028

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

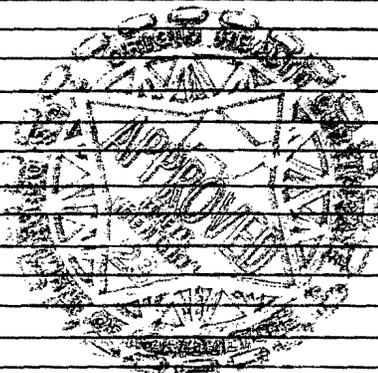
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O	
<i>2146</i>	<i>13</i>	<i>F</i>	<i>OH</i>												
<i>2147</i>	<i>11</i>	<i>F</i>	<i>TH</i>												
<i>2148</i>	<i>14</i>	<i>F</i>	<i>TH</i>												
<i>2149</i>	<i>15</i>	<i>N</i>	<i>SN</i>												
<i>2150</i>	<i>17</i>	<i>F</i>	<i>TH</i>												
<i>2151</i>	<i>4</i>	<i>N</i>	<i>TH</i>												
<i>2152</i>	<i>10</i>	<i>N</i>	<i>SN</i>												
<i>2153</i>	<i>12</i>	<i>N</i>	<i>OH</i>												
<i>2154</i>	<i>14</i>	<i>F</i>	<i>TH</i>												
<i>2155</i>	<i>9</i>	<i>N</i>	<i>SN</i>												
<i>2156</i>	<i>15</i>	<i>N</i>	<i>SN</i>												
<i>2157</i>	<i>11</i>	<i>F</i>	<i>SN</i>												

CERTIFIED BRUCellosIS FREE AREA

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

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

(8) Fit to be transported means that on the day of inspection all animals have an opportunity to show in any way or any other condition that shall be observed when the animals are being transported causing the animal to suffer.



1W 10/20/89

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Maure Brian S.</i>	2. CERTIFICATE NO. L061167	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>01/19/09</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr</i>	8. CONSIGNOR'S CITY (or Town) <i>Best Copy Available</i>
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN <i>1</i>	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Canada Export Inc. 517 Rang St. Julia, est St. Anve-Audette</i>	DESTINATION COUNTRY <i>Canada</i>

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	MODIFIED ACCREDITED AREA (TB)					DATE F	DATE G	CERTIFIED BRUCELLOSIS FREE AREA					DATE M	DATE N	DATE O				
	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)							DATE E	DATE H	VAC I	1/25 J	1/50 K				1/100 L	TYPE TEST	TYPE TEST	TYPE TEST
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F														
<i>Brian S. Moore 94 Hoover Dr. Jonestown PA 17038</i>	<i>USFA2128</i>	<i>11</i>	<i>N</i>	<i>QH</i>															
	<i>2129</i>	<i>14</i>	<i>F</i>	<i>QH</i>															
	<i>2130</i>	<i>13</i>	<i>F</i>	<i>SN</i>															
	<i>2131</i>	<i>9</i>	<i>N</i>	<i>SN</i>															
	<i>2132</i>	<i>12</i>	<i>N</i>	<i>SN</i>															
	<i>2133</i>	<i>4</i>	<i>N</i>	<i>TH</i>															
	<i>2134</i>	<i>15</i>	<i>E</i>	<i>QH</i>															
	<i>2135</i>	<i>13</i>	<i>N</i>	<i>SN</i>															
	<i>2136</i>	<i>5</i>	<i>F</i>	<i>TH</i>															
	<i>2137</i>	<i>14</i>	<i>N</i>	<i>SN</i>															
	<i>2138</i>	<i>19</i>	<i>N</i>	<i>PE</i>															
	<i>2139</i>	<i>6</i>	<i>N</i>	<i>QH</i>															
	<i>2140</i>	<i>9</i>	<i>N</i>	<i>QH</i>															
	<i>2141</i>	<i>8</i>	<i>F</i>	<i>QH</i>															
	<i>2142</i>	<i>5</i>	<i>N</i>	<i>TH</i>															
<i>2143</i>	<i>4</i>	<i>F</i>	<i>TH</i>																
<i>2144</i>	<i>6</i>	<i>F</i>	<i>TH</i>																
<i>2145</i>	<i>3</i>	<i>N</i>	<i>TH</i>																

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

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED <i>10/20/09</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>Holt James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited <input type="checkbox"/> 1 State	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30 head</i>
23. Signature of Endorsing Federal Veterinarian <i>Christlyn Wood VMD</i>	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>Christlyn Wood VMD</i>	25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i> <i>81007032L</i> <i>April #5204</i>	11-318000429

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. L061167	3. PAGE NO. 1 OF 2
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Best Copy Available

4. DATE ISSUED <i>10/19/09</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Hoover Dr</i>	8. CONSIGNOR'S CITY (or Town)
9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Carol Canada Export Inc.</i>	14. ZIP CODE <i>17038</i>
			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>57 Rang St. Julie est St-Anne-Arletton</i>	DESTINATION COUNTRY <i>Canada</i>
			NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCellosis BLOOD SAMPLE COLLECTED
			NEGATIVE RESULTS OF OTHER TESTS	
			DISEASE	DISEASE
			DISEASE	DISEASE
			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

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									
							H	I	J	K	L	M	N	O	
<i>USFA2128</i>	<i>11</i>	<i>N</i>	<i>QH</i>												
<i>2129</i>	<i>14</i>	<i>F</i>	<i>QH</i>												
<i>2130</i>	<i>13</i>	<i>F</i>	<i>SN</i>												
<i>2131</i>	<i>9</i>	<i>N</i>	<i>SN</i>												
<i>2132</i>	<i>12</i>	<i>N</i>	<i>SN</i>												
<i>2133</i>	<i>4</i>	<i>N</i>	<i>TH</i>												
<i>2134</i>	<i>15</i>	<i>F</i>	<i>QH</i>												
<i>2135</i>	<i>13</i>	<i>N</i>	<i>SN</i>												
<i>2136</i>	<i>5</i>	<i>F</i>	<i>TH</i>												
<i>2137</i>	<i>14</i>	<i>N</i>	<i>SN</i>												
<i>2138</i>	<i>19</i>	<i>N</i>	<i>PE</i>												
<i>2139</i>	<i>6</i>	<i>N</i>	<i>QH</i>												
<i>2140</i>	<i>9</i>	<i>N</i>	<i>QH</i>												
<i>2141</i>	<i>8</i>	<i>F</i>	<i>QH</i>												
<i>2142</i>	<i>5</i>	<i>N</i>	<i>TH</i>												
<i>2143</i>	<i>4</i>	<i>F</i>	<i>TH</i>												
<i>2144</i>	<i>6</i>	<i>F</i>	<i>TH</i>												
<i>2145</i>	<i>3</i>	<i>N</i>	<i>TH</i>												

CERTIFIED BRUCellosis FREE AREA

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

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian
Christlyn Wood VMD

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

19. DATE ENDORSED <i>10/20/09</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print) <i>Holt Tamus S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>34131800430</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>Christlyn Wood VMD</i>	25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i> <i>BK007032L</i> <i>And #5204</i>		

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>LD61167</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Carol Canada Export Inc.</i>		

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

17. FARM ORIGIN

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

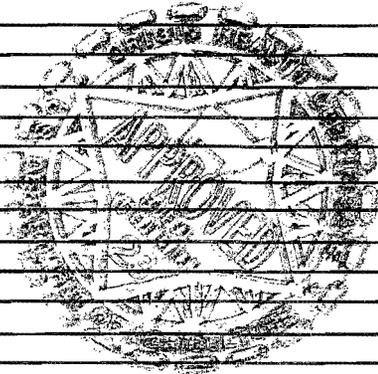
MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE		SEX	BREED	DATE F
	B	C	D	E	
<i>2146</i>	<i>13</i>	<i>F</i>	<i>WH</i>	<input checked="" type="checkbox"/>	
<i>2147</i>	<i>11</i>	<i>F</i>	<i>TH</i>		
<i>7148</i>	<i>14</i>	<i>F</i>	<i>TH</i>		
<i>2149</i>	<i>15</i>	<i>N</i>	<i>SN</i>		
<i>7150</i>	<i>17</i>	<i>F</i>	<i>TH</i>		
<i>2151</i>	<i>4</i>	<i>N</i>	<i>TH</i>		
<i>2152</i>	<i>10</i>	<i>N</i>	<i>SN</i>		
<i>2153</i>	<i>12</i>	<i>N</i>	<i>WH</i>		
<i>2154</i>	<i>4</i>	<i>F</i>	<i>TH</i>		
<i>2155</i>	<i>9</i>	<i>N</i>	<i>SN</i>		
<i>7156</i>	<i>15</i>	<i>N</i>	<i>SN</i>		
<i>7157</i>	<i>11</i>	<i>F</i>	<i>SN</i>		

CERTIFIED BRUCellosis FREE AREA

DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<i>(6)</i>					<i>The animals at the time of inspection were found healthy and in a physical condition fit to be transported.</i>		
<i>(7)</i>					<i>The exporter has been advised that in the operation in the health or physical condition of the animals that may result from visit for transport will result in the impact to the reduced value to Canada.</i>		
<i>(8)</i>					<i>not to be transported means that on the day of inspection all animals have an air intake, there is no or any other condition that shall be observed when the animals are being transported causing the animals to suffer.</i>		



11W 10/20/09

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Maure Brian S.</i>	2. CERTIFICATE NO. L061165	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>10/20/09</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
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7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Haver Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>	
12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>

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

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

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

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

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)				
ID NO. OR DESCRIPTION	AGE	SEX	BREED	
A	B	C	D	
<i>2158</i>	<i>20</i>	<i>N</i>	<i>QH</i>	
<i>2159</i>	<i>7</i>	<i>N</i>	<i>QH</i>	
<i>2160</i>	<i>10</i>	<i>N</i>	<i>QH</i>	
<i>2161</i>	<i>16</i>	<i>F</i>	<i>QH</i>	
<i>2162</i>	<i>12</i>	<i>N</i>	<i>QH</i>	
<i>2163</i>	<i>16</i>	<i>N</i>	<i>BL</i>	
<i>2164</i>	<i>18</i>	<i>N</i>	<i>RE</i>	
<i>2165</i>	<i>12</i>	<i>F</i>	<i>QH</i>	
<i>2166</i>	<i>14</i>	<i>F</i>	<i>BL</i>	
<i>2167</i>	<i>20</i>	<i>F</i>	<i>QH</i>	
<i>2168</i>	<i>12</i>	<i>F</i>	<i>QH</i>	
<i>2169</i>	<i>14</i>	<i>N</i>	<i>QH</i>	
<i>2170</i>	<i>10</i>	<i>F</i>	<i>QH</i>	
<i>2171</i>	<i>6</i>	<i>F</i>	<i>TH</i>	
<i>2172</i>	<i>4</i>	<i>N</i>	<i>QH</i>	
<i>2173</i>	<i>10</i>	<i>F</i>	<i>QH</i>	
<i>2174</i>	<i>8</i>	<i>F</i>	<i>TH</i>	
<i>2175</i>	<i>12</i>	<i>N</i>	<i>QH</i>	

CERTIFIED BRUCellosis FREE AREA

DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
H	I	J	K	L	M	N	O
<i>10/20/09</i>							

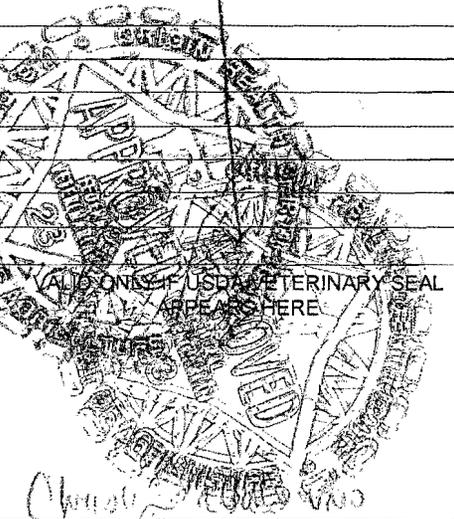
① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.

② The animals were to the best of the knowledge and belief of Jones's 4th were not exposed to any communicable disease within 60 days preceding the date of inspection.

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

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

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



CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED <i>10/20/09</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>Changsheng Wood VMD</i>	25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i>		11-318000432

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

Moore, Brian S.

Best Copy Available

2. CERTIFICATE NO.
FROM VS FORM 17-140

LOG1165

3. PAGE NO.

2-52

16. CONSIGNEE'S NAME

Canada Export Inc.

NEGATIVE TUBERCULIN
READING

48 HRS. 72 HRS.

BRUCELLOSIS BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

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

DATE
F

CERTIFIED BRUCELLOSIS
FREE AREA

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

DATE
M

DATE
N

DATE
O

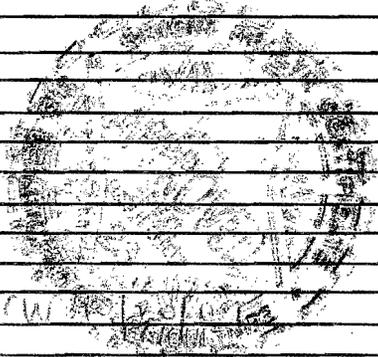
Music HS. USA
94 Haver Rd.
Tombston PA 17239

ID NO. OR DESCRIPTION	AGE	SEX	BREED	✓	DATE	✓
2176	20	F	QH			
2177	10	F				
2178	7	F				
2179	14	F				
2180	3	F				
2181	8	F				
2182	10	N				
2183	14	N				
2184	12	F				
2185	9	F				
2186	7	F				
2187	16	N				

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

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

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



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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. L060865	3. PAGE NO. 1 OF 2
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Best Copy Available

4. DATE ISSUED 11/24/09	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE 42	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonesatown
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE PA	13. STATE CODE PA
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canada Export Inc. 517 Rang St. Julie est St. Andre-Avellin	14. ZIP CODE 17038

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

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					CERTIFIED BRUCELLOSIS FREE AREA					DISEASE		
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
Owner's street address		A	B	C	D	F	G	H	I	J	K	M	N	O
Moore, Brian S.		2548	7	F	QH									
94 Hoover Dr.		2549	10	N										
Jonestown, PA 17038		2550	9	N										
		2551	6	N										
		2552	12	F										
		2553	10	F										
		2554	7	N										
		2555	6	F										
		2556	4	N										
		2557	12	F										
		2558	9	N										
		2559	11	F										
		2560	6	N										
		2561	8	F										
		2562	12	N										
		2563	10	N										
		2564	6	F										
		2565	4	F										

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED 11-25-09	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A) 31800434
23. Signature of Endorsing Federal Veterinarian F. D. BROWN JR. M.D.		24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) F. D. BROWN JR. M.D.	
25. SIGNATURE OF ISSUING VETERINARIAN J. S. Holt		26. NAME OF ISSUING VETERINARIAN BW07032L Acc # 52201	

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)
Moore, Brian S.

Best Copy Available

2. CERTIFICATE NO.
FROM VS FORM 17-140
L060865

3. PAGE NO.
2 of 2

16. CONSIGNEE'S NAME
Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G
Moore, Brian S. (USA) 2566	9	QH	N			
94 Hoover Dr. 2567	12	TH	N			
Jonestown, PA 17038 2568	10	TH	F			
2569	6	TH	N			
2570	4	TH	N			
2571	7	TH	N			
2572	8	TH	F			
2573	14	QH				
2574	16	SN	F			
2575	12	SN	N			
2576	14	SN	N			
2577	20	SN	F			

CERTIFIED BRUCELLOSIS FREE AREA

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

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

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

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

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. L060862	3. PAGE NO. 1 OF 2
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4. DATE ISSUED 11/23/09	5. U.S. PORT OF EMBARKATION (City and State) Jonestown PA	6. STATE CODE 42
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7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonestown
---	---

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

12. CONSIGNOR'S STATE PA	13. STATE CODE PA	14. ZIP CODE 17038
------------------------------------	-----------------------------	------------------------------

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canada Export Inc. 517 Rang St. Julie est St. Andre-Avellin	DESTINATION COUNTRY Canada	ENTER CODE CA
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NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCellosis BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
		DISEASE	DISEASE	DISEASE

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

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					✓ E	DATE F	✓ G
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D				
USA 2518	74	✓	QH				
2519	74	✓	QH				
2520	18	F	QH				
2521	6	F	QH				
2522	3	F	QH				
2523	3	F	QH				
2524	12	F	QH				
2525	20	F	QH				
2526	13	F	QH				
2527	5	N	QH				
2528	16	F	SN				
2529	20	F	QH				
2530	10	N	QH				
2531	10	N	QH				
2532	7	F	QH				
2533	7	N	QH				
2534	10	F	QH				
2535	10	F	QH				

CERTIFIED BRUCellosis FREE AREA

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

(Handwritten signature and stamp)

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED 11-24-09	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print) H. H. James S.	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A) 30
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) P. D. BROWN		25. SIGNATURE OF ISSUING VETERINARIAN <i>(Signature)</i>	

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. L060863	3. PAGE NO. 1 OF 2
--	--------------------------------------	------------------------------

4. DATE ISSUED 11/23/09	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE 42	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonestown
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9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE PA	13. STATE CODE PA	14. ZIP CODE 17038
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15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canada Export Inc. 517 Rang St. Julie est St. Andre-Avellin	DESTINATION COUNTRY Canada	ENTER CODE CA
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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					NEGATIVE RESULTS OF OTHER TESTS				
	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE M										
Moore Brian S. 94 Hoover Dr. Jonestown, Pa 17038	USFA 2488	7	M	TH											
	2489	7	M	TH											
	2490	7	M	QH											
	2491	10	F	TH											
	2492	9	F	TH											
	2493	10	F	QH											
	2494	20	N	QH											
	2495	10	F	QH											
	2496	10	F	QH											
	2497	10	F	QH											
	2498	6	F	QH											
	2499	7	N	SN											
	2500	6	F	QH											
	2501	20	F	QH											
	2502	10	F	QH											
2503	11	N	SN												
2504	10	N	SN												
2505	10	N	SN												

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED 11-24-09	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 11-3180D0438
23. SIGNATURE OF ENDORSING FEDERAL VET (Type, print, or stamp) F. D. BROWN, DVM	24. SIGNATURE OF ISSUING VETERINARIAN ASHolt	25. IDENTIFICATION NUMBER BW007032L Acc# 5204	

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

Moore, Brian S.

Best Copy Available

2. CERTIFICATE NO.
FROM VS FORM 17-140

060863

3. PAGE NO.

2 of 2

16. CONSIGNEE'S NAME

Cavel Canada Export Inc.

