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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 2/11/10

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. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4220				X				X				X				
2		4221				X				X				X				one eye
3		4222	X						X							X		
4		4223	X						X					X				
5		4224				X				X					X			
6		4225			X				X					X				
7		4226			X				X					X				one e/e
8		4227					X			X						X		
9		4228					X			X				X				
10		4229				X				X				X				
11		4230				X				X				X				
12		4231	X										X			X		
13		4232						X			X					X		one eye
14		4233					X				X					X		
15		4234	X						X					X				

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

SIGNATU (b)(6)

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

SIGNATURE OF OWNER/SHIPPER(I certify that 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 2010-02-11

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

'G29791

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4235				X				X				X				
17		4236						X		X				X				
18		4237					X			X						X		
19		4238				X				X				X				
20		4239	X						X							X		
21		4240					X			X				X				
22		4241	X										X			X		
23		4242					X			X				X				
24		4243					X			X						X		
25		4244	X										X	X				
26		4245	X										X			X		
27		4246	X										X			X		
28		4247					X			X				X				
29		4248			X					X					X			
30		4249						X		X					X			
31																		
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S (b)(6) in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2 15 PM

DATE: 6/15/10

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

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (WHOLESALER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4250						X			X					X		
2		4251				X				X				X				
3		4252				X				X				X				
4		4253					X			X				X				
5		4254						X		X						X		one eye
6		4255				X				X				X				
7		4256				X				X				X				
8		4257	X						X					X				
9		4258	X						X							X		
10		4259	X						X					X				
11		4260	X										X	X				
12		4261	X							X				X				
13		4262				X				X						X		
14		4263					X			X				X				
15		4264	X							X						X		

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

SIG (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 16 Juin 2010

TIME 11:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4265	X							X				X				
17		4266	X							X				X				
18		4267	X						X						X			
19		4268	X							X					X			
20		4269	X						X					X				
21		4270					X				X					X		
22		4271	X							X						X		
23		4272	X							X				X				
24		4273					X		X					X				
25		4274	X						X					X				
26		4275	X							X				X				
27		4276	X						X							X		
28		4277	X						X							X		
29		4278	X							X				X				
30		4279						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)

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Page 1 L061393

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 5-31-10

DATE: 1:00 AM

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

(b)(6)

NAME OF AUCTION/MARKET: —

(SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre-Avellin, Canda

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4040				X				X						X		
2		4041	X							X				X				
3		4042				X				X				X				
4		4043				X				X				X				
5		4044	X							X				X				
6		4045					X			X				X				
7		4046	X							X				X				
8		4047			X								X			X		
9		4048			X					X				X				
10		4049						X		X				X				
11		4050					X		X					X				
12		4051	X						X							X		
13		4052	X						X					X				
14		4053	X							X						X		
15		4054	X						X					X				

HORSES HAVE 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 June 1st, 2010

TIME 7:45 AM.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4055	X						X					X				
17		4056	X							X						X		
18		4057	X							X				X				
19		4058	X										X			X		
20		4059	X						X					X				
21		4060				X				X				X				
22		4061	X										X			X		
23		4062					X			X				X				one eye
24		4063					X		X					X				
25		4064	X						X					X				
26		4065	X						X					X				
27		4066					X		X					X				
28		4067	X						X					X				
29		4068	X						X					X				
30		4069	X										X			X		
31																		
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SIGNATURE O [redacted] rm is true and correct to the best of my knowledge.)

(b)(6)

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Page 1 of 2
G 29 789

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 3 [redacted] m

DATE: 6 [redacted] 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: Avel Canada Export Inc

STREET ADDRESS: 517 Rang 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4070					X				X					X		
2		4071					X						X	X				mule!
3		4072	X					X					X	X				
4		4073					X						X			X		
5		4074	X										X			X		
6		4075	X										X	X				
7		4076						X		X						X		
8		4077	X										X	X				
9		4078	X										X			X		
10		4079	X										X	X				
11		4080			X								X			X		
12		4081	X										X			X		
13		4082	X										X			X		
14		4083			X								X			X		
15		4084	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 2 June 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

629789

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSFA	4085	X										X			X		
17		4086	X										X			X		
18	✓	4087	X										X			X		
19	✓	4088	X										X			X		
20		4089	X							X				X				
21		4090	X							X				X				
22		4091			X								X			X		
23		4092	X							X				X				
24		4093						X		X						X		
25	✓	4094	X										X	X				
26		4095	X										X	X				
27		4096					X				X			X				
28		4097			X								X			X		
29	✓	4098	X										X	X				
30	✓	4099					X			X				X				
31		[redacted]																
32																		
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Page 6 29 786

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 11:00 PM

DATE: 6/8/10

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 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: St. Andre - Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4160					X		X							X		
2		4161					X		X					X				
3		4162				X				X						X		
4		4163	X							X						X		
5		4164	X							X				X				
6		4165					X				X					X		
7		4166						X		X						X		
8		4167	X							X				X				
9		4168	X							X				X				
10		4169	X							X				X				
11		4170						X		X						X		
12		4171	X							X				X				
13		4172	X							X				X				
14		4173					X						X	X				
15		4174	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 9 Juin 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

page 2 of 2

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4175					X			X						X		
17		4176				X				X				X				
18		4177						X		X				X				
19		4178					X			X				X				
20		4179	X							X						X		
21		4180	X							X				X				
22		4181	X							X				X				
23		4182	X							X				X				
24		4183	X						X					X				
25		4184					X		X					X				
26		4185	X						X							X		
27		4186	X						X							X		
28		4187	X						X					X				
29		4188	X						X							X		
30		4189		X					X						X			
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(b)(6)

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

VS FORM 10-13A
(SEP 2002)

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Page 101 of 2061398

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 4-20-10

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 est,

CITY, STATE, ZIP CODE: St, Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3800					X			X				X				
2		3801	X							X				X				
3		3802					X			X				X				
4		3803					X		X					X				
5		3804	X						X					X				
6		3805					X		X					X				
7		3806	X						X					X				
8		3807	X						X					X				
9		3808	X							X				X				
10		3809					X			X						X		
11		3810					X			X				X				
12		3811	X							X						X		
13		3812	X							X				X				
14		3813						X		X				X				
15		3814					X						X	X				

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

(b)(6)

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

SIGNATURE OF OWNER/SHIPPER(I certify that 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 2010-04-30