NEGATIVE TUBERCULIN
READING

48 HRS. 72 HRS.

BRUCELLOSIS BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

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

Moore, Brian S. MSFA
94 Hoover Dr.
Jonestown, PA 17038

2506	10	N	SN			
2507	10	F	SN			
2508	9	N	SN			
2509	20	F	MULL			
2510	10	N	MULL			
2511	20	F	SH			
2512	20	F	QH			
2513	20	N	DL			
2514	18	N	MULL			
2515	8	F	TH			
2516	6	N	SN			
2517	9	F	TH			

CERTIFIED BRUCELLOSIS
FREE AREA

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

5. During the previous 21 days the animals have not been in the state of TEXAS.

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

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

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

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

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) *Moore Brian S.* 2. CERTIFICATE NO. **L060859** 3. PAGE NO. **1 OF 2**

4. DATE ISSUED *11/17/09* 5. U.S. PORT OF EMBARKATION (City and State) *Jonestown PA* 6. STATE CODE *42* 7. CONSIGNOR'S STREET ADDRESS (Mailing Address) *94 Hoover Dr.* 8. CONSIGNOR'S CITY (or Town) *Jonestown*

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

15. SPECIES ("X" one - use VS Form 17-6 for Poultry) 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE 05 EQUINE 08 OTHER WILDLIFE - MAMMAL 09 OTHER (Specify) _____ 16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) *Cavel Canada Export Inc. 97 Rung St. Injira St. Andre-Avellin* DESTINATION COUNTRY *Canada* ENTER CODE *CA*

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

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)					CERTIFIED BRUCELLOSIS FREE AREA							
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
Owner's street address		A	B	C	D	F	H	I	J	K	L	M	N	O
Owner's city/town, State code (FIPS code on reverse) & zip code														
<i>Moore Brian S</i>		<i>USFA 2458</i>	<i>12</i>	<i>N</i>	<i>SN</i>									
<i>94 Hoover Dr</i>		<i>2459</i>	<i>20</i>	<i>N</i>	<i>QH</i>									
<i>Jonestown PA 17038</i>		<i>2460</i>	<i>10</i>	<i>N</i>	<i>QH</i>									
		<i>2461</i>	<i>7</i>	<i>F</i>	<i>QH</i>									
		<i>2462</i>	<i>7</i>	<i>F</i>	<i>QH</i>									
		<i>2463</i>	<i>20</i>	<i>F</i>	<i>QH</i>									
		<i>2464</i>	<i>20</i>	<i>F</i>	<i>QH</i>									
		<i>2465</i>	<i>20</i>	<i>F</i>	<i>QH</i>									
		<i>2466</i>	<i>10</i>	<i>N</i>	<i>TH</i>									
		<i>2467</i>	<i>20</i>	<i>F</i>	<i>QH</i>									
		<i>2468</i>	<i>10</i>	<i>F</i>	<i>SN</i>									
		<i>2469</i>	<i>10</i>	<i>F</i>	<i>QH</i>									
		<i>2470</i>	<i>10</i>	<i>F</i>	<i>QH</i>									
		<i>2471</i>	<i>5</i>	<i>N</i>	<i>BL</i>									
		<i>2472</i>	<i>10</i>	<i>F</i>	<i>QH</i>									
		<i>2473</i>	<i>5</i>	<i>F</i>	<i>SN</i>									
		<i>2474</i>	<i>6</i>	<i>F</i>	<i>SN</i>									
		<i>2475</i>	<i>20</i>	<i>N</i>	<i>PE</i>									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

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

19. DATE ENDORSED *11-17-09* 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) *H.H. James S.* 21. STATUS 2 Federal 1 State 3 Accredited 22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) *31800440*

23. Signature of Endorsing Federal Veterinarian *F.D. Brown Jr MVO* 24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) *F.D. Brown Jr MVO* 25. SIGNATURE OF ISSUING VETERINARIAN *H.H. James S. BKO7032L AUC #5204*

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

Moore Brian S

Best Copy Available

2. CERTIFICATE NO.
FROM VS FORM 17-140

L060859

3. PAGE NO.

2 of 2

16. CONSIGNEE'S NAME

Cavel Canada Export Inc.

NEGATIVE TUBERCULIN
READING

48 HRS. 72 HRS.

BRUCellosis BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

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

Moore Brian S. USA
211 Haver Dr
Jonestown PA 17038

2076	12	F	QH			
2477	10	F	QH			
2478	10	F	TH			
2479	10	F	QH			
2480	9	N	SN			
2481	7	N	EN			
2482	10	N	EN			
2483	10	N	QH			
2484	7	N	SA			
2485	8	N	QH			
2486	9	F	QH			
2487	9	F	QH			

CERTIFIED BRUCellosis
FREE AREA

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

(6) The animal, at the time of the inspection, was found healthy and in a physical condition that is best described as good.

(7) The exporter has been advised that any deterioration in the health of any animal in the consignment shall render the shipment to be refused landing in the U.S.

(8) It is to be understood that on the day of inspection, no animal has any infectious disease which is communicable to other animals of the same species.

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

Moore, Brian S.

Best Copy Available

2. CERTIFICATE NO.
FROM VS FORM 17-140
L061169

3. PAGE NO.
2 of 2

16. CONSIGNEE'S NAME

Cavel Canada Export Inc.

NEGATIVE TUBERCULIN
READING

48 HRS. 72 HRS.

BRUCellosis BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

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

CERTIFIED BRUCellosis
FREE AREA

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

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

USA

2416	9	N	TH				
2417	4	N	TH				
2418	7	N	TH				
2419	8	F	TH				
2420	6	F	TH				
2421	12	N	QH				
2422	16	F	TH				
2423	8	F	QH				
2424	6	F	QH				
2425	14	F	QH				
2426	20	F	QH				
2427	16	N	QH				

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

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

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

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

11-31B000442

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. L061169	3. PAGE NO. 1 OF 2
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4. DATE ISSUED 11/16/09	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE 42
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7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover Dr.	8. CONSIGNOR'S CITY (or Town) Jonestown
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9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean
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12. CONSIGNOR'S STATE PA	13. STATE CODE PA	14. ZIP CODE 17038
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15. SPECIES ("X" one - use VS Form 17-6 for Poultry)			
<input type="checkbox"/> 01 BOVINE	<input type="checkbox"/> 02 PORCINE	<input type="checkbox"/> 03 OVINE	<input type="checkbox"/> 04 CAPRINE
<input checked="" type="checkbox"/> 05 EQUINE			
<input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL			
<input type="checkbox"/> 09 OTHER (Specify)			

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Canada Export Inc. 517 Rang St. Julie est St. Andre-Avellin	DESTINATION COUNTRY Canada	ENTER CODE CA
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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
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MODIFIED ACCREDITED AREA (TB)					DATE	DATE	DATE	DATE	DATE
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E					

CERTIFIED BRUCELLOSIS FREE AREA					DATE	DATE	DATE
VAC	1/25	1/50	1/100	M			

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

USFA 2378	10	F	QH																
2379	12	F	QH																
2400	14	N	SN																
2401	7	F	TH																
2402	14	N	QH																
2403	16	F	SN																
2404	15	F	QH																
2405	20	N	PL																
2406	12	F	QH																
2407	7	N	QH																
2408	12	N	SN																
2409	8	F	TH																
2410	14	F	SN																
2411	10	F	TH																
2412	12	F	SN																
2413	16	N	SN																
2414	6	F	QH																
2415	4	F	TH																

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian
[Signature]

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

19. DATE ENDORSED 11/17/09	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) F.D. BROWN		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

Moore, Brian S.

Best Copy Available

2. CERTIFICATE NO.
FROM VS FORM 17-140

L061166

3. PAGE NO.

2 of 2

16. CONSIGNEE'S NAME

Cavel Canada Export Inc.

NEGATIVE TUBERCULIN
READING

48 HRS. 72 HRS.

BRUCELLOSIS BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

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

Moore, Brian S.
94 Hoover Dr.
Jonestown, Pa 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

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

USA	7386	10	N	TH		
	2387	9	F	IN		
	7388	14	F	IN		
	7389	16	N	OH		
	7390	12	N			
	7391	9	F			
	7392	10	F			
	7393	14	N			
	7394	17	N			
	7395	4	F			
	7396	6	F			
	7397	11	F			

CERTIFIED BRUCELLOSIS
FREE AREA

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

- During the previous 21 days the animals have not been in the states of Missouri, Texas, or New Mexico.
- The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.
- The exporter has been advised that any deterioration in the health of physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.
- Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) MOORE, BRIAN S.	2. CERTIFICATE NO. L061166	3. PAGE NO. 1 OF 2
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Best Copy Available

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

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

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

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F									
Moore, Brian S. 94 Hoover Dr. Jonestown, PA 17038	USEA 2368	13	N	SN										
	2369	16	N	SN										
	2370	10	F	SN										
	2371	15	F	SN										
	2372	14	N	SN										
	2373	12	N	SN										
	2374	14	F	SN										
	2375	12	N	SN										
	2376	16	N	SN										
	2377	7	N	SN										
	2378	5	N	QH										
	2379	10	N	QH										
	2380	4	N	TH										
	2381	11	N	SN										
	2382	7	F	QH										
2383	10	F	QH											
2384	12	N	QH											
2385	9	N	QH											

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED 11-10-09	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30 head
23. Signature of Endorsing Federal Veterinarian FD BROWN		24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) FD BROWN	
25. SIGNATURE OF ISSUING VETERINARIAN James S. Holt		26. ADDITIONAL INFO BW07032L Acc #5204	

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. FROM VS FORM 17-140 L061170	3. PAGE NO. 2 of 2
16. CONSIGNEE'S NAME Cavel Canada Export Inc.		

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

17. FARM ORIGIN

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

Moore, Brian S.
94 Hoyer Dr.
Jonestown, Pa 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G
2357	7	N	TH			
2358	15	F	QH			
2359	14	N	QH			
2359	12	N	QH			
2360	10	N	QH			
2361	16	F	QH			
2362	10	F	BL			
2363	12	N	BL			
2364	7	N	JM			
2365	5	N	TH			
2366	7	F	QH			
2367	10	F	SN			

CERTIFIED BRUCELLOSIS FREE AREA

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

11-318000446

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Moore Bros.</i>	2. CERTIFICATE NO. L061171	3. PAGE NO. 1 OF 2
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4. DATE ISSUED <i>11/2/09</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>
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7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Howell Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
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9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean
---	------------------------	--

12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>
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15. SPECIES ("X" one - use VS Form 17-6 for Poultry)			
<input type="checkbox"/> 01 BOVINE	<input type="checkbox"/> 02 PORCINE	<input type="checkbox"/> 03 OVINE	<input type="checkbox"/> 04 CAPRINE
<input checked="" type="checkbox"/> 05 EQUINE	<input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL		
<input type="checkbox"/> 09 OTHER (Specify)			

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Cowd Canada Export Inc. 517 Rang St. Julie St. Andre-Avelin</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>
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If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name) <i>Moore B.S.</i>
Owner's street address <i>94 Howell Dr.</i>
Owner's city/town, State code (FIPS code on reverse) & zip code <i>Jonestown PA 17038</i>

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	
<i>USFA 2278</i>	<i>12</i>	<i>N</i>	<i>QH</i>	
<i>2279</i>	<i>12</i>	<i>N</i>	<i>QH</i>	
<i>2280</i>	<i>15</i>	<i>N</i>	<i>QH</i>	
<i>2281</i>	<i>15</i>	<i>N</i>	<i>QH</i>	
<i>2282</i>	<i>12</i>	<i>N</i>	<i>QH</i>	
<i>2283</i>	<i>15</i>	<i>N</i>	<i>QH</i>	
<i>2284</i>	<i>16</i>	<i>F</i>	<i>TH</i>	
<i>2285</i>	<i>15</i>	<i>N</i>	<i>QH</i>	
<i>2286</i>	<i>7</i>	<i>N</i>	<i>QH</i>	
<i>2287</i>	<i>15</i>	<i>N</i>	<i>QH</i>	
<i>2288</i>	<i>16</i>	<i>F</i>	<i>QH</i>	
<i>2289</i>	<i>12</i>	<i>F</i>	<i>Male</i>	
<i>2290</i>	<i>15</i>	<i>F</i>	<i>Male</i>	
<i>2291</i>	<i>5</i>	<i>F</i>	<i>TH</i>	
<i>2292</i>	<i>6</i>	<i>N</i>	<i>TH</i>	
<i>2293</i>	<i>6</i>	<i>F</i>	<i>TH</i>	
<i>2294</i>	<i>12</i>	<i>N</i>	<i>QH</i>	
<i>2295</i>	<i>14</i>	<i>N</i>	<i>BL</i>	

CERTIFIED BRUCELLOSIS FREE AREA									
					DISEASE			DISEASE	
					TYPE TEST			TYPE TEST	
					DATE	DATE	DATE	DATE	DATE
					H	I	J	K	L
<p>① The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.</p> <p>② The animals were to the best of the knowledge and belief of Jones S.H.H. were not exposed to any communicable disease within 60 days preceding the date of inspection.</p> <p>③ The animals have resided in the USA or Canada since birth (or).</p> <p>④ The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.</p>									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian
[Signature]

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED <i>11-03-09</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print) <i>H.H. Jones S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>11-31800450</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>FD BROWN JK WLO</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i>	

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Moore Brian S</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>L061171</i>	3. PAGE NO. <i>1 of 2</i>
16. CONSIGNEE'S NAME <i>Card Canada Export Inc</i>		

NEGATIVE TUBERCULIN READING
 48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name (Last name, two initials, & business name)	Owner's street address	Owner's city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G
<i>Moore B.S.</i>	<i>USFA</i>		<i>2296</i>	<i>7</i>	<i>F</i>	<i>OH</i>			
<i>94 Hoover Dr.</i>			<i>2297</i>	<i>7</i>	<i>F</i>	<i>TH</i>			
<i>Forestawn PA 17038</i>			<i>2298</i>	<i>6</i>	<i>F</i>	<i>TH</i>			
			<i>2299</i>	<i>5</i>	<i>N</i>	<i>TH</i>			
			<i>2300</i>	<i>12</i>	<i>N</i>	<i>TH</i>			
			<i>2301</i>	<i>6</i>	<i>N</i>	<i>TH</i>			
			<i>2302</i>	<i>6</i>	<i>N</i>	<i>TH</i>			
			<i>2303</i>	<i>10</i>	<i>N</i>	<i>TH</i>			
			<i>2304</i>	<i>10</i>	<i>F</i>	<i>OH</i>			
			<i>2305</i>	<i>10</i>	<i>F</i>	<i>OH</i>			
			<i>2306</i>	<i>10</i>	<i>N</i>	<i>PE</i>			
			<i>2307</i>	<i>10</i>	<i>N</i>	<i>BL</i>			

CERTIFIED BRUCELLOSIS FREE AREA

DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
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- ⑤ During the previous 2 days the animals have not been in the State of Missouri, New Mexico, or Texas.
- ⑥ The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.
- ⑦ The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to return to Canada.
- ⑧ Fit to be transported means that on the day of inspection no animals have any significant illness, injury or any other condition that could be exacerbated when the animals are being transported causing the animals to suffer.

7/11/14
11/13/14
8/21/14

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Morse Brian S</i>	2. CERTIFICATE NO. L061159	3.
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4. DATE ISSUED <i>10/12/09</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown, PA</i>	6. STATE CODE 42
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7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Moser Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
--	---

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

12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>	14. ZIP CODE <i>17038</i>
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15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Level Canada Export Inc. 517 King St Julia at St Andrew-Ardlin</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>
--	--------------------------------------	-------------------------

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

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE F	DATE G	CERTIFIED BRUCELLOSIS FREE AREA					NEGATIVE RESULTS OF OTHER TESTS				
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E			DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O	DISEASE	DISEASE
<i>Morse B.S. 94 Moser Dr. Jonestown PA 17038</i>	<i>USFA 2096</i>	<i>70</i>	<i>F</i>	<i>SN</i>													
	<i>2099</i>	<i>7</i>	<i>N</i>	<i>TH</i>													
	<i>2100</i>	<i>4</i>	<i>F</i>	<i>TH</i>													
	<i>2101</i>	<i>10</i>	<i>N</i>	<i>TH</i>													
	<i>2102</i>	<i>6</i>	<i>N</i>	<i>TH</i>													
	<i>2103</i>	<i>5</i>	<i>N</i>	<i>TH</i>													
	<i>2104</i>	<i>10</i>	<i>N</i>	<i>TH</i>													
	<i>2105</i>	<i>7</i>	<i>F</i>	<i>TH</i>													
	<i>2106</i>	<i>10</i>	<i>F</i>	<i>QH</i>													
	<i>2107</i>	<i>12</i>	<i>F</i>	<i>QH</i>													
	<i>2108</i>	<i>7</i>	<i>F</i>	<i>TH</i>													
	<i>2109</i>	<i>5</i>	<i>N</i>	<i>TH</i>													
	<i>2110</i>	<i>12</i>	<i>N</i>	<i>TH</i>													
	<i>2111</i>	<i>10</i>	<i>F</i>	<i>TH</i>													
	<i>2112</i>	<i>10</i>	<i>N</i>	<i>SN</i>													
<i>2113</i>	<i>16</i>	<i>F</i>	<i>QH</i>														
<i>2114</i>	<i>9</i>	<i>F</i>	<i>MULE</i>														
<i>2115</i>	<i>15</i>	<i>F</i>	<i>QH</i>														

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

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

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

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

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 <i>15 OCT 09</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) <i>H.H. James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>11318000452</i>
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>FD BROWN JR VMO</i>		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i>	

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)

Marc Brian S.

Best Copy Available

2. CERTIFICATE NO.
FROM VS FORM 17-140

L061159

3. PAGE NO.

2 of 2

16. CONSIGNEE'S NAME

Carol Canada Export Inc.

NEGATIVE TUBERCULIN
READING

48 HRS. 72 HRS.

BRUCellosis BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G
<i>2116</i>	<i>4</i>	<i>F</i>	<i>QH</i>			
<i>2117</i>	<i>7</i>	<i>N</i>	<i>SN</i>			
<i>2118</i>	<i>4</i>	<i>F</i>	<i>QH</i>			
<i>2119</i>	<i>12</i>	<i>F</i>	<i>QH</i>			
<i>2120</i>	<i>11</i>	<i>F</i>	<i>QH</i>			
<i>2121</i>	<i>15</i>	<i>N</i>	<i>QH</i>			
<i>2122</i>	<i>10</i>	<i>N</i>	<i>QH</i>			
<i>2123</i>	<i>7</i>	<i>F</i>	<i>QH</i>			
<i>2124</i>	<i>10</i>	<i>N</i>	<i>SN</i>			
<i>2125</i>	<i>10</i>	<i>F</i>	<i>QH</i>			
<i>2126</i>	<i>7</i>	<i>F</i>	<i>QH</i>			
<i>2127</i>	<i>6</i>	<i>N</i>	<i>TH</i>			

CERTIFIED BRUCellosis
FREE AREA

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

(3) During the previous 30 days the animals have not been in the State of Missouri, New Mexico, or Texas.

(4) The animals at the time of the registration were kept healthy and in physical condition to be transported.

(7) The exporter has been advised that any other vaccination of the health of the animals or the condition of the animals that may result in the transport of the animals to Canada.

(8) It to be transported means that at the time of registration no animal has been or is likely to be exposed to any disease that could be transmitted when the animals are being transported causing the animals to contract.

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) <i>Marie Brouss</i>	2. CERTIFICATE NO. L061158	3. PAGE NO. 1 OF 2
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Best Copy Available

4. DATE ISSUED <i>10/7/09</i>	5. U.S. PORT OF EMBARKATION (City and State) <i>Jonestown PA</i>	6. STATE CODE <i>42</i>	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) <i>94 Haver Dr.</i>	8. CONSIGNOR'S CITY (or Town) <i>Jonestown</i>
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE <i>Pennsylvania</i>	13. STATE CODE <i>42</i>

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) <i>Level Canada Export Inc. 517 Rang St. John Est + Andre - Arletta</i>	DESTINATION COUNTRY <i>Canada</i>	ENTER CODE <i>CA</i>
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15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

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

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

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE	CERTIFIED BRUCELLOSIS FREE AREA					NEGATIVE RESULTS OF OTHER TESTS		
	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	DATE M	DATE N	DATE O
<i>Marie Brouss 94 Haver Dr. Jonestown PA 17038</i>	<i>USFA 2068</i>	<i>14</i>	<i>F</i>	<i>QH</i>										
	<i>2069</i>	<i>12</i>	<i>N</i>	<i>TH</i>										
	<i>2070</i>	<i>8</i>	<i>F</i>	<i>QH</i>										
	<i>2071</i>	<i>12</i>	<i>F</i>	<i>QH</i>										
	<i>2072</i>	<i>14</i>	<i>F</i>	<i>QH</i>										
	<i>2073</i>	<i>4</i>	<i>F</i>	<i>QH</i>										
	<i>2074</i>	<i>20</i>	<i>F</i>	<i>QH</i>										
	<i>2075</i>	<i>16</i>	<i>N</i>	<i>QH</i>										
	<i>2076</i>	<i>12</i>	<i>F</i>	<i>QH</i>										
	<i>2077</i>	<i>4</i>	<i>N</i>	<i>QH</i>										
	<i>2078</i>	<i>16</i>	<i>N</i>	<i>QH</i>										
	<i>2079</i>	<i>12</i>	<i>N</i>	<i>SN</i>										
	<i>2080</i>	<i>12</i>	<i>N</i>	<i>QH</i>										
	<i>2081</i>	<i>4</i>	<i>N</i>	<i>QH</i>										
	<i>2082</i>	<i>4</i>	<i>N</i>	<i>QH</i>										
<i>2083</i>	<i>12</i>	<i>N</i>	<i>DL</i>											
<i>2084</i>	<i>9</i>	<i>N</i>	<i>VE</i>											
<i>2085</i>	<i>10</i>	<i>F</i>	<i>PE</i>											

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

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

[Signature]

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED <i>10-9-09</i>	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print) <i>Holt, James S.</i>	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) <i>30</i>
23. Signature of Endorsing Federal Veterinarian <i>[Signature]</i>	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) <i>MD BROWN VMD</i>	25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i>	Accred # <i>5204</i>

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) <i>Munc R.S.</i>	2. CERTIFICATE NO. FROM VS FORM 17-140 <i>1061158</i>	3. PAGE NO. <i>2 of 2</i>
16. CONSIGNEE'S NAME <i>Carol Canada Export Inc.</i>		

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

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name (Last name, two initials, & business name)	Owner's street address	Owner's city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	CERTIFIED BRUCellosis FREE AREA					DATE M	DATE N	DATE O
										VAC I	1/25 J	1/50 K	1/100 L				
<i>Munc R.S.</i>	<i>USA</i>		<i>2086</i>	<i>15</i>	<i>M</i>	<i>BL</i>											
<i>97 Howard Dr.</i>			<i>2087</i>	<i>10</i>	<i>F</i>	<i>OR</i>											
<i>London RA 17035</i>			<i>2088</i>	<i>9</i>	<i>M</i>	<i>TH</i>											
			<i>2089</i>	<i>7</i>	<i>M</i>	<i>TH</i>											
			<i>2090</i>	<i>5</i>	<i>N</i>	<i>SN</i>											
			<i>2091</i>	<i>16</i>	<i>N</i>	<i>SN</i>											
			<i>2092</i>	<i>14</i>	<i>F</i>	<i>SN</i>											
			<i>2093</i>	<i>14</i>	<i>F</i>	<i>SN</i>											
			<i>2094</i>	<i>12</i>	<i>F</i>	<i>SN</i>											
			<i>2095</i>	<i>8</i>	<i>M</i>	<i>SN</i>											
			<i>2096</i>	<i>14</i>	<i>F</i>	<i>SN</i>											
			<i>2097</i>	<i>20</i>	<i>F</i>	<i>PE</i>											

(C) During the period of days the animals have been taken in the state of Missouri, New Mexico, Texas

(D) The animals at the time of the inspection were found to be in a physical condition fit to be transported

(E) The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be returned to only to Canada

(F) It to be transported means that in the case of infection or animals have an infectious illness, virus or any other condition that could be transmitted when the animals are being transported during the period of days

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Moore, Brian S.	2. CERTIFICATE NO. L061186	3. PAGE NO. 1 OF 2
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4. DATE ISSUED 12/14/09	5. U.S. PORT OF EMBARKATION (City and State) Jonestown, PA	6. STATE CODE 42	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 94 Hoover DR.	8. CONSIGNOR'S CITY (or Town) Jonestown
9. SEMEN ("X" if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean	12. CONSIGNOR'S STATE PA	13. STATE CODE PA (42)
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)			16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) Cavel Candda Export Inc. 517 Reng St. Julie est St. Andre-Avellin	14. ZIP CODE 17038

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE 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)				
18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)				
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E
USFA 2698	7	N	QH	
2699	10	N	QH	
2700	6	N	QH	
2701	7	N	QH	
2702	12	N	QH	
2703	10	N	QH	
2704	16	F	PE	
2705	18	F	PE	
2706	10	N	SN	
2707	9	F	QH	
2708	10	F	QH	
2709	12	F	QH	
2710	16	F	BL	
2711	20	F	QH	
2712	8	F	QH	
2713	4	N	QH	
2714	20	N	SN	
2715	7	N	QH	

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian
[Signature]

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED 12-15-09	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) Holt, James S.	21. STATUS <input type="checkbox"/> 2 Federal <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 30
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) F.D. BROWNIE M.D.		25. SIGNATURE OF ISSUING VETERINARIAN <i>[Signature]</i>	

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

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

FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

12:00 PM

Feb 3 11

Jonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

Brian Moore

Great Canada Export Inc

STREET ADDRESS

STREET ADDRESS

97 Hoover Drive

517 Rang St. Julie (St.)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Jonestown PA 17036

St. Anne Avellan Canada

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

717-665-7506

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	SEZ	7401					X			X				X					
2		7402			X								X	X					
3		7403	X										X				X		
4		7404					X			X				X					
5		7405					X				X						X		
6		7406					X			X							X		
7		7407					X			X							X		
8		7408					X		X					X					
9		7409				X				X				X					
10		7410	X									X					X		
11		7411	X						X					X					
12		7412	X						X					X					
13		7413					X				X						X		
14		7414					X				X						X		
15		7415	X						X								X		

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 04/02/2011
TIME 12h30

SIG

(b)(6)

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

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		
18	USEZ	7416					X			X				X				
17		7417	X							X							X	
18		7418	X							X							X	
19		7419	X									X					X	
20		7420	X						X					X				
21		7421	X							X							X	
22		7422	X						X					X				
23		7423					X			X							X	
24		7424					X			X							X	
25		7425					X		X					X				
26		7426	X						X					X				
27		7427	X									X	X					
28		7428	X									X					X	
29		7429					X			X							X	
30		7430					X			X							X	
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE

(b)(6)

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

Page 205 2
LC 65797

U.S. DEPARTMENT 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

2-1-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

STREET ADDRESS

94 Hoover Drive

CITY, STATE, ZIP CODE

Sonestown PA 17030

AREA CODE & TELEPHONE NO.

717-865-7506

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc

STREET ADDRESS

517 Rang St, Julia est

CITY, STATE, ZIP CODE

St. Andre Avellan Canada

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	15EZ 7341			X						X							X		
2	7342					X							X				X		
3	7343			X						X							X		
4	7344	X											X	X					
5	7345					X							X	X					
6	7346	X											X	X					
7	7347	X											X	X					
8	7348					X							X				X		
9	7349	X											X	X					
10	7350	X							X								X		
11	7351	X											X				X		
12	7352	X							X					X					
13	7353	X											X				X		
14	7354	X								X							X		
15	7355					X				X							X		

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

(b)(6)

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

SIGNATURE OF OWNER/SHIPPER (I certify that 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 02/02/2011

TIME 1500 P.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

11-318000460

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USEZ	7356	X											X					
17		7357	X											X					
18		7358	X										X	X					
19		7359	X						X					X					
20		7360	X							X								X	
21		7361						X		X								X	
22		7362	X										X					X	
23		7363					X				X			X					
24		7364					X			X				X					
25		7365	X							X				X					
26		7366					X				X			X					
27		7367	X										X					X	
28		7368	X										X					X	
29		7369					X						X					X	
30	↓	7370					X			X								X	
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SIGNATURE OF OWNER/SHIPPER (Certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

page 2 of 2
2060799

U.S. DEPARTMENT 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

2/1/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown RA

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Finc

STREET ADDRESS

517 Rang St Julia Est

CITY, STATE, ZIP CODE

St. Andre Avellan Canada

AREA CODE & TELEPHONE NO.

(b)(6)

STREET ADDRESS

94 Hoover Drive

CITY, STATE, ZIP CODE

Jonestown RA 17038

AREA CODE & TELEPHONE NO.

717-865-7500

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEZ 7371	X											X				X		
2	7372					X							X	X					
3	7373					X				X				X					
4	7374					X				X							X		
5	7375					X				X							X		
6	7376				X					X				X					
7	7377	X										X					X		
8	7378	X										X					X		
9	7379					X				X				X					
10	7380				X					X				X					
11	7381	X										X					X		
12	7382	X										X	X						
13	7383					X				X							X		
14	7384	X										X					X		
15	7385					X						X					X		

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

SIGNATURE

(b)(6)

I HEREBY COMPLETE

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

SIGNATURE OF OWNER/SHIPPER (I certify that 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 02/02/2011
TIME 15h00 P.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME 11-318000462

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USE 2	7386					X		X							X		
17		7387					X						X			X		
18		7388	X						X					X				
19		7389	X										X			X		
20		7390				X				X				X				
21		7391					X						X			X		
22		7392	X										X			X		
23		7393	X										X			X		
24		7394	X										X			X		
25		7395	X										X			X		
26		7396				X				X						X		
27		7397				X				X				X				
28		7398	X										X	X				
29		7399	X										X			X		
30		7400					X			X						X		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS F
(SEP

page 20 of 2

2060798

U.S. DEPARTMENT 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

2/15/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

AVE AtWanda Export Fncs

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St Juliq est

CITY, STATE, ZIP CODE

Jonestown PA 17038

CITY, STATE, ZIP CODE

St Andre Avellin AtWanda

AREA CODE & TELEPHONE NO.

717-965-7586

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USEZ	7521						X												
	7522					X					X				X				
	7523	X												X					
	7524					X					X								
	7525	X									X								
	7526					X					X								
	7527				X						Y								
	7528				X						X				X				
	7529							X			X				X				
	7530							X			X				X				
	7531	X									X				X				
	7532						X				X				X				
	7533				X						X				X				
	7534	X									X				X				
	7535				X						X				X				

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

SIGNATURE

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #2505

DATE 16/02/2011

TIME 11h 45 A.M

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.

DATE

TIME

11-318000464

Page 1022
L060702

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

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

FORM APPROVED
OMB NO. 0579-0160

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

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition					
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld							
16	USEZ	7536	X										X										
17		7537	X										X										
18		7538	X											X									
19		7539	X											X									
20		7540	X											X	X								
21		7541						X						X									
22		7542	X											X	X								
23		7543	X							X					X								
24		7544	X							X					X								
25		7545	X							X					X								
26		7546	X							X					X								
27		7547	X							X					X								
28		7548	X										X		X								
29		7549	X											X									
30		7550	X											X									
31																							
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

Page 3 of 3
2060703

U.S. DEPARTMENT 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

Sonestown PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

STREET ADDRESS

94 Hoover Drive

CITY, STATE, ZIP CODE

Sonestown PA 17030

AREA CODE & TELEPHONE NO.

717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc

STREET ADDRESS

517 Rang St. Julia est.

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	1KEZ	7461					X						X	X					
2		7462	X											X	X				
3		7463					X							X				X	
4		7464					X							X				X	
5		7465					X							X	X				
6		7466					X							X	X				
7		7467					X							X	X				
8		7468						X		X								X	
9		7469	X						X									X	
10		7470	X											X				X	
11		7471	X							X					X				
12		7472	X							X					X				
13		7473					X				X				X				
14		7474					X			X						X			
15		7475					X			X					X				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 09/02/2011
TIME 13h45

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST. _____
DATE _____
TIME _____

11-318000466

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

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

FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX		BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	VSEZ	7476	X														X		
17		7477					X			X							X		
18		7478	X							X				X					
19		7479					X			X				X					
20		7480	X										X				X		
21		7481	X										X				X		
22		7482	X							X							X		
23		7483	X										X				X		
24		7484					X			X				X					
25		7485	X										X				X		
26		7486	X							X				X					
27		7487					X			X				X					
28		7488	X										X	X					
29		7489					X						X				X		
30	↓	7490					X						X	X					
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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

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

12:00 AM 9-2-11

Sonestown PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

Brian Moore

94 Hoover Drive

Sonestown PA 17038

717-865-7500

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

CAVEL Canada Export Inc.

517 Rang St. Julia est.

St. Andre Audlin Canada

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald				
1	USEL 7431	X											X	X					
2	7432	X											X	X					
3	7433					X							X	X					
4	7434					X							X	X					
5	7435					X							X	X					
6	7436					X							X	X					
7	7437					X					X					X			
8	7438					X					X			X					
9	7439					X					X					X			
10	7440	X									X			X					
11	7441	X									X			X					
12	7442	X									X			X					
13	7443					X					X					X			
14	7444	X									X			X					
15	7445	X									X			X					

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

SIGN

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505
DATE 09/02/2011
TIME 14:00

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.
DATE
TIME 11-318000468

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	Geid			
16		7446	X										X	X					
17		7447	X										X	X					
18		7448	X										X				X		
19		7449	X										X				X		
20		7450	X										X				X		
21		7451	X										X	X					
22		7452					X						X				X		
23		7453	X						X					X					
24		7454					X		X					X					
25		7455					X			X							X		
26		7456	X										X				X		
27		7457	X						X				X	X					
28		7458	X						X					X					
29		7459	X							X							X		
30		7460	X										X				X		
31																			
32																			
33																			
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

**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 PM

DATE

2/24/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Joneston, PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

Carol Canada Export Inc.

STREET ADDRESS

Brian Moore
94 Homer DR.

STREET ADDRESS

517 Lang St Julia Est

CITY, STATE, ZIP CODE

Joneston, PA 17038

CITY, STATE, ZIP CODE

St. Andre - Avellan Canada

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USE2	7611				X					X				X				
	7612	X											X				X	
	7613	X								X							X	
	7614			X						X							X	
	7615					X				X				X				
	7616	X								X				X				Not on load
	7617					X				X				X				1 Eye
	7618	X											X				X	
	7619	X											X				X	
	7620					X							X				X	
	7621					X							X				X	
	7622	X											X				X	
	7623	X											X	X				
	7624	X											X				X	
	7625			X						X				X				

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

SIGNATURE

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 25/02/2011

TIME 8:00 A.M.

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.

DATE

TIME

11 318000470

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	4592	7626	X										X			X		
17		7627	X								X					X		
18		7628					X		X							X		
19		7629	X						X							X		
20		7630			X				X							X		
21		7631					X		X				X					
22		7632					X					X				X		
23		7633					X			X			X					
24		7634	X									X				X		
25		7625	X						X							X		
26		7626	X						X				X					
27		7627	X						X				X					
28	X	7628					X		X				X			X		
29	X	7629	X						X				X					
30																		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(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 <i>10:30 PM</i>	DATE <i>22-2-11</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Sonestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME <i>(b)(6)</i>		NAME OF AUCTION/MARKET <i>(b)(6)</i>
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>		CONSIGNEE (RECEIVER/DESTINATION) NAME <i>CAVEL Canada Export Inc.</i>
STREET ADDRESS <i>94 Hoover Drive</i>		STREET ADDRESS <i>517 Rang St Julia est.</i>
CITY, STATE, ZIP CODE <i>Sonestown PA 17030</i>		CITY, STATE, ZIP CODE <i>St Andre Avellan Canada</i>
AREA CODE & TELEPHONE NO. <i>717-865-7506</i>		AREA CODE & TELEPHONE NO. <i>(b)(6)</i>

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ	7551	X							X							X		
2		7532	X							X							X		
3		7553	X							X						X			
4		7554					X			X					X				
5		7555	X							X					X				
6		7556	X							X						X			
7		7557	X							X					X				
8		7558					X			X					X				
9		7559	X										X				X		
10		7560	X							X					X				
11		7561	X										X	X					
12		7562	X										X	X					
13		7563	X										X				X		
14		7564	X										X				X		
15	✓	7565	X							X					X				

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

(b)(6)

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

SIGNATURE OF OWNER/SHIPPER (I certify that 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 *23/02/2011*
TIME *10:00 A.M.*

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____
11-318000472

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USEZ	7566						X	X					X				
17		7567	X							X				X				
18		7568					X		X							X		
19		7569					X					X	X					
20		7570					X			X						X		
21		7571	X						X				X					
22		7572	X					X					X					
23		7573	X					X					X					
24		7574					X			X						X		
25		7575					X			X						X		
26		7576					X			X						X		
27		7577	X						X				X					
28		7578	X						X				X					
29		7579					X					X	X					
30		7580	X					X					X					
31																		
32																		
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(b)(6)

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

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

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

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FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

10 PM

DATE

2/2/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St Julia est

CITY, STATE, ZIP CODE

Jonestown PA 17038

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ	7581					X		X						X				
2		7582	X						X						X				
3		7583	X							X							X		
4		7584					X		X					X					
5		7585	X						X								X		
6		7586	X						X					X					
7		7587					X		X					X					
8		7588	X							X								X	
9		7589					X		X									X	
10		7590	X						X									X	
11		7591					X			X								X	
12		7592					X			X				X					
13		7593					X		X					X					
14		7594	X						X					X					
15		7595	X						X					X					

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

S (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 2/3/02/2011

TIME 8:30 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

11-316000474

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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				
USEZ	7596					X								X					
	7597					X								X					
	7598	X						X									X		
	7599					X								X					
	7600	X												X					
	7601	X						X										X	
	7602	X											X					X	
	7603					X							X					X	
	7604	X											X					X	
	7605	X											X					X	
	7606	X											X	X					
	7607	X											X	X					
	7608	X											X	X					
	7609					X							X	X					
	7610	X											X	X					
31																			
32																			
33																			
34																			
35																			
36																			
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contained in this form is true and correct to the best of my knowledge.)