TIME 12:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2061398

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3815	X										X			X		
17		3816					X						X			X		
18		3817	X										X			X		
19		3818	X										X			X		
20		3819	X										X			X		
21		3820					X			X				X				
22		3821	X						X					X				
23		3822					X			X						X		
24		3823					X			X				X				
25		3824					X			X				X				
26		3825	X										X	X				
27		3826	X							X						X		
28		3827					X			X				X				
29		3828				X				X					X			
30		3829					X			X				X				
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(b)(6) the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 4-28-10

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 est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3770	X										X			X		
2		3771	X										X			X		
3		3772	X										X	X				
4		3773					X				X					X		
5		3774	X							X				X				
6		3775	X										X	X				
7		3776	X										X			X		
8		3777					X						X			X		
9		3778	X										X			X		
10		3779					X				X					X		
11		3780	X										X			X		
12		3781						X		X						X		
13		3782	X										X	X				
14		3783	X										X	X				
15		3784					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 [illegible] DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 509

DATE 2010-04-28

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

PART 1 - INSPECTOR

2061395

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3785					X			X				X				
17		3786	X							X						X		
18		3787					X			X						X		
19		3788	X						X					X				
20		3789	X						X					X				
21		3790	X						X					X				
22		3791	X						X					X				
23		3792	X						X					X				
24		3793	X						X					X				
25		3794					X		X					X				
26		3795	X										X			X		
27		3796	X										X			X		
28		3797	X										X	X				
29		3798	X							X						X		
30		3799	X							X						X		
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VS FORM 10-13A
(SEP 2002)

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2061320

U.S. DEPARTMENT 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: 1230AM

DATE: 42810

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. Sulia est.

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	3740					X			X					X			
2		3741					X			X				X				
3		3742	X						X					X				
4		3743	X						X					X				
5		3744	X						X					X				
6		3745	X						X					X				
7		3746	X						X					X				
8		3747						X		X				X				1 eye
9		3748				X				X						X		
10		3749					X			X				X				
11		3750			X					X				X				
12		3751				X				X				X				
13		3752					X			X				X				
14		3753				X				X						X		
15		3754				X				X				X				

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

SIGNA (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. 509

DATE 2010-04-28

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

2061372

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

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

(Please type or print in ink)

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

FORM APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3755					X			X						X		
17		3756	X							X				X				
18		3757	X										X	X				
19		3758	X							X				X				1 EYE
20		3759					X			X				X				
21		3760					X			X						X		
22		3761					X						X			X		
23		3762	X							X						X		
24		3763					X				X					X		
25		3764	X										X	X				
26		3765	X										X			X		
27		3766	X							X				X				1 EYE
28		3767					X				X			X				
29		3768	X							X				X				
30		3769					X			X					X			
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Page 1 of 5
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 5-5-10

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 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7596

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3830					X				X			X				1-5 Leg
2		3831					X				X			X				
3		3832	X										X			X		
4		3833	X										X			X		
5		3834	X										X			X		
6		3835	X										X	X				
7		3836	X										X			X		
8		3837	X										X	X				
9		3838					X						X	X				
10		3839	X										X	X				one eye
11		3840				X				X				X				
12		3841	X										X	X				
13		3842					X		X							X		
14		3843	X										X	X				
15		3844	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)

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SIGNATURE OF OWNER/SHIPPER(I certify that 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 2010-05-05

TIME 13:25

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 of 2
629784

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

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

(Please type or print in ink)

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

FORM APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3845	X										X	X				Big Leg
17		3846	X										X			X		
18		3847					X						X			X		
19		3848	X										X			X		
20		3849	X										X			X		
21		3850	X										X			X		
22		3851	X										X			X		
23		3852	X										X	X				
24		3853					X			X				X				
25		3854	X						X					X				
26		3855	X							X						X		
27		3856						X		X						X		
28		3857	X							X				X				
29		3858				X				X				X				
30		3859	X							X				X				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

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G29781

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: Jonestown PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3860				X				X						X		
2		3861						X			X			X				not loaded
3		3862					X			X				X				
4		3863						X		X				X				
5		3864					X				X			X				
6		3865					X			X				X				
7		3866	X										X	X				
8		3867					X			X						X		
9		3868	X						X							X		
10		3869					X		X					X				
11		3870						X		X				X				
12		3871	X										X			X		
13		3872						X		X				X				
14		3873						X		X				X				
15		3874	X						X					X				

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

SIGNA (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-07

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART - INSPECTOR

G 29781

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3875	X						X					X				
17		3876				X				X				X				Bad eyes
18		3877					X		X					X				
19		3878	X						X							X		
20		3879	X						X							X		
21		3880	X										X	X				
22		3881	X							X						X		
23		3882				X				X				X				
24		3883					X			X				X				
25		3884	X										X	X				
26		3885						X		X				X				
27		3886					X			X						X		
28		3887	X						X					X				
29		3888	X							X				X				
30		3889	X										X	X				
31																		
32																		
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information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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639777

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: [illegible]

DATE: 5-19-10

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: Ariel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Quebec

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	3950					X			X						X		
2		3951						X		X				X				
3		3952	X						X					X				
4		3953					X			X				X				
5		3954					X			X						X		
6		3955	X							X						X		
7		3956	X							X						X		
8		3957	X							X						X		
9		3958					X			X						X		
10		3959				X				X						X		
11		3960	X						X							X		
12		3961	X						X							X		
13		3962					X			X						X		
14		3963	X							X				X				
15		3964						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 2010-05-19

TIME 12:35

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

629777

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3965					X			X				X				
17		3966					X				X					X		
18		3967					X		X							X		
19		3968			X					X				X				
20		3969			X					X				X				
21		3970					X			X				X				
22		3971					X			X				X				
23		3972					X			X						X		
24		3973					X			X				X				
25		3974	X							X				X				
26		3975	X							X				X				
27		3976					X			X						X		
28		3977					X			X						X		
29		3978			X					X						X		
30		3979	X							X					X			
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SIGN [redacted] e information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

629779

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 5-14-10

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 17030

AREA CODE & TELEPHONE NO.: 717-865-7566

CONSIGNEE (RECEIVER/DESTINATION) NAME: Quel Canada Export. Inc.