(b)(6)

Page 7 of 7
2060701

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 PM

DATE

12-2-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonsheaven PA

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

BOB BLOOM

CONSIGNEE (RECEIVER/DESTINATION) NAME

LAUREL CARRERA EXPORT INC.

STREET ADDRESS

44 Haver Drive

STREET ADDRESS

517 Remy St Julia PA

CITY, STATE, ZIP CODE

Sonsheaven PA 17059

CITY, STATE, ZIP CODE

St Andrew Ave, PA

AREA CODE & TELEPHONE NO.

717-865-1500

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	DEZ	7491				X				X							X		
2		7492							Y	X							X		
3		7493	X							X							X		
4		7494	X							X							X		
5		7495						X		X						X			
6		7496							X	X					X				
7		7497	X							X					X				
8		7498	X							X					X				
9		7499						X		X					X				
10		7500				X				X					X				
11		7501	X									X				X			
12		7502				X						X		X					
13		7503						X		X					X				
14		7504						X		X					X				
15		7505	X							X					X				

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

SIG

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505
DATE 10/02/2011
TIME 10:00 P.M.

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

EST. _____
DATE _____
TIME _____

**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 0579-0110. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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

DATE
 1-12-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
 Stonestown PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St. Julia est.

CITY, STATE, ZIP CODE

Stonestown PA 17038

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1 USEZ	7101	X						X								X		
2	7102	X						X							X			
3	7103	X							X							X		
4	7104	X							X				X					
5	7105					X			X				X					
6	7106	X										X	X					
7	7107	X							X							X		
8	7108	X							X				X					
9	7109					X			X				X					
10	7110					X			X				X					
11	7111	X										X	X					
12	7112						X		X				X					
13	7113						X		X							X		
14	7114	X										X				X		
15	7115						X		X				X					

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
 DATE 12/01/2011
 TIME 13400

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
 DATE _____
 TIME _____

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

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

(b)(6)

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	DSEZ	7116						X		X				X					
17		7117						X		X				X					
18		7118					X						X	X					
19		7119					X			X				X					
20		7120	X						X					X					
21		7121	X										X	X					
22		7122	X							X							X		
23		7123	X										X				X		
24		7124	X										X	X					
25		7125						X		X				X					
26		7126					X						X				X		
27		7127	X							X							X		
28		7128	X								X						X		
29		7129	X							X				X					
30		7130					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)

Page 2 of 2
2060791
11-318000479

U.S. DEPARTMENT 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 AM

DATE

11/2/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Soonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc.

STREET ADDRESS

517 Rang St. Julia est

CITY, STATE, ZIP CODE

St. Andre Avellan Canada

AREA CODE & TELEPHONE NO.

Brian Moore

STREET ADDRESS

94 Hoover Drive

CITY, STATE, ZIP CODE

Soonestown PA 17030

AREA CODE & TELEPHONE NO.

717 865 7586

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
			Bay	Grey	Bk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	05EZ	7131	X							X								X	
2		7132						X		X								X	
3		7133						X		X								X	
4		7134	X							X								X	
5		7135						X		X					X				
6		7136	X							X					X				
7		7137	X							X					X				
8		7138	X							X								X	
9		7139					X			X								X	
10		7140					X			X					X				
11		7141	X							X					X				
12		7142						X		X								X	
13		7143					X			X					X				
14		7144	X											X				X	
15		7145						X						X	X				

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

SIGNATURE

(b)(6)

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT AND THE INFORMATION IN IT AS A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 7505
DATE 12/01/2011
TIME 12:30 P.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____
11-318000400

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USEZ	7146	X							X				X					
17		7147	X										X	X					
18		7148						X		X				X					
19		7149	X										X	X					
20		7150	X						X								X		
21		7151	X										X				X		
22		7152					X				X					X			
23		7153	X						X					X					
24		7154				X				X							X		
25		7155	X						X					X					
26		7156	X						X					X					
27		7157	X							X				X					
28		7158	X										X				X		
29		7159	X						X								X		
30		7160				X							X	X					
31																			
32																			
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S [Redacted] 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

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

11:30

1-13-10

Sonestown PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St. Julia est.

CITY, STATE, ZIP CODE

Sonestown PA 17030

CITY, STATE, ZIP CODE

St. Andre Ave. in Canada

AREA CODE & TELEPHONE NO.

717865 7586

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEZ	7161	X													X		X		
2		7162					X				X							X		
3		7163					X				X							X		
4		7164	X							X							X			
5		7165	X											X				X		
6		7166	X											X				X		
7		7167	X											X				X		
8		7168					X		X									X		
9		7169					X			X								X		
10		7170	X											X				X		
11		7171					X		X									X		
12		7172	X											X				X		
13		7173	X											X				X		
14		7174	X											X				X		
15		7175	X											X	X					

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505
DATE 14/01/2011
TIME 10h30

(b)(6)

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

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

(b)(6)

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME
11-318000482

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

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

FORM APPROVED
OMB NO. 0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	7176	X										X	X					
17		7177	X										X				X		
18		7178					X			X				X					
19		7179					X						X				X		
20		7180					X				X						X		
21		7181	X								X						X		
22		7182					X				X						X		
23		7183	X							X				X					
24		7184					X			X							X		
25		7185	X										X				X		
26		7186	X										X	X					NOT loaded
27		7187	X										X	X					
28		7188	X										X	X					
29		7189	X										X	X					
30		7190					X			X							X		
31																			
32																			
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SIGNATURE OF OWNER/SHIPPER (certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

**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 PM

DATE

11/3/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St. Julia est.

CITY, STATE, ZIP CODE

Sonestown PA 17039

CITY, STATE, ZIP CODE

St Andre Howellin Canada

AREA CODE & TELEPHONE NO.

717 865-7586

AREA CODE & TELEPHONE NO.

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USEZ	7191	X												X					
	7192	X												X	X				
	7193							X		X							X		1 EYE
	7194				X					X							X		
	7195					X							X				X		
	7196	X											X	X					
	7197	X											X				X		
	7198					X				X							X		
	7199					X				X				X					
	7200					X					X			X					
	7201	X								X							X		
	7202	X								X							X		
	7203					X					X			X					
	7204						X				X			X					
	7205					X					X						X		

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

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 14/01/2010
TIME 10:00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

11-318000404

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

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

FORM APPROVED
OMB NO.
0579-0160

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ 7206					X			X							X		
17	7207					X			X							X		
18	7208 X	X										X				X		
19	7209					X			X							X		
20	7210 X	X										X				X		
21	7211 X	X										X				X		
22	7212 X	X										X				X		
23	7213 X	X							X							X		
24	7214					X						X	X					
25	7215					X				X			X					
26	7216					X			X				X					
27	7217 X	X							X				X					
28	7218 X	X							X				X					
29	7219					X			X					X				
30	7220					X				X						X		
31																		
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SIGNATURE

(b)(6)

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

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

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

FORM APPROVED
OMB NO.
0579-0160

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

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

10:30 PM

1/26/2011

Sonestown PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

Brian Moore

CAVEL CANADA EXPORT INC

STREET ADDRESS

STREET ADDRESS

94 Hoover Drive

517 Rang St, Julia est 1

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Sonestown PA 17030

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

717-8657586

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	VSEZ 7251					X							X	X				
2	7252					X							X	X				
3	7253 X												X			X		
4	7254 X												X			X		
5	7255 X												X	X				
6	7256					X							X	X				
7	7257					X							X	X				
8	7258 X												X	X				
9	7259					X							X			X		
10	7260 X												X			X		
11	7261					X							X	X				
12	7262 X								X					X				
13	7263 X									X				X				
14	7264						X			X						X		
15	7265					X			X					X				

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 2/10/2011

TIME 2600

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

11-318000486

SIGNATURE 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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USEZ	7266	X							X					X					
17		7267						X		X								X		
18		7268	X							X								X		
19		7269				X							X	X						
20		7270				X							X	X						
21		7271					X			X				X						
22		7272						X		X				X						
23		7273	X							X								X		
24		7274	X										X					X		
25		7275	X										X					X		
26		7276	X							X				X						
27		7277	X							X				X						
28		7278					X			X								X		
29		7279			X								X	X						
30		7280	X							X				X						
31																				
32																				
33																				
34																				
35																				
36																				
37																				
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40																				
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45																				

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

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

(b)(6)

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

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

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

DATE

11/8/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

AVEL A Nada Export Inc.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St. Juliana

CITY, STATE, ZIP CODE

Jonestown PA 17038

CITY, STATE, ZIP CODE

St Andre Avellan (A Wada)

AREA CODE & TELEPHONE NO.

717-665-7586

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ	7221					X						X				X		
2		7222					X						X				X		
3		7223					X						X	X					
4		7224					X						X	X					
5		7225					X						X				X		
6		7226					X						X				X		
7		7227					X						X				X		
8		7228					X						X				X		
9		7229					X						X				X		
10		7230					X						X				X		
11		7231	X										X	X					
12		7232					X				X						X		
13		7233				X				X							X		
14		7234					X			X							X		
15		7235					X			X					X				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505
DATE 7/9/01/2011
TIME 13h30

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.
DATE
TIME

11-318000488

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USEZ	7236	X										X	X						
17		7237					X		X									X		
18		7238					X		X									X		
19		7239	X						X					X						
20		7240					X		X					X						
21		7241						X		X				X						
22		7242					X						X					X		not on load
23		7243	X						X					X						
24		7244	X										X					X		
25		7245					X			X								X		
26		7246					X			X				X						
27		7247	X							X				X						
28		7248					X			X				X						
29		7249					X		X					X						
30		7250				X							X					X		
31																				
32																				
33																				
34																				
35																				
36																				
37																				
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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

1:00 AM

DATE

10/6/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown, PA

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel Canada Export Inc

STREET ADDRESS

94 Hoover DR,

STREET ADDRESS

517 Bay St. Julia Est.

CITY, STATE, ZIP CODE

Jonestown, PA 17038

CITY, STATE, ZIP CODE

St. Andre - Avellan, Canada

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USE2	7311	X												X	X			
2		7312	X										X			X			
3		7313	X												X			X	
4		7314					X					X				X			
5		7315						X				X				X			
6		7316	X									X						X	
7		7317	X									X				X			
8		7318					X					X				X			
9		7319					X					X				X			
10		7320	X							X								X	
11		7321	X							X						X			
12		7322	X							X						X			
13		7323	X							X						X			
14		7324	X							X						X			
15		7325					X			X						X			

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

SIGNATURE (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 26/10/2011

TIME 13430

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(b)(6)

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

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

FORM APPROVED
OMB NO. 0579-0160

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USE2	7326	X						X							X		
	7327					X		X							X		
	7328					X		X							X		
	7329	X						X					X				
	7330	X						X					X				
	7331					X		X					X				
	7332					X		X							X		
	7333					X		X					X				
	7334	X						X							X		
	7335					X			X				X				
	7336					X			X				X				
	7337	X							X						X		
	7338	X										X	X				
	7339	X						X					X				
	7340						X		X				X				
31																	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
40																	
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(b)(6)

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

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

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

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

0224W

4/21/11

Jonestown PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

Brian S. Moore

Carol Canada Export Inc.

STREET ADDRESS

STREET ADDRESS

94 Hoover Dr.

517 Bang St. Julia Est.

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Jonestown, PA 17038

St. Andre Avella Canada

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

717-865-7586

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USE2	7281	X							X						X				
2		7282	X							X						X				Noon load
3		7283						X		X						X				
4		7284	X							X								X		
5		7285							X	X								X		
6		7286						X		X						X				
7		7287						X							X			X		
8		7288						X							X			X		
9		7289	X												X			X		
10		7290	X												X			X		
11		7291	X												X			X		
12		7292	X												X	X				
13		7293	X							X								X		
14		7294						X			X							X		
15		7295	X												X			X		

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

SIGNATURE

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

11-316000492

STATE

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

(b)(6)

V.S.

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

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

FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USE2	7296	X										X	X					
17		7297	X											X					
18		7298	X										X	X					
19		7299					X				X						X		
20		7300	X										X				X		
21		7301	X										X				X		
22		7302	X								X			X					
23		7303	X										X				X		
24		7304					X				X			X					
25		7305			X						X			X					
26		7306					X				X			X					
27		7307	X										X				X		
28		7308	X										X	X					
29		7309					X						X				X		
30	✓	7310					X		X								X		
31																			
32																			
33																			
34																			
35																			
36																			
37																			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A FEDERAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER: _____ (This form is true and correct to the best of my knowledge.)

(b)(6)

LO60800

U.S. DEPARTMENT 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 PM

DATE

11/5/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown, PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

STREET ADDRESS

94 Hoover DR.

CITY, STATE, ZIP CODE

Jonestown, PA 17038

AREA CODE & TELEPHONE NO.

717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel Canada Export Inc.

STREET ADDRESS

517 Bang St. Julie Est.

CITY, STATE, ZIP CODE

St. Andre - Avellan Canada

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG NO.	TAG PREFIX	COLOR DESCRIPTION							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	USE2	7071	X												X		X		
2		7072	X												X		X		
3		7073				X								X	X				
4		7074					X			X				X					
5		7075	X											X			X		
6		7076	X											X			X		
7		7077	X											X			X		
8		7078	X					X						X					
9		7079	X											X			X		
10		7080				X			X					X					
11		7081	X											X	X				
12		7082	X											X	X				1 Eye
13		7083				X				X							X		
14		7084				X				X				X					not loaded
15		7085	X											X			X		

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

SIGNATURE

(b)(6)

I HEREBY AUTHORITY COMPLETED BY

THE INFORMATION IN IT AS THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that 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 03/04/2011
TIME 10H15 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	Getd			
16	USEZ	7086					X				X			X					
17		7087					X		X					X					
18		7088					X		X					X					
19		7089					X		X					X					
20		7090	X						X					X					
21		7091	X										X	X					
22		7092	X										X	X					
23		7093	X										X	X					
24		7094					X			X				X					
25		7095					X			X							X		
26		7096					X			X							X		
27		7097					X			X				X					
28		7098	X							X				X					
29		7099	X						X								X		
30	↓	7100	X										X				X		
31																			
32																			
33																			
34																			
35																			
36																			
37																			
38																			
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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

(b)(6)

is true and correct to the best of my knowledge.)

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

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

(Please type or print in ink)

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

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

1:00

DATE

1-4-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel Canada Export Inc.

OWNER/SHIPPER NAME

Brian S. Moore

STREET ADDRESS

94 Hoover DR.

CITY, STATE, ZIP CODE

Jonestown, PA 17038

AREA CODE & TELEPHONE NO.

717-865-7586

STREET ADDRESS

517 Bang St. Julia

CITY, STATE, ZIP CODE

St. Andrea - Arvidlas Canada

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	US22	6981					X					X						X	
2		6982					X					X					X		
3		6983	X									X					X		
4		6984				X						X					X		
5		6985	X										X					X	
6		6986					X					X					X		
7		6987					X					X					X		
8		6988	X										X					X	
9		6989	X						X								X		
10		6990					X						X					X	
11		6991	X										X					X	
12		6992	X										X					X	
13		6993	X										X					X	
14		6994	X										X				X		
15		6995	X										X					X	

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

SIGNATURE

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505
DATE 04/04/2011
TIME 12:30

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.
DATE
TIME

L060783

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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
USE 26916	6996	X							X				X				
	6997	X							X				X				
	6998	X							X				X				
	6999	X										X			X		
	7000	X										X	X				
	7001	X										X	X				
	7002	X						X				X	X				
	7003	X										X	X				
	7004	X										X	X				
	7005	X										X			X		
7006	X										X			X			
7007	X										X			X			
7008	X							X				X					
7009	X							X				X					
7010	X				X			X						X			

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 _____
(b)(6)

and correct to the best of my knowledge.)

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

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

(Please type or print in ink)

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

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

1230 AM

DATE

1/4/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Scranton PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

Carol Canada Export Inc.

STREET ADDRESS

Brian S. Moore
94 Hoover DR.

STREET ADDRESS

517 Rang St. Julia Est

CITY, STATE, ZIP CODE

Scranton, PA 17038

CITY, STATE, ZIP CODE

St. Anche Avelin, Canada

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USE2 7011	X											X	X					
2	7012	X									X				X				
3	7013	X											X	X					
4	7014	X							X							X			
5	7015					X					X				X				
6	7016					X					X				X				
7	7017					X					X						X		
8	7018	X											X				X		
9	7019	X											X	X					
10	7020	X									X				X				
11	7021					X							X				X		
12	7022	X									X				X				
13	7023	X											X	X					
14	7024	X											X				X		
15	7025	X											X				X		

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

SIGNATURE

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 04/04/2011

TIME 12:30

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.

DATE

TIME

LOG 60782

U.S. DEPARTMENT 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: 1:00
DATE: 1-6-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

STREET ADDRESS: 94 Hoover DR.
CITY, STATE, ZIP CODE: Jonestown, PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Bang St. Julie Est.
CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: _____

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ 7041	X							X					X				
2	7042	X												X	X			
3	7043	X							X							X		
4	7044	X												X		X		
5	7045	X												X		X		
6	7046	X												X		X		
7	7047	X							X							X		
8	7048						X			X						X		
9	7049						X			X						X		
10	7050						X			X						X		
11	7051	X												X		X		
12	7052						X							X	X			
13	7053	X												X		X		
14	7054	X												X		X		
15	7055	X							X							X		

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

SIGNATURE

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 06/01/2011
TIME 10h30 A.M.