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3920					X			X				X				
2		3921						X		X				X				
3		3922				X				X				X				
4		3923	X							X				X				
5		3924	X							X						X		
6		3925					X			X				X				
7		3926					X		X							X		
8		3927					X			X						X		
9		3928	X										X	X				
10		3929	X										X			X		
11		3930	X										X	X				
12		3931	X										X	X				
13		3932	X										X			X		
14		3933	X							X				X				
15		3934	X							X				X				

HORSES HAVE 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. 507

DATE 2010-05-14

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3935	X							X						X		
17		3936	X							X						X		
18		3937					X			X				X				
19		3938					X			X						X		
20		3939					X			X				X				
21		3940					X			X				X				
22		3941					X			X						X		
23		3942	X										X			X		
24		3943	X										X			X		
25		3944	X										X	X				
26		3945					X			X				X				
27		3946				X				X				X				
28		3947	X							X				X				
29		3948				X				X				X				
30		3949				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)

(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 52810

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 Hoover Dr.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre - Avellin 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.
- ☐ 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	USFA	4010	X							X						X		
2		4011					X			X				X				
3		4012	X						X					X				
4		4013	X						X					X				
5		4014	X						X					X				
6		4015						X		X				X				
7		4016	X						X					X				
8		4017	X						X					X				
9		4018	X										X	X				one Eye
10		4019	X						X					X				
11		4020						X		X						X		one Eye
12		4021					X			X				X				One Eye
13		4022	X					X						X				
14		4023	X						X							X		
15		4024	X						X					X				

HORS
HOUF
SIGN/

(b)(6)

R A MINIMUM OF 6 CONSECUTIVE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-28

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)

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Page 2 of 247352

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4025	X						X							X		
17		4026					X				X			X				
18		4027	X										X	X				
19		4028	X						X					X				
20		4029	X						X							X		
21		4030	X						X					X				
22		4031					X		X							X		
23		4032	X						X					X				
24		4033	X										X			X		
25		4034					X			X				X				
26		4035					X		X					X				
27		4036	X							X				X				
28		4037					X						X			X		
29		4038	X										X			X		
30		4039					X				X					X		one Eye
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 BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

Best Copy Available

Page 1 of 29

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:45 AM

DATE: 52610

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 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: St. Anne Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	[redacted]	3980					X			X						X		
2	USFA	3981				X				X						X		
3		3982	X							X				X				
4		3983	X							X				X				
5		3984					X			X				X				
6		3985	X						X							X		
7		3986					X			X						X		
8		3987					X			X				X				
9		3988					X			X				X				
10		3989	X							X				X				
11		3990	X										X	X				
12		3991	X										X	X				
13		3992					X			X				X				
14		3993					X			X				X				
15	V	3994	X							X				X				

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

SIGNATU (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 2010-05-26

DATE 505

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 - G 29778

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	3995	X										X			X		
17		3996					X		X							X		
18		3997	X										X			X		
19		3998	X										X			X		
20		3999	X							X				X				
21		4000	X							X				X				
22		4001	X						X							X		
23		4002				X				X				X				
24		4003	X							X						X		
25		4004				X				X				X				
26		4005	X										X	X				
27		4006					X				X			X				
28		4007	X										X			X		
29		4008	X										X			X		
30		4009	X							X				X				
31																		
32																		
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SIGN [redacted] in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 5-12-10

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: 74 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Quel Canada Export, Inc.

STREET ADDRESS: 577 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3890				X				X				X				
2		3891	X						X							X		
3		3892	X						X					X				
4		3893	X							X				X				
5		3894	X							X						X		
6		3895					X			X						X		
7		3896			X					X				X				
8		3897	X							X						X		
9		3898					X			X						X		
10		3899					X						X			X		
11		3900	X						X					X				one eye
12		3901	X						X							X		
13		3902	X						X							X		
14		3903	X							X					X			
15		3904	X						X							X		

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

SI[illegible] (b)(6)

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

SIGNATURE OF OWNER/SHIPPER(I certify that 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 2010-05-12

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

629780

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSFA	3905						X		X				X				
17		3906	X							X				X				
18		3907				X				X				X				
19		3908					X			X				X				
20		3909					X			X				X				
21		3910					X			X				X				
22		3911					X						X			X		
23		3912						X		X				X				not loaded
24		3913					X			X				X				
25		3914					X			X				X				
26		3915						X		X						X		
27		3916					X			X				X				
28		3917					X			X				X				
29		3918				X				X						X		
30		3919	X							X					X			
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ormation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1 pm Am

DATE: 3-9-10

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

(b)(6)

NAME OF AUCTION/MARKET:

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel 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.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3268	X						X					X				
2		3269	X						X					X				
3		3270				X				X				X				
4		3271	X							X				X				
5		3272	X							X						X		
6		3273	X						X					X				
7		3274				X				X				X				
8		3275					X			X				X				
9		3276	X							X						X		
10		3277					X			X				X				
11		3278					X			X				X				
12		3279			X						X			X				not Loaded
13		3280					X			X				X				
14		3281						X		X						X		
15		3282				X				X						X		

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

SIG (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. OID #505

DATE: March 9th, 2010

TIME: 7:45 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

PART 1 - INSPECTOR

2061383

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3283					X		X					X				
17		3284					X		X					X				
18		3285	X						X							X		
19		3286	X						X					X				
20		3287	X						X					X				
21		3288	X						X					X				Spot in eye
22		3289	X						X					X				
23		3290					X				X					X		
24		3291	X							X				X				
25		3292	X							X						X		
26		3293	X										X			X		
27		3294					X			X						X		
28		3295					X			X				X				
29		3296					X			X						X		
30		3297	X										X	X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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Page 1 of 2
L060885

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 3-10-10

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.: 717-865-7590

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc,

STREET ADDRESS: 517 Rang St, Suite est,

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3298	X										X	X				
2		3299	X										X	X				
3		3300	X										X	X				
4		3301	X										X	X				
5		3302	X										X	X				
6		3303	X										X	X				
7		3304				X				X						X		
8		3305	X										X	X				
9		3306	X										X	X				
10		3307	X										X	X				
11		3308	X										X	X				
12		3309	X										X	X				
13		3310	X										X	X				
14		3311	X										X	X				
15		3312	X										X					

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

(b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-10

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

2060385

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3313	X										X	X				
17		3314	X										X	X				
18		3315	X							X					X			
19		3316	X										X	X				
20		3317			X								X			X		one eye
21		3318	X							X				X				
22		3319	X							X						X		
23		3320	X										X			X		
24		3321	X										X			X		
25		3322	X							X						X		
26		3323					X			X				X				
27		3324					X			X				X				
28		3325	X							X				X				
29		3326	X										X			X		
30		3327					X			X				X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

page 1 of 2
2061384

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 3-12-10

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 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3328	X							X				X				
2		3329						X					X	X				
3		3330						X					X			X		
4		3331					X			X				X				
5		3332					X			X						X		
6		3333					X				X					X		
7		3334	X							X				X				
8		3335				X				X				X				
9		3336				X				X				X				
10		3337	X						X							X		
11		3338					X		X					X				1 eye
12		3339	X						X					X				
13		3340					X		X					X				
14		3341					X				X			X				
15		3342	X						X					X				

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 509

DATE 2010-03-12

TIME 11:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

Previous editions are obslete

2061384

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3343					X			X				X				
17		3344	X							X						X		
18		3345					X		X							X		
19		3346					X			X				X				
20		3347					X			X						X		
21		3348					X			X						X		
22		3349	X										X			X		
23		3350					X						X			X		
24		3351	X										X			X		
25		3352					X				X					X		1 eye
26		3353	X										X			X		
27		3354	X										X			X		
28		3355	X							X				X				
29		3356					X				X			X				
30		3357					X						X			X		
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SIGN [redacted] tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS F[redacted]
(SEP 2002)

Best Copy Available

1061356

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: [illegible]

DATE: [illegible]

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: Gavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julien est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin QC

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

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

SIGN (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-17

TIME 11:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

L061356

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

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

DOUBLE SIDED

OWNER/SHIPPER CERTIFICAT
FITNESS TO TRAVEL TO A SLAUGHTER

(Please type or print in ink)

ork Reduction Act of 1995, no persons to a collection of information unless it ntrol number. The valid OMB control ion collection is 0579-0160. The time information collection is estimated to onse, including the time for reviewing existing data sources, gathering and ded, and completing and reviewing the

FORM APPROVED OMB NO. 0579-0160

OWNER PAPERS

TIME HORSES LOADED ON CONVEYANCE: 11:PM

DA 3

E HORSES WERE LOADED ON CONVEYANCE: own PA

KET

(b)(6)

Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Somerstown 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: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3448				X				X						X		
2		3449	X										X	X				
3		3450						X					X			X		
4		3451						X		X				X				
5		3452						X		X				X				
6		3453					X		X					X				
7		3454					X			X				X				
8		3455	X						X							X		
9		3456						X		X						X		
10		3457	X						X					X				
11		3458	X						X							X		
12		3459	X							X					X			
13		3460						X		X					X			
14		3461	X										X	X				
15		3462					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. 585

DATE 2010-03-26

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

629767

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3463	X										X			X		
17		3464	X										X			X		
18		3465	X						X					X				
19		3466					X		X							X		
20		3467					X		X					X				
21		3468					X			X						X		
22		3469	X						X							X		
23		3470	X										X	X				
24		3471					X			X						X		
25		3472	X										X	X				
26		3473	X										X	X				
27		3474	X										X			X		
28		3475	X										X	X				
29		3476	X										X	X				
30		3477	X										X	X				
31																		
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S[illegible]t the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

V[illegible]

(SEP 2002)

2061396

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 3-26-10

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: Avel Canada Export Inc

STREET ADDRESS: 517 Rang St, Jolie 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3418				X	X			X				X				
2		3419	X							X						X		
3		3420						X		X				X				
4		3421						X		X						X		
5		3422	X							X						X		
6		3423	X							X						X		
7		3424					X		X					X				
8		3425				X				X				X				
9		3426				X				X				X				
10		3427					X			X						X		
11		3428	X										X			X		
12		3429					X			X				X				
13		3430				X				X				X				
14		3431	X							X						X		
15		3432	X										X			X		

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-26

TIME 505

E THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN 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)

Previous editions are obslete

PART 1 - INSPECTOR

L061396

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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

(b)(6)

(SEP 2002)

Best Copy Available

Page 1 of 5
(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: [illegible]

DATE: [illegible]

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

(b)(6)

NAME OF AUCTION/MARKET: —

SHIPPER (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie. est

CITY, STATE, ZIP CODE: Jonestown PA 17036

CITY, STATE, ZIP CODE: St Andre 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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able 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	USF4	3509	X							X				X				
2		3510	X										X	X				
3		3511	X							X				X				
4		3512					X			X				X				
5		3513					X				X					X		
6		3514	X										X	X				
7		3515	X						X					X				
8		3516	X										X			X		
9		3517	X										X			X		
10		3518					X				X			X				
11		3519					X				X					X		
12		3520	X						X							X		
13		3521	X							X				X				
14		3522					X			X				X				
15		3523					X			X						X		

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

(b)(6)

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

SIGNATURE OF OWNER/SHIPPER(I certify that 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 March 31th, 2010.

TIME 1:35 p.m.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [illegible] (AUG 2004) Previous editions are obslete

PART 1 - INSPECTOR

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639760

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	3524					X			X						X		
17		3525	X							X						X		
18		3526	X										X			X		
19		3527	X										X			X		
20		3528					X			X						X		
21		3529	X							X				X				
22		3530	X							X				X				
23		3531					X			X						X		
24		3532					X			X				X				
25		3533	X						X							X		
26		3534					X			X						X		not Loaded
27		3535					X			X						X		~~one~~
28		3536	X							X						X		
29		3537					X			X						X		
30		3538	X							X						X		one e/e
31																		
32																		
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tained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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page 1 of 2
2060886

U.S. DEPARTMENT 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: 1-24-10

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 Hoover Drive

STREET ADDRESS: 517 Rang St, Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2998					X						X	X				
2		2999					X						X			X		
3		3000	X										X			X		
4		3001						X		X				X				
5		3002					X			X						X		
6		3003	X										X	X				
7		3004					X			X				X				
8		3005	X										X			X		
9		3006	X										X	X				
10		3007	X										X	X				
11		3008			X								X	X				
12		3009				X				X				X				
13		3010	X										X			X		
14		3011					X			X						X		
15		3012	X							X						X		

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

(b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (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 2010-01-29