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST. _____
DATE _____
TIME _____

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

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

FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USE 7 ↓	7056	X													X			
	7057	X													X			
	7058					X		X							X			
	7059				X			X					X					
	7060	X										X	X					
	7061	X										X	X					
	7062	X										X	X					
	7063					X			X				X					
	7064					X			X				X					
	7065	X										X	X			X		
7066						X					X	X			X			
7067						X					X	X			X			
7068	X							X							X			
7069						X			X			X						
7070	X							X		X			X				Not Lea	
31																		
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)

U.S. DEPARTMENT 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 17:00	DATE 11-7-16	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Jonestown PA
(b)(6)		NAME OF AUCTION/MARKET
STREET ADDRESS 94 Hoover Drive		ONSIGNEE (RECEIVER/DESTINATION) NAME Cavel Canada Export Inc.
CITY, STATE, ZIP CODE Jonestown PA 17038		STREET ADDRESS 517 Rang St Julia est
AREA CODE & TELEPHONE NO. 717-865-7586		CITY, STATE, ZIP CODE St Andre Avellan Canada
		AREA CODE & TELEPHONE NO.

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	15E2 6171					X				X						X		
2	6172	X												X				
3	6173	X											X			X		
4	6174	X											X			X		
5	6175	X											X			X		
6	6176	X											X			X		
7	6177	X											X	X				
8	6178	X											X	X				
9	6179	X											X			X		Not on load
10	6180					X				X				X				
11	6181					X				X						X		
12	6182					X				X						X		1 eye
13	6183	X											X			X		Not on load
14	6184					X				X						X		
15	6185	X											X			X		

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 03/11/2010
TIME 11:30 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME 11-318000502

Page 2 of 2 2060754

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
			Bay	Grey	Bik.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USEZ	6186	X										X				X			
17		6187	X										X				X			
18		6188	X										X				X			
19		6189						X		X							X			
20		6190	X										X				X			
21		6191					X			X				X						Not on load
22		6192	X										X	X						
23		6193	X										X	X						
24		6194	X										X				X			
25		6195	X										X	X						
26		6196	X										X				X			
27		6197	X							X							X			
28		6198	X										X	X						
29		6199	X							X				X						
30		6200	X										X	X						
31																				
32																				
33																				
34																				
35																				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER/Agent: _____ (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

12 AM

DATE

11/3/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

Carol Canada Export Inc.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St. Julia est

CITY, STATE, ZIP CODE

Jonestown PA 17038

CITY, STATE, ZIP CODE

St. Andre Avalin Canada

AREA CODE & TELEPHONE NO.

717-665-2586

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ	6141						X		X					X				
2		6142	X							X					X				
3		6143	X							X					X				
4		6144	X							X					X				
5		6145					X			V					X				
6		6146	X						X						X				
7		6147						X		X							X		
8		6148					X			X					X				
9		6149				X								X	X				
10		6150	X						X						X				
11		6151	X						X								X		
12		6152			X					X					X				
13		6153				X								X			X		
14		6154	X											X			X		
15	V	6155					X			X							X		

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

SIGN

(b)(6)

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

SIGNATURE OF OWNER/SHIPPER (I certify that 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 03/11/2010
TIME 11:00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME 11-318000504

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

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

FORM APPROVED
OMB NO. 0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	6156	X						X					X					
17		6157					X			X				X					
18		6158	X										X					X	
19		6159					X			X								X	
20		6160				X							X	X					
21		6161	X							X								X	
22		6162						X					X					X	
23		6163						X					X	X				X	
24		6164					X			X								X	
25		6165					X				X			X					
26		6166						X			X			X					
27		6167					X			X				X					
28		6168	X										X					X	
29		6169			X					X					X				
30		6170	X							X								X	
31																			
32																			
33																			
34																			
35																			
36																			
37																			
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40																			
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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).

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

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FORM APPROVED
OMB NO.
0579-0160

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

TIME HORSES LOADED ON CONVEYANCE: 12 AM DATE: 11/17/10 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

NAME OF AUCTION/MARKET: _____

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Sonestown PA 17038 CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586 AREA CODE & TELEPHONE NO.: _____

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

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

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

HORSES HAVE 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. 525
DATE 17 Nov 2010
TIME 11:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____ 11-318000506

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	6426				X							X			X			
17		6427	X							X				X					
18		6428					X			X				X					
19		6429	X									X	X						one eye
20		6430	X									X				X			
21		6431					X				X		X						
22		6432					X				X					X			
23		6433			X					X			X						
24		6434						X		X			X						
25		6435					X			X			X						
26		6436						X				X	X						
27		6437	X									X				X			
28		6438				X						X	X						
29		6439				X						X			X				
30	↓	6440	X												X				
31																			
32																			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

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

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

12 AM

11/11/10

Jonestown PA

NAME OF AUCTION/MARKET

(b)(6)

OWNER/SHIPPER NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

Brian Moore

CAVEL Canada Export Inc

STREET ADDRESS

STREET ADDRESS

294 Hoover Drive

517 Rang St Julia est

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Jonestown PA 17038

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

717-865-7586

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEZ 6351					X				X					X				
2	6352					X				X					X				
3	6353	X								X					X				
4	6354	X								X					X				
5	6355	X								X					X				
6	6356	X							X						X				
7	6357	X							X						X				
8	6358					X			X						X				
9	6359					X			X						X				
10	6360	X							X						X				
11	6361					X			X						X				
12	6362					X			X						X				
13	6363	X							X						X				
14	6364	X							X						X				
15	6365	X							X						X				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 12 NOV. 2010
TIME 11:30

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.
DATE
TIME 11-318000508

U.S. DEPARTMENT 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 AM

DATE

11-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

SIGNATURE (RECEIVER/DESTINATION) NAME

Chapel Canada Export Inc.

STREET ADDRESS

94 Hooker Drive

STREET ADDRESS

517 Rang St Julia est.

CITY, STATE, ZIP CODE

Sonestown PA 17030

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

717-865-7506

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ	6381					X								X				
2		6382					X											X	
3		6383	X										X					X	
4		6384					X							X				X	
5		6385	X											X				X	
6		6386	X										X					X	
7		6387	X										X					X	
8		6388	X											X	X				
9		6389	X											X	X				
10		6390					X							X				X	
11		6391	X										X					X	
12		6392					X							X				X	
13		6393					X							X	X				
14		6394	X											X				X	
15		6395						X		X					X				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 12/11/2010

TIME 13:00

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.

DATE

TIME 11-318000510

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

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FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	6396					X						X	X					
17		6397	X										X	X					
18		6398	X										X	X					
19		6399	X										X				X		
20		6400	X										X				X		
21		6401					X						X				X		
22		6402	X										X				X		
23		6403					X						X				X		
24		6404	X										X				X		
25		6405	X										X				X		
26		6406	X										X				X		
27		6407	X										X				X		
28		6408	X										X	X					
29		6409	X										X				X		
30	✓	6410	X										X				X		
31																			
32																			
33																			
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Information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

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

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FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

12:00 AM

DATE

11-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL (ARND) EXPORT INC.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St Julia PA

CITY, STATE, ZIP CODE

Jonestown PA 17038

CITY, STATE, ZIP CODE

St. Andre Avellan Canada

AREA CODE & TELEPHONE NO.

717-965-7584

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	DSEZ 6291	X								X							X		
2	6292					X				X					X				
3	6293	X											X				X		1 eye
4	6294	X											X				X		
5	6295	X											X				X		
6	6296	X								X					X				
7	6297	X									X				X				
8	6298	X											X	X					
9	6299	X											X				X		
10	6300	X											X				X		
11	6301	X											X				X		
12	6302	X								X					X				
13	6303							X					X				X		
14	6304					X				X							X		
15	6305	X								X					X				

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 10 Nov. 2010
TIME 11:30

SIGNATURE

(b)(6)

I HEREBY CERTIFY

THAT THE INFORMATION CONTAINED IN THIS DOCUMENT AND THE INFORMATION IN IT AS FURNISHED TO ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE FURNISHING OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.
DATE
TIME 11-318000512

page 2 of 2 206076

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

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FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	VSEZ	6306	X							X					X					
17		6307	X							X				X	X					
18		6308	X										X				X			
19		6309	X										X				X			
20		6310					X				X			X						
21		6311	X										X	X						
22		6312					X			X								X		
23		6313					X			X								X		
24		6314						X		X								X		
25		6315	X							X								X		
26		6316	X							X				X						
27		6317	X										X	X						
28		6318	X										X	X						1 eye
29		6319	X										X				X			
30		6320					X						X				X			
31																				
32																				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

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

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FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

12 AM

DATE

10/10/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc.

STREET ADDRESS

517 Rang St Julia est.

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

STREET ADDRESS

94 Hoover Drive

CITY, STATE, ZIP CODE

Sonestown PA 17030

AREA CODE & TELEPHONE NO.

717-865-7586

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USFZ 6321	X											X	X					
2	6322	X								X				X					
3	6323					X				X								X	
4	6324	X											X					X	
5	6325	X											X					X	
6	6326	X								X								X	
7	6327	X											X					X	
8	6328	X											X					X	
9	6329	X								X				X					
10	6330	X											X					X	
11	6331	X								X				X					
12	6332	X								X								X	
13	6333	X								X				X					
14	6334	X								X								X	
15	6335					X				X				X					

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 5:05
DATE 10 Nov. 2010
TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME 11-318000514

Page 2 of 2 Log 0763

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USEZ	6336					X						X			X		
17		6337					X						X			X		
18		6338					X			X						X		
19		6339					X			X						X		
20		6340						X		X				X				
21		6341	X									X				X		
22		6342					X			X				X				
23		6343	X							X				X				
24		6344	X							X				X				
25		6345						X		X						X		
26		6346				X						X				X		
27		6347					X		X					X				
28		6348					X			X						X		
29		6349	X							X				X				
30	✓	6350					X			X				X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

12 AM

DATE

12/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sohestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St. Julia est 1

CITY, STATE, ZIP CODE

Sohestown PA 17030

CITY, STATE, ZIP CODE

St Andre Avellin Canada

AREA CODE & TELEPHONE NO.

717-965-7586

AREA CODE & TELEPHONE NO.

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ 6681					X					X					X		
2	6682					X					X					X		
3	6683					X					X			X				
4	6684					X							X			X		
5	6685					X					X			X				
6	6686					X							X			X		
7	6687					X							X	X				
8	6688					X							X			X		
9	6689					X					X					X		
10	6690	X								X				X				
11	6691	X											X			X		
12	6692					X			X							X		
13	6693					X							X			X		
14	6694	X											X			X		
15	6695	X											X	X				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 01/2/2011
TIME 15:00

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.
DATE
TIME 11-318000516

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX		BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld
16	VSZ	6696	X										X	X				
17		6697	X						X					X				
18		6698					X						X	X				
19		6699					X			X				X				
20		6700					X			X						X		
21		6701					X			X				X				
22		6702					X			X				X				
23		6703			X								X	X				
24		6704					X						X			X		not on
25		6705						X					X			X		
26		6706	X										X			X		
27		6707	X										X			X		
28		6708	X						X							X		
29		6709	X										X			X		
30		6710	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 (The information provided 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

1:00 AM

DATE

9/22/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown, PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

STREET ADDRESS

94 Hoover Dr.

CITY, STATE, ZIP CODE

Jonestown PA 17038

AREA CODE & TELEPHONE NO.

717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel Canada Export Inc.

STREET ADDRESS

517 Bang St. Julie Est.

CITY, STATE, ZIP CODE

St. Adrea - Avillen

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	5480	X						X						X				
2	5481					X		X						X				
3	5482	X						X						X				
4	5483					X		X						X				
5	5484	X						X						X				
6	5485					X		X						X				
7	5486	X						X								X		
8	5487	X						X						X				
9	5488	X							X							X		
10	5489					X			X							X		
11	5490	X						X						X				
12	5491					X		X						X				
13	5492	X						X								X		
14	5493	X						X								X		
15	5494						X		X					X				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 22/09/2010

TIME 13400

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.

DATE

TIME

11-318000518

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	Stai			Geld	
16	USEZ	5485	X															X	
17		5496						X										X	
18		5497						X										X	
19		5488	X						X									X	
20		5489						X										X	
21		5400						X										X	
22		5501	X						X									X	
23		5502	X						X									X	
24		5503	X						X									X	
25		5501	X						X									X	
26		5505						X										X	
27		5506	X						X									X	
28		5507	X						X									X	
29		5508						X										X	
30		5509				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).

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 <i>12:00 AM</i>	DATE <i>09/22/10</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Jonestown PA</i>
(b)(6)		NAME OF AUCTION/MARKET <i>Jonestown PA</i>
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>CAVEL Canada Export Inc.</i>	
STREET ADDRESS <i>94 Hoover Drive</i>	STREET ADDRESS <i>517 Rang St. Julia</i>	
CITY, STATE, ZIP CODE <i>Jonestown PA 17039</i>	CITY, STATE, ZIP CODE <i>St. Andre Avellan Island</i>	
AREA CODE & TELEPHONE NO. <i>717-865-7506</i>	AREA CODE & TELEPHONE NO.	

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
05EZ	5570				X								X	X				
	5571	X						X						X				
	5572	X											X			X		
	5573	X											X			X		
	5574	X											X			X		
	5575	X											X			X		
	5576					X				X				X				
	5577	X											X			X		
	5578	X								X						X		
	5579	X								X				X				
	5580				X								X	X				
	5581					X							X	X				
	5582					X				X				X				
	5583					X				X				X				
N	5584	X						X						X				

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

SIGNATURE (b)(6)

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

SIGNATURE OF OWNER/SHIPPER (I certify that 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 Sept. 2010*
TIME *12:30*

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____
11-318000520

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

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

FORM APPROVED
OMB NO.
0579-0160

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USEZ 5585	X							X					X					1 EYE
17	5586					X			X					X					
18	5587	X							X					X					
19	5588					X				X						X			
20	5589					X			X							X			
21	5590					X			X					X					
22	5591					X			X					X					
23	5592				X							X		X					
24	5593	X						X						X					
25	5594				X							X		X					
26	5595						X			X				X					1 EYE
27	5596					X			X					X					
28	5597	X							X							X			
29	5598	X						X						X					
30	5599						X		X					X					
31																			
32																			
33																			
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this form is true and correct to the best of my knowledge.)

(b)(6)

2592 1017 1600052

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

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

FORM APPROVED
OMB NO. 0579-0160

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

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE

1 AM

DATE

9/29/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

27628

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St. Joliette

CITY, STATE, ZIP CODE

Sonestown PA 17036

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

717-965-7586

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld					
1	VSEZ	5630	X													X					
2		5631						X					X								
3		5632						X					X								
4		5633						X					X								
5		5634	X											X	X						
6		5635	X											X							
7		5636	X											X							
8		5637	X											X							
9		5638	X							X											
10		5639	X											X							
11		5640	X											X							
12		5641	X											X	X						
13		5642	X											X							
14		5643	X											X	X						
15	V	5644	X											X							

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

SIG

(b)(6)

THE

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

SIGNATURE OF OWNER/SHIPPER (I certify that 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 29/09/2010
TIME 11:00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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

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

FORM APPROVED
OMB NO.
0579-0160

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

TIME HORSES LOADED ON CONVEYANCE <i>1:00 AM</i>	DATE <i>9-9-10</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE. <i>Jonestown PA</i>
(b)(6)		NAME OF AUCTION/MARKET _____
SIGNEE (RECEIVER/DESTINATION) NAME <i>Brian Moore</i>		<i>(Cave) Canada Export Inc</i>
STREET ADDRESS <i>94 Hoover Drive</i>		STREET ADDRESS <i>517 King St. Jolig Est</i>
CITY, STATE, ZIP CODE <i>Jonestown PA 17038</i>		CITY, STATE, ZIP CODE <i>St Andre Auellin Canada</i>
AREA CODE & TELEPHONE NO. <i>719-865-7586</i>		AREA CODE & TELEPHONE NO. _____

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USA	5270	X							X						X			
2		5271						X		X					X				
3		5272						X		X					X				
4		5273	X							X							X		
5		5274	X							X					X				
6		5275	X							X					X				
7		5276						X		X							X		
8		5277						X		X					X				
9		5278						X		X							X		
10		5279	X							X					X				
11		5280						X					X				X		
12		5281						X		X					X				
13		5282				X							X		X				
14		5283						X		X					X				
15		5284						X		X							X		

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

SIGNATURE

(b)(6)

I HEREBY CERTIFY

AND THE INFORMATION IN IT AS TRUE AND CORRECT TO THE BEST OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that 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 *9 Sept. 2010*
TIME *12:45*

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____ 11-318000523

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

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

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

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE 12:00	DATE 09/10/10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Sonestown PA
(b)(6)		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME CAVEL Canada Export Inc	
STREET ADDRESS 94 Hoover Drive	STREET ADDRESS 517 Rang St. Julia est	
CITY, STATE, ZIP CODE Sonestown PA 17030	CITY, STATE, ZIP CODE St. Andre Avellan Canada	
AREA CODE & TELEPHONE NO. 717-865-7586	AREA CODE & TELEPHONE NO.	

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USFA	5300	X										X	X					
2		5301	X										X				X		
3		5302	X										X				X		one eye
4		5303	X										X	X					
5		5304	X										X				X		
6		5305	X										X				X		
7		5306	X										X				X		
8		5307	X										X				X		
9		5308	X										X				X		
10		5309						X					X				X		
11		5310	X								X			X					
12		5311	X										X				X		
13		5312	X										X				X		
14		5313	X										X				X		
15		5314	X										X				X		

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

SIGNATURE (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 10 Sept. 2010

TIME 11:25

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME 11-318000524

SIGNATURE 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 <u>1:00 AM</u>	DATE <u>9-15-10</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
(b)(6)		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St. Soliga est</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17030</u>		CITY, STATE, ZIP CODE <u>St Andre Avellan Canada</u>
AREA CODE & TELEPHONE NO. <u>717-965-7506</u>		AREA CODE & TELEPHONE NO.

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ 5360	X						X						X				
2	5361	X						X						X				
3	5362					X		X						X				
4	5363					X			X					X				
5	5364	X						X						X				
6	5365					X		X						X				
7	5366	X						X						X				
8	5367				X									X				
9	5368	X						X						X				
10	5369	X						X						X				
11	5370						X					X				X		
12	5371	X						X								X		
13	5372	X							X					X				
14	5373					X		X						X				
15	5374	X						X						X				

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 15 Sept 2010
TIME 11:30

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

EST. _____
DATE _____
TIME _____
11-318000528

(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: 12:45
DATE: 9-13-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA
NAME OF AUCTION/MARKET: _____

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7506

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc
STREET ADDRESS: 517 Rang St, Julia
CITY, STATE, ZIP CODE: St Andre Avellan Canada
AREA CODE & TELEPHONE NO.: _____

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld	
1	USFA	5330					X					X			X				
2		5331					X					X					X		
3		5332	X							X							X		
4		5333	X							X					X				
5		5334	X										X	X					
6		5335				X							X	X					
7		5336	X							X					X				
8		5337					X				X				X				
9		5338					X		X						X				
10		5339					X			X							X		
11		5340	X										X	X					
12		5341	X						X								X		
13		5342	X										X	X					
14		5343	X						X						X				
15		5344	X						X						X				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 13 Sept 2010
TIME 14:15

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____
11-318000626

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

(b)(6)

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

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

FORM APPROVED
OMB NO. 0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	5345					X			X				X					
17		5346	X										X	X					
18		5347					X						X	X					
19		5348					X						X	X					
20		5349					X						X			X			
21		5350	X						X					X					
22		5351	X						X							X			
23		5352					X			X				X					
24		5353			X								X	X					
25		5354	X										X	X					
26		5355					X			X				X					
27		5356	X							X				X					
28		5357	X						X							X			
29		5358	X						X							X			
30		5359	X							X				X					
31																			
32																			
33																			
34																			
35																			
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

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

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 <u>7 AM</u>	DATE <u>9/17/10</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
(b)(6)		NAME OF AUCTION/MARKET _____
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc</u>	
STREET ADDRESS <u>94 Hoover Drive</u>	STREET ADDRESS <u>517 Rang St. Julia est.</u>	
CITY, STATE, ZIP CODE <u>Jonestown PA 17030</u>	CITY, STATE, ZIP CODE <u>St. Andre Avellan Canada</u>	
AREA CODE & TELEPHONE NO. <u>717-965-7586</u>	AREA CODE & TELEPHONE NO. _____	

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEZ	5450				X							X	X						No on load
2		5451					X			X							X			
3		5452					X		X						X					
4		5453						X		X							X			
5		5454					X			X							X			
6		5455					X					X					X			
7		5456					X			X				X						
8		5457					X			X				X						NOT on load
9		5458	X									X					X			
10		5459						X				X	X							
11		5460	X							X							X			
12		5461					X			X							X			
13		5462	X							X							X			
14		5463					X			X							X			
15		5464				X						X					X			

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. LOS
DATE 17 Sept 2010
TIME 11:30

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST. _____
DATE _____
TIME _____

2006023
200910172 L9000

U.S. DEPARTMENT 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

(b)(6)

Sonestown PA

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

Brian Moore

CAVEL Canada Export Inc.

STREET ADDRESS

STREET ADDRESS

94 Hoover Drive

517 Rang St Julia est.

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Sonestown PA 17038

St. Andre Auxlins Canada

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

717-865-7506

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	15EZ 5420	X											X	X				
2	5421	X											X	X				
3	5422	X											X	X				
4	5423				X								X	X				
5	5424	X											X	X				
6	5425	X											X			X		
7	5426	X											X			X		
8	5427					X		X								X		
9	5428	X											X	X				
10	5429				X								X	X				
11	5430					X			X						X			
12	5431	X											X			X		
13	5432	X							X							X		
14	5433					X			X							X		
15	5434	X							X							X		

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 17 Sept 2010
TIME 12:00

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.
DATE
TIME 11-318000529

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	5435	X							X					X				
17		5436						X		X					X				
18		5437					X			X					X				
19		5438	X							X							X		
20		5439	X									X	X						
21		5440	X									X				X			
22		5441	X									X				X			
23		5442	X									X				X			
24		5443						X		X				X					
25		5444	X							X				X					
26		5445	X									X	X						
27		5446	X							X				X					
28		5447	X							X				X					
29		5448	X									X	X						
30		5449	X									X	X						
31																			
32																			
33																			
34																			
35																			
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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).

(b)(6)

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

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

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

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

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

11 AM

DATE

12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

OWNER/SHIPPER NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL CAJUNDA EXPORT INC.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St Julia est.

CITY, STATE, ZIP CODE

Sonestown PA 17038

CITY, STATE, ZIP CODE

St. Andre Avellan Canada

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USE2	6831					X			X					X				
2		6832	X										X				X		
3		6833	X										X	X					
4		6834	X										X				X		
5		6835	X										X	X					
6		6836	X										X	X					
7		6837	X										X				X		
8		6838	X										X	X					
9		6839	X										X	X			X		
10		6840	X										X	X					
11		6841						X					X	X					
12		6842						X			X						X		
13		6843	X										X				X		
14		6844						X					X				X		
15		6845						X					X	X					

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 10 DECEMBER 2016

TIME 11:15

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.

DATE

TIME

11-318000531

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	VSEZ	6846					X						X	X					
17		6847					X						X				X		
18		6848	X										X	X					
19		6849	X										X	X					
20		6850	X										X				X		
21		6851					X						X				X		
22		6852					X						X				X		
23		6853					X			X				X					
24		6854					X			X				X					
25		6855	X										X	X					
26		6856	X										X				X		
27		6857	X										X	X					
28		6858					X						X	X					
29		6859	X										X				X		
30		6860	X										X	X					
31																			
32																			
33																			
34																			
35																			
36																			
37																			
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45																			

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SIGNATURE OF OWNER/SHIPPER: _____ 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

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

11:00 AM

12/7/10

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

Brian Moore

CAVEL Canada Export Inc.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St Julie Est

CITY, STATE, ZIP CODE

Sonestown PA 17030

CITY, STATE, ZIP CODE

St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.

717-865-3500

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEZ	6801	X							X						X				
2		6802	X							X						X				
3		6803					X			X						X				
4		6804				X							X					X		
5		6805						X				X						X		
6		6806						X				X						X		
7		6807						X				X						X		
8		6808						X				X						X		
9		6809	X										X					X		
10		6810	X										X	X						
11		6811	X									X						X		
12		6812	X									X				X				
13		6813	X									X				X				
14		6814	X										X					X		
15		6815					X					X			X					

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 08/12/2010
TIME 13400

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.
DATE
TIME
11-318000533

APR 15 2010

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

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

FORM APPROVED
OMB NO.
0579-0160

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

TIME HORSES LOADED ON CONVEYANCE: 6:00 AM DATE: 04-12-10 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

(b)(6)

NAME OF AUCTION/MARKET: _____

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carri Canada Export Inc.

STREET ADDRESS: 14 Hoover Drive

STREET ADDRESS: 517 Rony St. Julia Ctr.

CITY, STATE, ZIP CODE: Sonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Aquella Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: _____

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ	6771				X								X	X				
2		6772					X		X						X				
3		6773	X							X					X				
4		6774	X						X									X	
5		6775				X				X								X	
6		6776	X										X					X	
7		6777				X				X								X	
8		6778				X			X					X					
9		6779	X						X					X					
10		6780						X					X					X	
11		6781				X			X					X					
12		6782				X			X					X					
13		6783	X						X					X					
14		6784				X			X					X					
15		6785				X			X					X					

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 08/12/2010
TIME 14200

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST. _____
DATE _____
TIME _____

11-318000534

U.S. DEPARTMENT 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 PM

DATE

12/19/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVELL CHRONA EXPORT INC.

STREET ADDRESS

94 Hoover Dr

STREET ADDRESS

517 Rang St Julia est

CITY, STATE, ZIP CODE

Sonestown PA 17038

CITY, STATE, ZIP CODE

St. Andre Ruellin Canada

AREA CODE & TELEPHONE NO.

717 865-7546

AREA CODE & TELEPHONE NO.

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	6931					X			X					X				✓	
2	6932	X											X					✓	
3	6933	X											X	X				✓	
4	6934	X											X			X		✓	
5	6935	X											X	X					
6	6936	X											X	X					
7	6937	X											X			X			
8	6938	X											X	X					
9	6939	X											X	X		X			
10	6940	X											X	X					
11	6941					X							X	X				✓	
12	6942					X				X						X			
13	6943	X											X			X			
14	6944					X							X			X			
15	6945					X							X	X					

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 10 DECEMBER 2010

TIME 11:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

11-318000535

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

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

(b)(6)

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	U-22	6846					X						X	X				
17		6847					X						X				X	
18		6848	X										X	X				
19		6849	X										X	X				
20		6850	X										X				X	
21		6851					X						X				X	
22		6852					X						X				X	
23		6853					X				X			X				
24		6854					X				X			X				
25		6855	X										X	X				
26		6856	X										X				X	
27		6857	X										X	X				
28		6858					X						X	X				
29		6859	X										X				X	
30		6860	X										X	X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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(b)(6)

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

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

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

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

FORM APPROVED
OMB NO.
0579-0160

(b)(6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel Canada Export Inc.

STREET ADDRESS

517 Bang St. Julie Est.

CITY, STATE, ZIP CODE

St. Adrena - Avellin Canada

AREA CODE & TELEPHONE NO.

STREET ADDRESS: Brian Moore
94 Hoover DR.
CITY, STATE, ZIP CODE: Jonestown, PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Bik.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USE2	6741					X						X	X					
2		6742	X										X			X			
3		6743					X						X			X			Removed
4		6744	X										X			X			
5		6745			X								X	X					
6		6746	X										X			X			
7		6747	X										X	X					
8		6748	X										X			X			
9		6749	X										X	X					
10		6750	X										X	X					
11		6751	X										X			X			
12		6752					X						X			X			
13		6753	X										X			X			
14		6754	X										X			X			
15		6755					X	X					X						

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

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 07/12/2010
TIME 7:00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME 11-318000537

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

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

FORM APPROVED
OMB NO.
0579-0160

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ 6756					X						X	X				
17	6757					X						X	X				
18	6758	X										X	X				
19	6759	X										X	X				
20	6760	X										X			X		
21	6761					X				X			X				
22	6762	X							X	X			X				Not Loaded
23	6763	X										X	X				
24	6764	X										X	X				
25	6765					X		X							X		
26	6766	X						X					X				
27	6767	X										X		X			
28	6768	X										X			X		
29	6769	X										X			X		
30	✓ 6770	X										X			X		
31																	
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.)

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

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

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

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

12:00

DATE

11-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

Avel Canada Export Inc

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St Julia est

CITY, STATE, ZIP CODE

Sonestown PA 17030

CITY, STATE, ZIP CODE

St. Andre Avelin Canada

AREA CODE & TELEPHONE NO.

717-865-7500

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEZ	6621					X						X					X		
2		6622					X						X					X		
3		6623					X						X			X				
4		6624					X						X			X				
5		6625					X							X	X					
6		6626	X											X			X			
7		6627	X							X						X				
8		6628	X							X									X	
9		6629	X								X								X	
10		6630	X							X									X	
11		6631					X				X								X	
12		6632	X											X	X					
13		6633	X											X					X	
14		6634	X											X					X	
15		6635	X											X	X					

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

(b)(6)

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

SIGNATURE OF OWNER/SHIPPER (I certify that 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 15h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME 11-318000539

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

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

FORM APPROVED
OMB NO. 0579-0160

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

(Please type or print in ink)

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ 6636					X		X							X		
17	6637	X										X			X		
18	6638	X						X					X				
19	6639	X										X			X		
20	6640	X										X			X		
21	6641					X			X				X		X		
22	6642					X			X						X		
23	6643	X										X	X				
24	6644	X						X							X		
25	6645					X						X	X				
26	6646					X			X						X		
27	6647					X			X				X				
28	6648	X							X						X		
29	6649	X							X				X				
30	6650					X			X				X				
31																	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
40																	
41																	
42																	
43																	
44																	
45																	

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

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

(b)(6)

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

**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 <u>11:00</u>	DATE <u>11/17/10</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Jonestown PA</u>
(b)(6)		NAME OF AUCTION/MARKET <u></u>
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc.</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St Julia est.</u>
CITY, STATE, ZIP CODE <u>Jonestown PA 17030</u>		CITY, STATE, ZIP CODE <u>St. Andre Auvelin Canada</u>
AREA CODE & TELEPHONE NO. <u>717-865-7586</u>		AREA CODE & TELEPHONE NO. <u></u>

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ	6651	X										X				X		
2		6652	X										X	X					
3		6653	X										X	X					
4		6654	X										X				X		
5		6655	X										X				X		
6		6656	X										X	X					
7		6657	X						X					X					
8		6658	X										X				X		
9		6659					X		X								X		
10		6660	X						X								X		
11		6661					X		X								X		
12		6662	X						X					X					
13		6663					X		X					X					
14		6664	X							X							X		
15		6665	X										X				X		

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 01/17/2010
TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

11-318000541

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16		6666	X										X				X		
17		6667					X						X				X		
18		6668					X						X				X		
19		6669	X						X					X					
20		6670	X							X				X					
21		6671	X										X	X					
22		6672					X						X	X					
23		6673	X						X					X					
24		6674				X				X				X					
25		6675	X										X				X		
26		6676					X						X				X		
27		6677	X										X				X		
28		6678	X										X				X		
29		6679					X			X				X					
30		6680	X							X				X					
31																			
32																			
33																			
34																			
35																			
36																			
37																			
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39																			
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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).

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

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

FORM APPROVED
OMB NO. 0579-0160

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

TIME HORSES LOADED ON CONVEYANCE <u>12 AM</u>	DATE <u>12/3/10</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Sonestown CA</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)		NAME OF AUCTION/MARKET <u>Chadd</u>
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL CANADA Export Inc</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St. Andrevelles</u>
CITY, STATE, ZIP CODE <u>Sonestown CA 95380</u>		CITY, STATE, ZIP CODE <u>CA 95380</u>
AREA CODE & TELEPHONE NO. <u>717-865-7566</u>		AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ	6711	X											X			X		
2		6712	X											X			X		
3		6713	X											X			X		
4		6714						X			X					X			
5		6715						X			X							X	
6		6716	X								X					X			
7		6717						X			X					X			
8		6718							X		X					X			
9		6719							X		X					X			
10		6720							X		X					X			
11		6721							X		X					X			
12		6722							X		X					X			
13		6723							X		X					X			
14		6724	X								X					X			
15		6725						X			X						X		

AND REST FOR A MINIMUM OF 6 CONSECUTIVE CONVEYANCE.

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 03/12/2010
TIME 12h30

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____ 11-318000543

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

(b)(6)

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	04E2	6726					X			X						X		
17		6727					X			X				X				
18		6728					X			X						X		
19		6729					X			X						X		
20		6730	X						X					X				
21		6731					X			X						X		
22		6732					X			X						X		
23		6733					X			X						X		one eye
24		6734	X						X							X		
25		6735	X						X							X		
26		6736	X					X						X				
27		6737	X							X			X	X				
28		6738	X										X			X		
29		6739	X										X			X		
30	↓	6740	X										X			X		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER: _____ (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

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

FORM APPROVED
OMB NO.
0579-0160

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

TIME HORSES LOADED ON CONVEYANCE: 11 PM DATE: 12/16/10 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

NAME OF AUCTION/MARKET: (b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Sonestown PA 17038 CITY, STATE, ZIP CODE: St. Andre Avellan Canada

AREA CODE & TELEPHONE NO.: 717-865-7580 AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6951					X		X					X				
2		6952	X						X								X	
3		6953					X		X					X				
4		6954	X						X					X				
5		6955					X		X							X		
6		6956	X						X					X				
7		6957	X						X					X				
8		6958	X						X					X				
9		6959	X						X					X				
10		6960	X						X					X				
11		6961	X						X					X				
12		6962	X						X					X				
13		6963					X		X					X				
14		6964	X						X					X				
15		6965	X						X							X		

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

SIGNATURE OF OWNER/SHIPPER: (b)(6)

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

SIGNATURE OF OWNER/SHIPPER (I certify that 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 13430

DIRECCION GENERAL DE INSEPCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME 11-318000545

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

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

FORM APPROVED
OMB NO. 0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	6966					X		X					X					
17		6967	X							X				X					
18		6968					X			X				X					
19		6969	X						X	X				X					
20		6970	X						X					X					
21		6971	X							X				X					
22		6972				X				X				X					
23		6973				X				X				X					
24		6974				X				X				X					
25		6975				X				X				X					
26		6976	X							X				X					
27		6977	X							X						X			
28		6978	X						X					X					
29		6979	X									X		X					
30		6980					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/agent: (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

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

FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE: 1:00 DATE: 12-13-10 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

NAME OF AUCTION/MARKET: (b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL ANIMAL EXPORT INC

STREET ADDRESS: 94 Hoover Drive STREET ADDRESS: 517 Rang St. Julie est 1

CITY, STATE, ZIP CODE: Sonestown PA 17030 CITY, STATE, ZIP CODE: St Andre Avellan Canada

AREA CODE & TELEPHONE NO.: 717-905-7500 AREA CODE & TELEPHONE NO.:

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

Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs.

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USEZ	6861	X						X						X					
	6862	X						X						X					
	6863					X		X								X			
	6864				X			X								X			
	6865	X						X						X					
	6866	X							X					X					
	6867	X											X				X		
	6868	X							X								X		
	6869	X											X				X		
	6870	X											X	X					
	6871	X							X					X					
	6872				X			X									X		
	6873	X											X	X					
	6874				X			X									X		
	6875				X			X						X					

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

SIGNATURE OF OWNER/SHIPPER: (b)(6)

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

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge): (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 14/12/2010
TIME 16h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME 11-318000547

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

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

FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

11:00am

12/14/20

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

Brian Moore

Avel Canada Export Inc.

STREET ADDRESS

STREET ADDRESS

94 Hoover Drive

517 Rang St Julia est.

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Sonestown PA 17038

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

717-865-7566

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ	6891	X								X					X			
2		6892						X							X				
3		6893						X			X							X	
4		6894	X							X					X				
5		6895					X			X					X				
6		6896					X			X								X	
7		6897					X			X					X				
8		6898					X			X					X				
9		6899	X							X					X				
10		6900					X			X								X	
11		6901					X			X					X				
12		6902					X			X								X	
13		6903					X			X								X	
14		6904					X						X	X					
15		6905					X			X								X	

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505
DATE 15/12/2020
TIME 12:00 A.M.