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 of 2
2060886

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3013	X							X				X				
17		3014	X							X						X		
18		3015			X					X				X				
19		3016	X							X				X				
20		3017					X			X						X		
21		3018					X				X					X		
22		3019					X				X					X		
23		3020					X				X			X				one eye
24		3021					X				X			X				
25		3022	X										X			X		
26		3023						X			X			X				not loaded
27		3024						X		X				X				
28		3025				X				X						X		
29		3026					X			X				X				
30		3027	X						X					X				
31																		
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(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 1-8-09

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: CAVCI Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	126FA	2818	X						X					X				
2		2819					X			X						X		
3		2820	X						X					X				
4		2821	X							X				X				
5		2822						X		X						X		
6		2823	X							X				X				
7		2824	X							X						X		
8		2825					X			X						X		
9		2826	X							X				X				
10		2827	X							X						X		
11		2828			X					X				X				
12		2829						X		X						X		
13		2830						X		X				X				
14		2831						X		X						X		
15		2832	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 2010-01-08

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

206 1191

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2833	X		\					X				X				
17		2834	X							X						X		
18		2835	X							X				X				
19		2836						X		X				X				
20		2837						X		X				X				
21		2838	X							X				X				
22		2839	X						X					X				
23		2840	X										X			X		
24		2841	X							X				X				
25		2842	X							X				X				
26		2843				X				X						X		
27		2844			X					X						X		
28		2845	X							X				X				
29		2846	X							X				X				
30		2847	X										X	X				
31																		
32																		
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(b)(6) ...e information contained in this form is true and correct to the best of my knowledge.)

(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 1-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2848					X			X				X				
2		2849	X							X						X		
3		2850	X							X						X		
4		2851					X				X					X		
5		2852					X						X			X		
6		2853	X							X				X				
7		2854			X						X					X		
8		2855	X							X						X		
9		2856				X				X						X		
10		2857					X			X				X				
11		2858					X			X				X				
12		2859					X			X				X				
13		2860					X			X				X				
14		2861	X										X			X		
15		2862					X			X						X		

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

(b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 13-01-2010

TIME 12.00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2060882

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2863					X			X						X		
17		2864						X		X				X				
18		2865	X						X					X				1 e/e
19		2866	X						X							X		
20		2867						X		X						X		
21		2868					X			X				X				
22		2869				X				X				X				
23		2870				X				X						X		
24		2871	X							X				X				
25		2872					X			X						X		
26		2873			X					X						X		
27		2874					X			X						X		
28		2875	X							X				X				
29		2876					X			X				X				
30		2877						X		X				X				
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S ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

2061190

U.S. DEPARTMENT 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: 1-4-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE:

(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 Range St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2758	X										X			X		
2		2759	X							X						X		
3		2760	X										X			X		
4		2761	X										X			X		
5		2762	X							X				X				
6		2763	X							X						X		
7		2764	X							X						X		
8		2765	X							X				X				
9		2766	X										X			X		
10		2767	X										X	X				
11		2768					X				X					X		
12		2769	X							X				X				
13		2770	X										X			X		
14		2771	X										X	X				
15		2772	X										X	X				

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

SI (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. H 505

DATE January 6th, 2010

TIME 1:00 pm

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

L0611 90

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2773	X							X				X				
17		2774					X				X					X		
18		2775					X				X					X		
19		2776						X		X				X				
20		2777					X		X							X		
21		2778	X						X					X				
22		2779	X						X					X				
23		2780					X			X						X		
24		2781	X										X			X		
25		2782					X			X				X				Bad eye
26		2783	X										X	X				
27		2784	X										X			X		
28		2785	X						X					X				
29		2786					X		X							X		
30		2787	X										X	X				Bad eye
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)

(SEP 2002)

LOG 1196

U.S. DEPARTMENT 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: 11am

DATE: 1-15-10

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

(b)(6)

NAME OF AUCTION/MARKET: —

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	VSFA	2878					X				X					X		
2	✓	2879					X				X					X		
3		2880					X				X					X		
4	✓	2881	X						X							X		
5	✓	2882						X		X				X				
6	✓	2883	X						X					X				
7	✓	2884					X			X						X		
8	✓	2885	X						X							X		
9	✓	2886					X		X					X				
10	✓	2887					X		X							X		
11	✓	2888					X		X						X			one eye
12	✓	2889	X										X			X		
13		2890	X										X	X				
14	✓	2891	X										X			X		
15	✓	2892	X										X			X		

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

SIGN (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 15-01-2010

TIME 13:35

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

Previous editions are obslete

L061196

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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		2893					X						X	X				
17		2894			X								X			X		
18		2895						X		X						X		
19		2896					X						X			X		
20		2897					X						X			X		
21		2898					X						X			X		
22		2899	X						X							X		
23		2900	X						X							X		
24		2901						X		X						X		
25		2902					X			X				X				
26		2903					X			X						X		Cut on page
27		2904						X		X						X		
28		2905					X						X			X		Not Loade
29		2906					X						X			X		
30		2907					X						X			X		
31																		
32																		
33																		
34																		
35																		
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(b)(6) e information contained in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

Page 10 of 20
LOG 1196

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 11:00

DATE: [redacted]

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

[redacted]

NAME OF AUCTION/MARKET: —

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin 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.
- ☑ 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	VSFA	2878					X				X					X		
2	✓	2879					X				X					X		
3		2880					X				X					X		
4	✓	2881	X						X							X		
5	✓	2882						X		X				X				
6	✓	2883	X						X					X				
7	✓	2884					X			X						X		
8	✓	2885	X						X							X		
9	✓	2886					X		X					X				
10	✓	2887					X		X							X		
11	✓	2888					X		X						X			one eye
12	✓	2889	X										X			X		
13		2890	X										X	X				
14	✓	2891	X										X			X		
15	✓	2892	X										X			X		

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

[redacted]

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

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

[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 15-01-2010

TIME 13:35 AM GOV

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F[redacted] Previous editions are obslete

PART 1 - INSPECTOR

L061196

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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		2893					X						X	X				
17		2894			X								X			X		
18		2895						X		X						X		
19		2896					X						X			X		
20		2897					X						X			X		
21		2898					X						X			X		
22		2899	X						X							X		
23		2900	X						X							X		
24		2901						X		X						X		
25		2902					X			X				X				
26		2903					X			X						X		Cut on neck
27		2904						X		X						X		
28		2905					X						X			X		Not Loader
29		2906					X						X			X		
30		2907					X						X			X		
31																		
32																		
33																		
34																		
35																		
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(b)(6)

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

2010 5880

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 1-3-10

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. 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
	USFA	2908	X						X							X		
2		2909					X		X					X				
3		2910	X						X					X				
4		2911						X		X						X		
5		2912					X			X				X				
6		2913					X			X				X				
7		2914	X							X				X				
8		2915						X		X						X		
9		2916						X		X						X		
10		2917						X		X						X		
11		2918					X			X				X				
12		2919				X				X				X				
13		2920				X				X				X				
14		2921				X				X				X				
15		2922						X		X				X				

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

SI (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 20-01-2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

PART 1 - INSPECTOR

2060880

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2923					X			X						X		
17		2924	X							X						X		
18		2925	X							X						X		
19		2926					X			X						X		
20		2927				X				X				X				
21		2928				X				X				X				
22		2929	X							X				X				
23		2930					X		X							X		
24		2931					X		X							X		
25		2932				X				X						X		
26		2933					X			X						X		
27		2934					X			X				X				
28		2935	X										X	X				
29		2936						X		X						X		Fat Leg
30		2937	X						X						X			
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
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45																		

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(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 1-22-09

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

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Johnstown 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: 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.
- ☑ 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	OSFA	2938					X						X			X		
2	✓	2939					X			X				X				
3	✓	2940				X				X				X				
4		2941						X		X				X				
5		2942				X		X		X				X				
6	✓	2943	X										X			X		
7	✓	2944					X				X			X				
8	✓	2945					X						X			X		one eye
9	✓	2946	X							X				X				
10	✓	2947					X			X				X				
11	✓	2948	X										X			X		
12	✓	2949	X										X	X				
13		2950	X							X				X				
14	✓	2951	X							X				X				
15	✓	2952					X				X					X		Fork Leg

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

SIGNATURE

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 22 01 2010

TIME 13:35

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

2060883

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	2953	X							X				X				
17		2954	X										X			X		
18		2955	X										X			X		
19		2956	X										X			X		
20		2957	X										X			X		
21		2958	X										X	X				
22		2959					X			X				X				
23		2960	X						X							X		
24		2961	X							X				X				
25		2962					X			X						X		
26		2963	X						X							X		
27		2964	X										X	X				
28		2965					X		X							X		
29		2966						X		X						X		
30		2967	X						X							X		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
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).

SIGI [redacted] in this form is true and correct to the best of my knowledge.)

(b)(6)

Best Copy Available

L060884

U.S. DEPARTMENT 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: [illegible]

DATE: [illegible]

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

(b)(6)

NAME OF AUCTION/MARKET:

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT INC

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2968					X		X					X				
2		2969	X						X							X		
3		2970	X						X					X				
4		2971	X						X					X				
5		2972	X						X							X		
6		2973					X			X						X		
7		2974	X							X						X		
8		2975					X			X						X		
9		2976						X		X				X				
10		2977					X			X						X		
11		2978	X							X						X		
12		2979	X							X				X				
13		2980	X							X				X				
14		2981	X							X				X				
15		2982						X		X						X		

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

SIGNA (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 27-01-2010

TIME 12h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F

Previous editions are obslete

PAGE 1 OF 2

PART 1 - INSPECTOR

7+5+3+2+6=26 2060884

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2983	X							X						X		
17	✓	2984					X		X							X	plows	in. Ant
18	✓	2985	X						X					X				
19	✓	2986	X						X					X				
20	✓	2987	X						X					X				
21		2988	X						X					X				
22	✓	2989	X							X						X		
23	✓	2990					X		X					X				
24	✓	2991					X			X				X				
25	✓	2992	X							X						X		
26		2993	X						X					X				
27	✓	2994	X						X					X				
28	✓	2995					X				X			X				
29	✓	2996	X										X	X				
30	✓	2997					X		X						X			
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(b)(6)

VS FORM 10-13A
(SEP 2002)

2060890

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 2-3-10 ⟷ DATE: 1:00

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: CAVELI Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-2586

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.
- ☑ 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	USFA	3038	X						X					X				
2		3039					X			X						X		
3		3030					X				X			X				
4		3031	X										X			X		
5		3032						X		X				X				
6		3033				X				X				X				
7		3034	X										X			X		
8		3035	X										X			X		
9		3036	X										X	X				
10		3037				X				X						X		
11		3038	X										X			X		
12		3039	X										X	X				
13		3040				X				X						X		
14		3041	X										X	X				
15		3042	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)

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SIGNATURE OF OWNER/SHIPPER(I certify that 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 2010-02-03

TIME 12:55

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

L0600890

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3043	X										X			X		
17		3044	X										X			X		
18		3045			X								X			X		
19		3046	X										X	X				
20		3047	X										X			X		
21		3048	X										X			X		
22		3049	X										X	X				
23		3050	X										X			X		
24		3051	X						X					X				
25		3052	X										X	X				
26		3053	X										X	X				
27		3054				X				X						X		
28		3055	X							X						X		
29		3056	X										X			X		
30		3057	X										X		X			
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nation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

page 1 of 2
2061381

U.S. DEPARTMENT 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: 3-1-10

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 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3208	X							X				X				
2		3209					X						X	X				
3		3210					X				X					X		B19 Leg behind
4		3211						X		X				X				
5		3212					X						X			X		
6		3213				X				X						X		
7		3214	X										X	X				
8		3215	X										X			X		
9		3216					X		X							X		
10		3217	X										X	X				Not Loaded
11		3218						X		X						X		
12		3219					X			X				X				
13		3220				X				X				X				
14		3221					X				X			X				
15		3222	X										X	X				

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

(b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (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 2010-03-01

TIME 1:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

206139

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

2061355

U.S. DEPARTMENT 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: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

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.: 717-665-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI CANADA EXPORT INC.

STREET ADDRESS: 517 Rang st, Julie est,

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3088	X										X			X		
2		3089	X										X			X		
3		3090					X			X						X		
4		3091	X										X	X				
5		3092	X										X			X		
6		3093	X							X						X		
7		3094	X										X	X				
8		3095	X							X				X				cataract eye
9		3096						X		X				X				
10		3097	X										X	X				
11		3098					X				X					X		
12		3099					X				X					X		
13		3100	X							X				X				
14		3101	X							X				X				
15		3102	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 2010-02-10

TIME 12:00

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

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)

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3103	X										X			X		
17		3104	X										X	X				
18		3105					X			X				X				
19		3106	X						X							X		
20		3107						X		X				X				
21		3108				X				X						X		
22		3109						X		X				X				
23		3110	X						X					X				one eye
24		3111	X						X							X		
25		3112	X						X							X		
26		3113					X						X	X				
27		3114	X										X	X				
28		3115	X							X						X		
29		3116	X										X			X		
30		3117	X										X			X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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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 3 min. per response, including the time for reviewing instructions, 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 5-13-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: 94 Hoover Drive Jonestown PA 17038

VEHICLE LICENSE NO. AND DRIVER'S NAME

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.: 717 865-2586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Export Inc

STREET ADDRESS: 517 Rang St Julie est St Andre Avelin Canada

CITY, STATE, ZIP CODE

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Includ existing condition
			Bay	Grey	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1160					X				X					X		
2		1161					X				X			X				
3		1162				X				X				X				
4		1163	X					X								X		
5		1164	X						X					X				
6		1165	X						X					X		X		
7		1166	X					X								X		
8		1167	X					X						X				
9		1168					X			X						X		
10		1169	X					X						X				
11		1170	X					X						X				
12		1171						X		X						X		
13		1172	X					X						X				
14		1173	X							X				X				
15		1174	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)

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

(b)(6)

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

EST. #505

DATE 14 may 2009

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

TIME

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	TAG PREFIX	TAG NO	BAY	GRY	BLK	PINTO	Chest	Other	TB	QH	Draft	Pony	Other	Mare	Stal	Gell
16	US27	1175	X						X							X
17		1176					X		X					X		
18		1177	X					X								X
19		1178	X					X								X
20		1179	X					X								X
21		1180					X			X				X		
22		1181	X						X					X		
23		1182	X								X					X
24		1183	X							X						X
25		1184	X						X					X		
26		1185						X		X				X		
27		1186	X							X						X
28		1187	X							X						X
29		1188					X			X						X
30		1189					X			X				X		

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Page 1
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

DATE: 4-22-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

NAME OF AUCTION/MARKET: —

(b)(6)

(Natural Meat)

Brian S. Moore	Cavel Canada Export Inc.
STREET ADDRESS: 94 Hoover DR.	STREET ADDRESS: 517 Rang. St-Julie est
CITY, STATE, ZIP CODE: Jonestown, PA 17038	CITY, STATE, ZIP CODE: St. Andre-Avellia 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1070			X					X				X				
2		1071						X		X						X		
3		1072					X						X	X				
4		1073					X			X				X				
5		1074	X							X				X				
6		1075						X		X				X				
7		1076					X			X				X				
8		1077						X		X						X		
9		1078					X			X						X		
10		1079	X						X					X				
11		1080			X					X				X				
12		1081					X			X						X		
13		1082	X							X				X				
14		1083	X										X	X				
15		1084	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)

(b)(6)

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).

EST.

DATE

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

TIME

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0146. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

	USDA OFFICE	TAG NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Ear/Hoof, etc.	PREMISES Include premises
			Bay	Gray	Blk.	Pinto	Chestn	Other	SH	QT	Draft	Pony	Other	Mare	Stud	Gold		
36	USFA	1085	X										X	X				
37		1086	X							X						X		
38		1087	X										X			X		
39		1088					X						X	X				
40		~~1089~~					X						X			X		
41		1090					X			X				X				
42		~~1091~~					X			X						X		
43		1092					X			X						X		
44		1093	X							X				X				
45		1094	X							X				X				
46		1095					X			X				X				
47		1096				X				X				X				
48		1097					X			X						X		
49		1098					X			X				X				
50		1099					X			X				X				
51																		
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I HEREBY AUTHORIZE THE GFA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE GFA TO THE USDA. IF OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THA IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0150. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0150

TIME HORSES LOADED ON CONVEYANCE: 8:AM

DATE: 5-20-09

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

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Driver

CITY, STATE, ZIP CODE: Jonestown PA 17036

AREA CODE & TELEPHONE NO.: 717 865-2586

CONSIGNEE (RECEIVER/DESTINATION) NAME: LAVel Canada Export Inc

STREET ADDRESS: 517 Rang St Julie-CST Standard 4 mdlkm

CITY, STATE, ZIP CODE:

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Incl existing condit
			Bay	Gray	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1220	✓							✓				✓				
2		1221				✓				✓				✓				
3		1222				✓				✓				✓				
4		1223	✓						✓					✓				
5		1224	✓							✓				✓				
6		1225	✓							✓				✓		✓		
7		1226	✓					✓								✓		
8		1227	✓					✓						✓				
9		1228	✓						✓					✓				
10		1229	✓					✓								✓		
11		1230	✓					✓								✓		
12		1231			✓			✓								✓		
13		1232	✓							✓				✓				
14		1233	✓					✓						✓				
15		1234						✓		✓								

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY

EST. 21 mai 2009

DATE 1505

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

DATE: 5-18-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

(b)(6)

JCTION/MARKET

Brian S. Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717 865-7586

(RECEIVER/DESTINATION) NAME: Cavel Canada Export inc

STREET ADDRESS: 517 Rang Ste-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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Include existing conditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1190					✓			✓						✓		
2		1191				✓				✓				✓				
3		1192			✓				✓					✓				
4		1193	✓						✓					✓				
5		1194						✓					✓			✓		
6		1195	✓							✓				✓				
7		1196					✓				✓					✓		
8		1197	✓							✓				✓				
9		1198						✓			✓			✓				
10		1199					✓		✓					✓				
11		1200					✓			✓						✓		
12		1201	✓										✓			✓		
13		1202	✓						✓					✓				
14		1203	✓										✓			✓		
15		1204	✓						✓					✓				

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 (CFI

SIGNA (b)(6)

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Brian Moore

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

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

EST. #505

DATE 19 may 2009

TIME 08

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6 29335

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6 AM

DATE: 5-6-09

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: Brian S. Moore

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: 94 Hoover DR.

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: Jonestown, PA 17038

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: 717 865-7586

CITY, STATE, ZIP CODE: St. Andre - Avellin Canada

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Include existing conditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal.	Geld		
1	USFA	1130	X						X							X		
2		1131	X							X				X				
3		1132					X		X					X				
4		1133					X		X					X				
5		1134	X						X					X				
6		1135	X						X							X		
7		1136						X		X						X		
8		1137					X			X						X		
9		1138	X						X							X		
10		1139	X						X							X		
11		1140	X						X					X				
12		1141	X						X							X		
13		1142	X						X							X		
14		1143					X				X			X				
15		1144					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)

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

(b)(6)

I HEREBY AUTHORIZE THE CFIA TO PROVIDE 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).

EST. #505

DATE 7 may 2009

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

TIME 9:15

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

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

(Please type or print in ink)

Per the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0146. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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 preconditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	BB	CT	Dual	Pony	Other	Mare	Stal	Geld		
16	USFA	1145					X				X			X				
17		1146			X					X				X				
18		1147	X						X					X				
19		1148	X										X	X				
20		1149	X							X						X		
21		1150						X		X				X				
22		1151	X						X					X				
23		1152	X						X					X				
24		1153	X						X					X				
25		1154	X										X			X		
26		1155					X			X				X				
27		1156					X			X						X		
28		1157	X						X					X				
29		1158	X							X						X		
30		1159					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. FALSE OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10 IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

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: CAVEI CANada Export Inc

STREET ADDRESS: 517 Rang St. Julie est St. Andrew Avellia

CITY, STATE, ZIP CODE:

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Inclu existing conditio
			Bay	Gray	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1.	USFA	1250			X					X						X		
2		1251	X							X				X				
3		1252	X							X				X				
4		1253	X							X				X				
5		1254	X						X					X		X		
6		1255	X						X					X				
7		1256	X						X							X		
8		1257	X						X					X				
9		1258	X						X					X				
10		1259	X						X							X		
11		1260	X						X							X		
12		1261	X						X							X		
13		1262	X						X							X		
14		1263					X			X						X		
15		1264	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)

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(b)(6)

[illegible] information contained in this form is true and correct to

CANADIAN FOOD INSPECTION AGENCY (CF

EST. 8505

DATE 29 [illegible]

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Page 1
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ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 A.M.

DATE: [illegible]

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

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

Brian S. Moore

STREET ADDRESS: 94 Hoover Dr.

STREET ADDRESS: 517 Rang St Julie est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0981	X										X			X		
2		0982	X										X			X		
3		0983	X										X			X		
4		0984					X		X					X				
5		0985					X			X						X		
6		0986					X			X						X		
7		0987					X			X				X				
8		0988	X							X						X		
9		0989	X							X						X		
10		0990					X						X	X				
11		0991					X						X			X		
12		0992				X				X						X		
13		0993	X										X	X				
14		0994	X										X			X		
15		0995	X										X			X		

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

SIGNATU (b)(6)

I 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 N A FINE OF NOT MORE THAN $10,000 OR IMPRIS 18 U.S.C. SECTION 1001).

(b)(6)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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G 371

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 prescription
			Bay	Gray	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0996					X						X			X		
17		0997	X										X	X				
18		0998	X										X	X				
19		0999						X		X				X				
20		1000	X										X			X		
21		1001	X										X			X		
22		1002					X			X				X				
23		1003					X			X				X				
24		1004					X			X						X		✓
25		1005					X						X	X				
26		1006					X			X						X		
27		1007	X							X						X		✓
28		1008	X							X				X				?
29		1009	X						X						X			✓
30																		
31																		
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SIGNATURE OF C[illegible] (I, this form is true and correct to the best of my knowledge.)

(b)(6)

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Page 1
G 29316

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 AM

DATE: 4-27-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (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

CONSIGNEE (RECEIVER/DESTINATION) NAME: (Natural Meat) Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang Ste-Julie est

CITY, STATE, ZIP CODE: St. Ande-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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing condition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QH	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1040	X							X						X		
2		1041	X						X							X		
3		1042					X			X				X				
4		1043					X			X				X				
5		1044	X						X							X		
6		1045					X			X				X				
7		1046			X					X				X				
8		1047			X					X				X				
9		1048	X						X					X				
10		1049	X						X					X				
11		1050					X			X				X				
12		1051					X		X							X		
13		1052	X						X							X		
14		1053	X										X			X		
15		1054	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 (CFI

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 (b)(6) YEARS OR BOTH (18 U.S.C. SECTION 1001).

EST.

DATE

I CERTIFY UNDER PENALTY OF PERJURY that the information contained in this form is true and correct to

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G 29316

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Cream	Other	TB	QT	Draft	Prary	Other	Hero	Stal	Geld		
16	USFA	1055					X			X				X				
17		1056	X						X					X				
18		1057	X						X					X				
19		1058	X						X					X				
20		1059	X						X					X				
21		1060					X						X			X		
22		1061	X						X					X				
23		1062	X						X					X				
24		1063	X										X			X		
25		1064	X										X			X		
26		1065					X						X	X				
27		1066	X										X			X		
28		1067	X										X			X		
29		1068	X										X			X		
30		1069	X						X					X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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Page 1
G29309

U.S. DEPARTMENT 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. am

DATE: 4-15-04

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

(b)(6)

NAME OF AUCTION/MARKET: —

Brian S. Moore

STREET ADDRESS: 99 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 Est Julie Ste

CITY, STATE, ZIP CODE: St. Andrea-Adrillin 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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1010	X						X							X		
2		1011	X							X				X				
3		1012	X							X						X		
4		1013					X			X						X		
5		1014	X						X					X				
6		1015	X						X					X				
7		1016	X										X			X		
8		1017	X										X			X		
9		1018	X										X			X		
10		1019					X			X						X		
11		1020						X		X				X				
12		1021				X				X						X		
13		1022	X							X						X		
14		1023					X		X					X				
15	✓	1024					X				X			X				

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

SIGNATURE (b)(6)

I HEREBY AU[illegible] 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 IMPRISONME[illegible] (b)(6) [illegible]ION 1001).

SIGNATURE OF C[illegible] (b)(6) [illegible]n is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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G 29309

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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 preconditioning
			Bay	Gray	Blk.	Palo	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		1025	X							X				X				
17		1026	X										X	X				
18		1027	X							X				X				
19		1028	X							X				X				
20		1029					X				X			X				
21		1030	X										X			X		
22		1031					X			X						X		
23		1032	X						X					X				
24		1033					X			