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST. _____
DATE _____
TIME 11-318000549

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	6906					X						X				X		
17		6907			X							X						X	
18		6909			X						X			X					
19		6909					X						X					X	
20		6910					X			X								X	
21		6911	X						X					X					
22		6912	X						X					X					
23		6913					X						X					X	
24		6914					X			X				X					
25		6915	X										X					X	
26		6916	X										X	X					
27		6917	X										X					X	
28		6918	X						X									X	
29		6919	X						X									X	
30		6920	X										X					X	
31																			
32																			
33																			
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Signature of Owner/Shipper: _____ (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 <u>11:00</u>	DATE <u>12-15-10</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Sonestown PA</u>
(b)(6)		NAME OF AUCTION/MARKET _____
CONSIGNOR (OWNER/SHIPPER) NAME <u>Brian Moore</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>CAVEL Canada Export Inc</u>
STREET ADDRESS <u>94 Hoover Drive</u>		STREET ADDRESS <u>517 Rang St, Jolia est 1</u>
CITY, STATE, ZIP CODE <u>Sonestown PA 17030</u>		CITY, STATE, ZIP CODE <u>St. Andre Avellan Canada</u>
AREA CODE & TELEPHONE NO. <u>717-965-7586</u>		AREA CODE & TELEPHONE NO. _____

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ 6921	X											X	X				
2	6922	X								X				X				
3	6923	X											X	X				
4	6924						X			X							X	
5	6925						X						X				X	
6	6926	X											X				X	
7	6927						X						X	X				
8	6928	X											X	X				
9	6929	X											X	X				
10	6930	X								X				X				
11	6931						X			X				X				
12	6932					X				X				X				
13	6933	X											X	X				
14	6934	X								X				X				
15	6935						X			X				X				

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505
DATE 16/12/2010
TIME 12h30 P.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME 11-318000551

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

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

FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld					
16	125EZ 6936	X													X			X		
17	6937	X													X			X		
18	6938	X													X			X		
19	6939	X													X			X		
20	6940	X													X			X		
21	6941							X		X								X		
22	6942					X				X								X		
23	6943	X								X								X		
24	6944	X											X					X		
25	6945	X								X								X		
26	6946	X													X			X		
27	6947	X												X	X					
28	6948					X				X								X		
29	6949	X								X								X		
30	6950			X							X				X					
31																				
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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

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

FORM APPROVED
OMB NO. 0579-0160

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

TIME HORSES LOADED ON CONVEYANCE: 11:30 AM
DATE: 11-13-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.

STREET ADDRESS: 94 Haver Drive

STREET ADDRESS: 517 Rang St. Jullia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellan Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USE2	6591					X				X						X		Not Loaded
2		6592	X											X			X		
3		6593	X							X					X				
4		6594					X						X				X		
5		6595					X						X				X		
6		6596	X										X				X		
7		6597					X			X					X				
8		6598					X			X					X				
9		6599					X			X					X				
10		6600					X						X				X		
11		6601	X										X				X		
12		6602	X										X				X		
13		6603					X						X				X		
14		6604					X						X				X		
15		6605					X						X				X		

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 24 Nov. 2010
TIME 13:30

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)
(b)(6)

EST.
DATE
TIME 11-318000553

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX		BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal		
16	VSEZ	6606					X					X	X				
17		6607					X					X	X				
18		6608					X					X			X		
19		6609	X									X	X				
20		6610	X									X			X		
21		6611					X					X			X		
22		6612					X		X						X		
23		6613	X									X	X				
24		6614					X		X						X		
25		6615	X						X				X				
26		6616	X									X			X		
27		6617	X									X	X				
28		6618	X									X	X				
29		6619	X							X			X				
30		6620					X					X	X				
31																	
32																	
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34																	
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(b)(6)

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

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

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FORM APPROVED
OMB NO. 0579-0160

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

TIME HORSES LOADED ON CONVEYANCE <i>12 AM</i>	DATE <i>11/19/10</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Sonestown PA</i>
VEHICLE LICENSE NO. AND DRIVER'S NAME <i>(b)(6)</i>		NAME OF AUCTION/MARKET <i>(b)(6)</i>
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>		CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Cavel Canada Export, Inc.</i>
STREET ADDRESS <i>94 Hoover Drive</i>		STREET ADDRESS <i>517 King St. Julia est.</i>
CITY, STATE, ZIP CODE <i>Sonestown PA 17038</i>		CITY, STATE, ZIP CODE <i>St Andre Avellin Canada</i>
AREA CODE & TELEPHONE NO. <i>717 865 7580</i>		AREA CODE & TELEPHONE NO. <i>(b)(6)</i>

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	UFEZ	6501	X							X					X				
2		6502					X			X					X				
3		6503	X										X				X		
4		6504					X			X							X		
5		6505						X					X				X		
6		6506					X			X							X		one eye
7		6507	X							X							X		
8		6508				X							X	X					
9		6509				X							X	X					
10		6510	X							X							X		
11		6511				X							X	X					
12		6512	X							X							X		
13		6513					X				X						X		
14		6514					X				X						X		
15		6515					X		X						X				

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

SIGNATURE OF OWNER/SHIPPER
(b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that 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 *2010-11-19*
TIME *12:15*

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME *11-318000555*

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	DSEZ	6516						X		X				X					
17		6517	X							X				X					
18		6518	X										X			X			
19		6519					X						X			X			
20		6520					X						X			X			
21		6521	X							X				X					
22		6522					X			X						X			
23		6523	X										X	X					
24		6524	X							X				X					
25		6525					X			X				X					
26		6526	X										X	X					
27		6527					X		X					X					
28		6528	X						X					X					
29		6529			X						X					X			
30	✓	6530	X										X	X					
31																			
32																			
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(The information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

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FORM APPROVED
OMB NO. 0579-0160

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

TIME HORSES LOADED ON CONVEYANCE

12 AM

DATE

11/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME
Brian Moore

STREET ADDRESS
94 Hoover Drive

CITY, STATE, ZIP CODE
Sonestown PA 17038

AREA CODE & TELEPHONE NO.
717-265-7566

CONSIGNEE (RECEIVER/DESTINATION) NAME
CAVEL Canada Export Inc.

STREET ADDRESS
517 Rang St Julia est

CITY, STATE, ZIP CODE
St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEZ 6561	X											X	X					
2	6562	X											X					X	
3	6563							X		X								X	
4	6564					X				X				X					
5	6565	X											X					X	
6	6566	X							X					X					
7	6567	X								X				X					
8	6568					X							X	X					
9	6569						X			X								X	
10	6570						X			X						X			
11	6571	X							X							X			
12	6572					X				X								X	
13	6573					X				X				X					
14	6574					X						X						X	
15	6575	X										X						X	

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE 23/11/2010
TIME 11h30 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME 11-318000557

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

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

(b)(6)

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USEZ	6576	X										X			X		
17		6577	X						X							X		
18		6578	X						X					X				
19		6579					X		X					X				
20		6580	X						X					X				
21		6581	X						X					X				
22		6582	X						X					X				
23		6583	X						X					X				
24		6584					X						X	X				
25		6585					X						X			X		
26		6586	X							X				X				
27		6587					X						X	X				
28		6588					X			X				X				
29		6589					X			X						X		
30	✓	6590	X							X						X		
31																		
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SI (b)(6) Information contained in this form is true and correct to the best of my knowledge.

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

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

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

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

CITY, STATE, ZIP CODE

Jonestown PA 17038

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

717-865-7500

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ	6531				X							X		X				
2		6532	X											X					
3		6533	X							X						X			
4		6534	X							X								X	
5		6535					X				X							X	
6		6536	X									X						X	
7		6537	X							X					X				
8		6538	X							X					X				
9		6539					X				X				X				
10		6540	X										X					X	
11		6541	X										X	X					
12		6542	X								X			X					
13		6543	X										X					X	
14		6544	X											X				X	
15		6545	X											X	X				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 22 Nov 2010
TIME 14:00

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

(b)(6)

EST.
DATE
TIME 11-318000559

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
			Bay	Grey	Bik.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USEZ	6546					X							X						1 Eye
17		6547	X											X						
18		6548	X											X						
19		6549	X											X						
20		6550				X								X	X					
21		6551	X						X								X			
22		6552	X						X						X					
23		6553	X						X						X					
24		6554	X						X						X					
25		6555	Y						X						X					
26		6556	X											X				X		
27		6557	X											X	X					
28		6558					X							X				X		
29		6559	X											X				X		
30		6560				X								X				X		
31																				
32																				
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(b)(6)

and correct to the best of my knowledge.)

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

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

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

FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE <i>12:00 AM</i>	DATE <i>11-19-10</i>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Sonestown PA</i>
(b)(6)		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME <i>Brian Moore</i>	CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Level Canada Export Inc</i>	
STREET ADDRESS <i>94 Hoover Drive</i>	STREET ADDRESS <i>517 Rang St, Julia, est 1</i>	
CITY, STATE, ZIP CODE <i>Sonestown PA 17030</i>	CITY, STATE, ZIP CODE <i>St. Andre Avellan Canada</i>	
AREA CODE & TELEPHONE NO. <i>865 7506</i>	AREA CODE & TELEPHONE NO.	

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ 6471	X											X			X		
2	6472	X											X			X		
3	6473	X											X			X		
4	6474					X				X				X				
5	6475	X											X			X		
6	6476	X											X	X				
7	6477	X											X			X		
8	6478						X			X				X				
9	6479						X			X						X		
10	6480	X								X				X				
11	6481	X							X					X				
12	6482							X					X			X		
13	6483				X								X	X				
14	6484	X								X						X		
15	6485	X								X				X				

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. *505*
DATE *2010-11-19*
TIME *11:30*

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____
11-318000561

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USEZ	6486	X											X					
17		6487	X															X	
18		6488	X											X					
19		6489	X										X					X	
20		6490	X										X	X					
21		6491	X							X								X	
22		6492						X		X					X				
23		6493	X							X					X				
24		6494						X		X					X				
25		6495					X			X					X				
26		6496			X								X					X	
27		6497				X							X	X					
28		6498	X										X					X	
29		6499	X										X					X	
30	↓	6500			X								X	X					
31																			
32																			
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(b)(6)

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

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

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

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

FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

1:00 PM

DATE

11-17-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc.

STREET ADDRESS

517 Rang St Julie.

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

STREET ADDRESS

94 Hoover Drive

CITY, STATE, ZIP CODE

Jonestown PA 17038

AREA CODE & TELEPHONE NO.

717-865-7584

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USEZ	6441				X								X	X					
	6442				X								X	X					
	6443				X								X				X		
	6444						X			X							X		
	6445						X						X	X					
	6446	X								X					X				
	6447	X								X							X		
	6448						X			X							X		
	6449						X			X				X					
	6450	X								X							X		
	6451	X											X				X		
	6452						X						X				X		
	6453	X								X					X				
	6454	X								X							X		
	6455						X			X					X				

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 5:05
DATE 18 Nov. 2010
TIME 9:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME 11-318000563

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

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

FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	04EZ	6456	X						X								X		
17		6457	X						X								X		
18		6458	X						X					X					
19		6459			X					X				X					
20		6460						X		X				X					
21		6461						X		X				X					
22		6462	X							X							X		
23		6463	X						X					X					
24		6464	X						X								X		
25		6465						X		X							X		
26		6466						X		X							X		
27		6467						X		X				X					
28		6468	X										X	X					
29		6469	X										X	X					
30		6470	X										X				X		
31																			
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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: 12 00 AM
DATE: 11-5-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA
NAME OF AUCTION/MARKET: _____

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Sonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-665-7586
CONSIGNEE (RECEIVER/DESTINATION) NAME: Level Canada Export Inc
STREET ADDRESS: 517 Rang St Julia Est
CITY, STATE, ZIP CODE: St Andre Avellan Canada
AREA CODE & TELEPHONE NO.: _____

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Foals are older than 6 months of age.
- Horses are able to bear weight on all 4 limbs.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	DSEZ	6201					X					X				X				
2		6202					X					X							X	
3		6203					X					X				X				
4		6204					X					X				X			1	
5		6205	X									X				X				
6		6206	X									X				X				
7		6207	X											X	X					
8		6208	X							X						X				
9		6209							X					X					X	
10		6210					X					X				X				
11		6211	X									X							X	
12		6212					X					X				X				
13		6213					X					X				X				
14		6214	X									X				X				
15		6215	X									X							X	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 5 Nov. 2010
TIME 12:45

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____
11-318000565

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to):
(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	15FZ	6216	X										X				X		
17		6217	X										X				X		
18		6218					X						X	X					
19		6219					X						X				X		
20		6220	X										X				X		
21		6221	X										X	X					
22		6222	X										X				X		
23		6223	X										X				X		
24		6224					X			X				X					
25		6225	X										X				X		
26		6226					X						X				X		
27		6227					X						X				X		
28		6228	X										X				X		
29		6229	X										X				X		
30		6230	X										X				X		
31																			
32																			
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SIGNATURE OF OWNER/SHIPPER (Certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE

12 AM

DATE

11/5/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel Canada Export Inc

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St Julia est

CITY, STATE, ZIP CODE

Sonestown PA 17030

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

717-669-7586

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Horses are able to bear weight on all 4 limbs.
- Foals are older than 6 months of age.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ 6231	X						X								X		
2	6232	X						X						X				
3	6233					X		X						X				
4	6234	X						X						X				
5	6235	X						X						X				
6	6236					X		X								X		
7	6237	X						X								X		
8	6238	X						X						X				
9	6239	X						X								X		
10	6240	X						X								X		
11	6241					X			X							X		
12	6242					X			X							X		
13	6243					X			X							X		
14	6244					X			X					X				
15	6245					X			X					X				

HORSES HAVE 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 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME 11-318000567

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	175EZ	6246					X						X						
17		6247						X						X		X			
18		6248					X						X	X					
19		6249					X					X					X		1 eye
20		6250					X					X					X		
21		6251	X									X					X		
22		6252	X										X				X		
23		6253					X					X					X		
24		6254					X					X					X		
25		6255	X									X					X		
26		6256					X					X					X		
27		6257					X					X		X					
28		6258	X									X		X					
29		6259					X					X					X		
30		6260	X									X					X		
31																			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

Brian Moore

U.S. DEPARTMENT 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 AM

DATE

11-9-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

STREET ADDRESS

94 Hoover Drive

CITY, STATE, ZIP CODE

Jonestown PA 17639

AREA CODE & TELEPHONE NO.

717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAUCI Canada Export Inc.

STREET ADDRESS

517 Rang St. Juhals

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Horses are able to bear weight on all 4 limbs.
- Foals are older than 6 months of age.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USEZ	6261					X				X				X					
	6262					X				X				X					
	6263				X								X			X			
	6264				X								X			X			
	6265	X											X	X					
	6266	X							X					X					
	6267	X							X					X					
	6268	X								X				X					
	6269	X								X						X			
	6270					X				X				X					
	6271					X				X				X					
	6272					X				X				X					
	6273	X								X				X					
	6274	X								X				X					
	6275	X								X						X			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

5:05

DATE

8 Nov - 2010

TIME

13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

11-318000569

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM
APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	6276	X							X				X					
17		6277	X							X								X	
18		6278	X							X				X					
19		6279						X		X				X					
20		6280						X			X						X		
21		6281						X					X				X		
22		6282	X							X				X					
23		6283						X		X				X					
24		6284	X							X							X		
25		6285							X				X	X					
26		6286	X							X							X		
27		6287						X		X				X					
28		6288	X										X				X		
29		6289	X										X				X		
30		6290	X										X	X					
31																			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE: 12 00 AM
DATE: 9/23/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julia
CITY, STATE, ZIP CODE: St. Andre Avellan Canada
AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs.
 Foals are older than 6 months of age. Horses are not blind in both eyes. Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	DSEZ 5570				X								X	X				
2	5571	X						X						X				
3	5572	X											X			X		
4	5573	X											X			X		
5	5574	X											X			X		
6	5575	X											X			X		
7	5576					X				X			X					
8	5577	X											X			X		
9	5578	X								X						X		
10	5579	X								X			X					
11	5580				X								X	X				
12	5581					X							X	X				
13	5582					X				X			X					
14	5583					X				X			X					
15	5584	X						X					X					

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 24 Sept. 2010
TIME 12:30

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USEZ	5585	X										X			X				1 EYE
17		5586					X						X			X				
18		5587	X										X			X				
19		5588					X				X							X		
20		5589					X					X						X		
21		5590					X					X				X				
22		5591					X					X				X				
23		5592				X							X		X	X				
24		5593	X							X						X				
25		5594				X							X		X	X				
26		5595						X			X				X	X				1 EYE
27		5596					X					X			X	X				
28		5597	X									X						X		
29		5598	X							X					X	X				
30		5599						X			X				X	X				
31																				
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33																				
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(b)(6)

lined in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

12 AM

DATE

12/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St. Julia est.

CITY, STATE, ZIP CODE

Jonestown PA 17030

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

717-065-7506

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Horses are able to bear weight on all 4 limbs.
- Foals are older than 6 months of age.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	U5EZ	6681					X				X						X		
2		6682					X				X						X		
3		6683					X				X				X				
4		6684					X						X				X		
5		6685					X				X				X				
6		6686					X						X				X		
7		6687					X						X	X					
8		6688					X						X				X		
9		6689					X				X						X		
10		6690	X						X					X					
11		6691	X										X				X		
12		6692					X		X								X		
13		6693					X						X				X		
14		6694	X										X				X		
15		6695	X										X	X					

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #5705
DATE 04/27/2010
TIME 15h00

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)

EST.
DATE
TIME

11-318000573

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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

1:00 AM

DATE

9/22/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown, PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel Canada Export Inc.

STREET ADDRESS

94 Hoover Dr.

STREET ADDRESS

517 Bang St. Julie Est.

CITY, STATE, ZIP CODE

Jonestown PA 17038

CITY, STATE, ZIP CODE

St. Adrea - Avilken

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Foals are older than 6 months of age.
- Horses are able to bear weight on all 4 limbs.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USE2	5480	X						X						X				
	5481					X		X						X				
	5482	X						X						X				
	5483					X		X						X				
	5484	X						X						X				
	5485					X		X						X				
	5486	X						X								X		
	5487	X						X						X				
	5488	X						X	X							X		
	5489					X		X								X		
	5490	X						X	X					X				
	5491					X		X						X				
	5492	X						X	X							X		
	5493	X						X	X							X		
	5494							X	X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505
DATE 22/09/2010
TIME 13400

COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the

(b)(6)

EST.
DATE
TIME

11-318000574

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USF2	5485	X														X		
17		5496					X							X					
18		5497					X							X					
19		5498	X						X					X					
20		5499					X		X					X					
21		5500					X		X					X					
22		5501	X						X					X					
23		5502	X						X					X					
24		5503	X						X					X					
25		5504	X						X					X					
26		5505					X		X					X					
27		5506	X						X					X					
28		5507	X						X					X				X	
29		5508					X		X					X				X	
30		5509			X				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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM
DATE: 9/23/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Sonestown PA 17039
AREA CODE & TELEPHONE NO.: 717-865-7506

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc
STREET ADDRESS: 517 Rang St. Julia
CITY, STATE, ZIP CODE: St. Andre Avellan Canada
AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Horses are able to bear weight on all 4 limbs.
- Foals are older than 6 months of age.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEZ 5570				X									X	X				
2	5571	X							X						X				
3	5572	X												X			X		
4	5573	X												X			X		
5	5574	X												X			X		
6	5575	X												X			X		
7	5576					X				X					X				
8	5577	X												X			X		
9	5578	X								X							X		
10	5579	X								X					X				
11	5580				X									X	X				
12	5581					X								X	X				
13	5582					X				X					X				
14	5583					X				X					X				
15	5584	X							X						X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 24 Sept. 2010
TIME 12:30

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____
11-318000576

SIGNATURE 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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USEZ	5585	X								X					X				1 EYE
17		5586					X			X						X				
18		5587	X							X						X				
19		5588					X				X							X		
20		5589					X			X								X		
21		5590					X			X						X				
22		5591					X			X						X				
23		5592			X							X	X							
24		5593	X						X							X				
25		5594			X							X	X							
26		5595						X			X					X				1 EYE
27		5596					X			X						X				
28		5597	X							X								X		
29		5598	X						X							X				
30		5599						X		X						X				
31																				
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SIGNATURE OF OWNER/SHIPPER (Print name and title) 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

1:00 AM

DATE

9/22/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown, PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel Canada Export Inc.

STREET ADDRESS

94 Hoover Dr.

STREET ADDRESS

517 Bang St. Julie Est.

CITY, STATE, ZIP CODE

Jonestown PA 17038

CITY, STATE, ZIP CODE

St. Adrea - Avilken

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USE2	5480	X													X				
2		5481					X									X				
3		5482	X													X				
4		5483					X									X				
5		5484	X													X				
6		5485					X									X				
7		5486	X															X		
8		5487	X													X				
9		5488	X										X					X		
10		5489					X						X					X		
11		5490	X													X				
12		5491					X									X				
13		5492	X															X		
14		5493	X															X		
15		5494						X								X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 22/09/2010

TIME 13400

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

EST.

DATE

TIME

11-318000578

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USE2	5485	X														X		
17		5496					X										X		
18		5497					X										X		
19		5498	X							X							X		
20		5499					X			X							X		
21		5500					X			X							X		
22		5501	X							X							X		
23		5502	X							X							X		
24		5503	X							X							X		
25		5504	X							X							X		
26		5505					X			X							X		
27		5506	X							X							X		
28		5507	X							X							X		
29		5508					X			X							X		
30		5509			X					X							X		
31										X							X		
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(b)(6)

...n this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

1:30 AM

DATE

9-24-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown, PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel Canada Export Inc.

STREET ADDRESS

94 Hoover DR.

STREET ADDRESS

517 Bang St. Julie Est.

CITY, STATE, ZIP CODE

Jonestown, PA 17038

CITY, STATE, ZIP CODE

St. Andrea Avellin

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Foals are older than 6 months of age.
- Horses are able to bear weight on all 4 limbs.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEZ 5540				X											X		
2	5541			X								X			X			
3	5542						X					X				X		
4	5543	X										X			X			
5	5544				X							X				X		
6	5545	X										X			X			
7	5546						X					X			X			
8	5547	X										X			X			
9	5548					X						X			X			i eye
10	5549					X						X				X		
11	5550					X						X			X			
12	5551	X								X						X		
13	5552			X								X				X		
14	5553	X							X							X		
15	5554	X							X						X			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b)(6)

THEBY AUTHORIZES THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that 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 24/09/2010
TIME 14h 45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in Ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	5555					X						X						
17		5556					X										X		
18		5557	X														X		
19		5558	X						X					X					
20		5559				X						X	X						
21		5560	X							X							X		
22		5561	X						X								X		
23		5562						X		X				X					
24		5563					X					X	X						
25		5564					X					X					X		
26		5565					X		X								X		1 Ey2
27		5566					X			X				X					
28		5567					X			X							X		
29		5568					X					X					X		
30		5569					X			X							X		
31																			
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...tained 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

12 AM

DATE

10/22/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Sonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St. Julia Est

CITY, STATE, ZIP CODE

Sonestown PA 17038

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USEZ	5991					X				X						X		
	5992	X								Y						X		
	5993				X								X	X				
	5994				X								X	X				
	5995					X				X				Y				
	5996				X								X	X				
	5997					X				X				X				
	5998				X								X	X				
	5999				X								X	X				
	6000	X								X						X		
	6001				X								X	X				
	6002							X		X				X				
	6003				X									X				
	6004				X									X				
	6005					X				X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIG

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

505

DATE

22 Oct 2010

TIME

11:30

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

EST.

DATE

TIME

(b)(6)

11-31800058Z

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO	COLOR DESCRIPTION							BREED/TYPE					SEX		BRANDS Tattoos, etc	REMARKS include precondition	
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	6006						X					X	X					
17		6007					X					X		X					
18		6008	X								X							X	
19		6009						X					X					X	
20		6010	X								X			X					
21		6011					X				X							X	
22		6012				X							X					X	
23		6013	X								X			X					
24		6014				X								X					
25		6015	X								X			X					
26		6016					X				X			X					
27		6017	X								X			X					
28		6018	X								X			X					
29		6019	X							X								X	
30		6020	X								X							X	
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b)(6)

this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

1:00 AM

10/13/10

Stoneham MA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

Brian Moore

CAVEL Canada Export Inc.

STREET ADDRESS

STREET ADDRESS

94 Hoover Drive

517 Rang St. Julia Est

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Stoneham MA 01780

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

717-865-7596

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Horses are able to bear weight on all 4 limbs.
- Foals are older than 6 months of age.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1 USEZ	5840					X							X			X		
2	5841					X					X			X				
3	5842	X											X			X		
4	5843	X											X	X				
5	5844					X				X						X		
6	5845					X							X			X		
7	5846	X											X	X				
8	5847	X											X			X		
9	5848					X							X	X				
10	5849	X											X			X		
11	5850	X								X						X		
12	5851					X							X			X		
13	5852					X							X			X		
14	5853					X							X			X		
15	5854	X											X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 5:05
DATE 13 Oct 2010
TIME 12:45

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

EST.
DATE
TIME

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	5855	X										X				X		
17		5856					X			X					X				
18		5857	X										X	X					
19		5858	X										X				X		
20		5859	X										X				X		
21		5860	X										X	X					
22		5861					X						X	X					
23		5862	X										X	X					
24		5863	X										X				X		
25		5864	X										X				X		
26		5865	X										X	X					
27		5866	X										X				X		
28		5867	X										X	X					
29		5868	X										X	X					
30		5869	X										X				X		
31																			
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(b)(6)

Information contained in this form is true and correct to the best of my knowledge.)

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 AM
DATE
10/29/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Jonestown PA
NAME OF AUCTION/MARKET

(b)(6)

STREET ADDRESS
Brian Moore
94 Hoover Drive
CITY, STATE, ZIP CODE
Jonestown PA 17038
AREA CODE & TELEPHONE NO.
717-265 7586

CONSIGNEE (RECEIVER/DESTINATION) NAME
Avell Uvada Export Inc
STREET ADDRESS
517 Rang St Julia
CITY, STATE, ZIP CODE
St Andre Avellan Uvada
AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs.
 Foals are older than 6 months of age. Horses are not blind in both eyes. Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEZ	6111	X							X								X		
2		6112				X					X						X			
3		6113	X							X									X	
4		6114						X						X	X					
5		6115	X											X	X					
6		6116				X								X				X		
7		6117					X			X						X				
8		6118	X											X				X		
9		6119	X											X	X					
10		6120			X					X						X				
11		6121					X			X								X		
12		6122	X							X						X				
13		6123						X		X						X				
14		6124	X											X				X		
15		6125	X							X						X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.
(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 29 Oct. 2010
TIME 11:15

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)
(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	VSEZ	6126					X							X						
17		6127	X																	X
18		6128					X		X											X
19		6129	X										X	X						
20		6130	X										X	X						
21		6131	X										X							X
22		6132	X										X							X
23		6133	X										X							X
24		6134	X										X	X						
25		6135						X					X							X
26		6136					X			X				X						
27		6137	X						X											X
28		6138						X		X				X						
29		6139	X						X						X					
30		6140	X						X					X		X				
31																				
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SIGNATURE OF OWNER/SHIPPER certifies that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

99C10F7 2069641

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE

6:00 AM

DATE

10/5/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

STREET ADDRESS

94 Hoover Drive

CITY, STATE, ZIP CODE

Jonestown

AREA CODE & TELEPHONE NO.

717-965-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME

CAVEL Canada Export Inc

STREET ADDRESS

517 Rang St Julia est

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEZ 5750	X							X					X					
2	5751				X								X				X		
3	5752					X		X						X					
4	5753	X							X					X					
5	5754					X			X					X					
6	5755					X			X					X					
7	5756	X							X					X					
8	5757				X								X	X					
9	5758					X			X					X					
10	5759				X									X					
11	5760			X					X					X					
12	5761					X			X								X		
13	5762	X							X								X		
14	5763	X							X					X					
15	5764				X								X				X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS PRIOR TO LOADING ON CONVEYANCE.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 5 Oct 2010
TIME 12:30

COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

EST.
DATE
TIME

11-318000588

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEL	5765						X		X				X					
17		5766					X			X				X					
18		5767				X							X	X					
19		5768	X							X				X					
20		5769				X							X	X					
21		5770	X							X				X					
22		5771	X							X				X					
23		5772					X			X				X					
24		5773				X							X	X					
25		5774					X	X		X							X		
26		5775					X			X				X					
27		5776	X						X								X		
28		5777					X		X					X					
29		5778					X		X					X					
30		5779					X										X		
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(b)(6)

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE DATE CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

1:00

10-5-10

SONESTOWN PA

(b)(6)

NAME OF AUCTION/MARKET

SIGNEE (RECEIVER/DESTINATION) NAME

Brian Moore

CAVEL- CANADA EXPORT INC.

STREET ADDRESS

94 Hoover Drive

STREET ADDRESS

517 Rang St Julia St.

CITY, STATE, ZIP CODE

SONESTOWN PA 17030

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

717-865-7586

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Horses are able to bear weight on all 4 limbs.
- Foals are older than 6 months of age.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1 USEZ	5690	X											X	X					
2	5691					X				X				X					
3	5692	X											X	X					
4	5693	X											X	X					
5	5694	X							X							X			
6	5695	X											X	X					
7	5696	X											X	X					
8	5697	X											X	X					
9	5698	X											X			X			
10	5699	X											X			X			
11	5700	X											X	X					
12	5701					X			X					X					
13	5702					X			X					X					
14	5703	X											X			X			
15	5704	X											X			X			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 5 Oct 2010
TIME 12:30

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld	
16	USEZ	5705				X							X	X					
17		5706	X										X	X					
18		5707	X										X				X		
19		5708					X						X				X		
20		5709					X			X							X		
21		5710					X			X				X					
22		5711						X		X							X		
23		5712	X										X				X		
24		5713	X							X				X					
25		5714	X										X				X		
26		5715	X										X				X		
27		5716	X										X	X					
28		5717	X										X		X				
29		5718				X							X		X				
30		5719	X							X							X		
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Signature of Owner/Shipper: _____ on 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

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FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USEZ	5705				X							X	X					
17		5706	X										X	X					
18		5707	X										X				X		
19		5708						X					X				X		
20		5709						X			X						X		
21		5710						X			X			X					
22		5711							X		X						X		
23		5712	X										X				X		
24		5713	X							X				X					
25		5714	X										X				X		
26		5715	X										X				X		
27		5716	X										X	X					
28		5717	X										X			X			
29		5718					X						X			X			
30		5719	X							X							X		
31																			
32																			
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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/Lead: 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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE _____ DATE _____

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
PA, Jonestown

NAME OF AUCTION/MARKET _____

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME
Brian Moore
STREET ADDRESS
94 Hoover DR.
CITY, STATE, ZIP CODE
Jonestown PA 17038
AREA CODE & TELEPHONE NO.
717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME
Cavel Canada Export Inc.
STREET ADDRESS
517 Rang St. Julie Est.
CITY, STATE, ZIP CODE
Anette - Anettin Canada
AREA CODE & TELEPHONE NO. _____

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Horses are able to bear weight on all 4 limbs.
- Foals are older than 6 months of age.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USE26081									X										
2		6082	X											X						
3		6083	X							X				X						
4		6084	X							X				X						
5		6085	X							X				X						
6		6086						X		X				X						
7		6087	X							X				X						
8		6088	X							X				X						
9		6089	X							X				X						
10		6090	X							X				X				X		
11		6091					X			X				X						
12		6092	X							X				X						
13		6093	X							X				X						
14		6094					X			X				X						
15		6095	X							X				X						

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE _____

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 29 Oct 2010
TIME 11:15

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.) _____

(b)(6)

EST. _____
DATE _____
TIME _____

11-316000593

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

TAG PREFIX	Tag NO.	COLOR DESCRIPTION								BREED/TYPE					SEX		BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USE2	6096					X		X							X			
	6097	X						X						X				
	6098	X						X						X				
	6099	X						X						X				
	6100	X						X						X				
	6101						X		X					X				
	6102					X	X		X					X				
	6103				X	X			X					X				
	6104	X							X					X				
	6105	X							X					X				
	6106	X					X		X					X				
6107						X		X					X					
6108	X					X		X					X					
6109	X					X		X					X					
6110	X					X		X					X					
31																		
32																		
33																		
34																		
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(b)(6) Information contained in this form is true and correct to the best of my knowledge.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE

1:00 AM

DATE

10-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown, PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

STREET ADDRESS

94 Hoover DR.

CITY, STATE, ZIP CODE

Jonestown PA 17038

AREA CODE & TELEPHONE NO.

717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME

Cavel Canada Export Inc.

STREET ADDRESS

517 Rang St. Julie Est.

CITY, STATE, ZIP CODE

Andre-Aville Canada

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USE2	6021					X		X						X					
	6022	X						X										X	
	6023					X		X						X					
	6024							X	X									X	
	6025							X	X									X	
	6026	X						X	X					X					
	6027	X						X	X									X	
	6028					X		X										X	X
	6029	X											X					X	X
	6030	X						X						X					
	6031					X							X	X					
	6032	X						X										X	
	6033	X											X					X	
	6034					X		X						X					
	6035	X						X										X	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 27 October 2010

TIME 11:15 A.M.

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)

(b)(6)

EST.

DATE

TIME

U.S. DEPARTMENT 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

1:2 AM

DATE

10/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Jonestown, PA

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Brian Moore

STREET ADDRESS

94 Hoover DR.

CITY, STATE, ZIP CODE

Jonestown, PA 17038

AREA CODE & TELEPHONE NO.

717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME

Coel Canada Export. Inc

STREET ADDRESS

517 Rang St. Julie Est

CITY, STATE, ZIP CODE

Andre-Avelin Canada

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
- Foals are older than 6 months of age.
- Horses are able to bear weight on all 4 limbs.
- Horses are not blind in both eyes.
- Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USE26051	X						X							X			
2	6052	X												X				
3	6053					X		X									X	
4	6054					X			X					X				
5	6055				X							X					X	
6	6056	X						X									X	
7	6057					X		X									X	
8	6058				X							X					X	
9	6059					X		X				X		X				
10	6060				X							X		X				
11	6061					X			X					X				
12	6062					X			X					X				
13	6063					X			X								X	
14	6064	X										X					X	
15	6065					X						X					X	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATE

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 27 OCTOBER 2010

TIME 11:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

11-318000597

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE				SEX		BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld
L062	6066						X		X				X				
	6067	X							X				X				
	6068				X	X		X							X		
	6069				X							X	X				
	6070	X										X	X				
	6071						X					X	X				
	6072						X		X			X	X				
	6073					X			X			X	X				
	6074				X							X			X		
	6075					X			X						X		
6076	X										X			X			
6077					X			X						X			
6078					X			X				X		X			
6079				X				X						X			
6080					X			X				X		X			

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: [Redacted] (b)(6) [Redacted] st of my knowledge.)

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

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USE26051	X							X								X		
2	6052	X								X							X		
3	6053						X		X									X	
4	6054						X		X								X		
5	6055					X							X					X	
6	6056	X							X									X	
7	6057						X		X									X	
8	6058					X							X					X	
9	6059					X			X								X		
10	6060					X							X				X		
11	6061						X		X								X		
12	6062						X		X								X		
13	6063						X		X									X	
14	6064	X											X					X	
15	6065						X						X					X	

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 know)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 27 October 2010

TIME 11:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

11-318000599

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED
OMB NO. 0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX		BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld
16	USE 26066							X		X				X				
17		6067	X							X				X				
18		6068				X		X								X		
19		6069			X							X	X					
20		6070	X									X	X					
21		6071						X				X	X					
22		6072						X		X			X					
23		6073				X		X		X			X					
24		6074			X							X				X		
25		6075				X				X						X		
26		6076	X									X				X		
27		6077				X		X		X						X		
28		6078				X		X		X			X			X		
29		6079			X			X		X						X		
30		6080				X		X		X			X					
31																		
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SIGNATURE OF OWNER/SHIPPER

(b)(6)

edge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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

(b)(6)

Sonestown PA

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

Guel Canada Export Inc.

STREET ADDRESS

517 Rang St. Julia est.

CITY, STATE, ZIP CODE

St Andre Avellan Canada

AREA CODE & TELEPHONE NO.

OWNER/SHIPPER NAME

STREET ADDRESS

94 Hoover Drive

CITY, STATE, ZIP CODE

Sonestown PA 17030

AREA CODE & TELEPHONE NO.

717-865-7586

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USE2	5961					X						X			X				
2		5962					X						X			X				
3		5963	X									X						X		
4		5964	X									X							X	
5		5965	X									X				X				
6		5966	X									X				X				
7		5967	X										X					X		
8		5968	X									X						X		
9		5969					X						X					X		
10		5970					X					X						X		
11		5971	X										X	X						
12		5972					X					X						X		
13		5973	X							X								X		
14		5974	X							X						X				
15		5975					X			X						X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE OF OWNER/SHIPPER (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (certify that the information contained in this form is true and correct to the best of your knowledge)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 20 Oct 2010
TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME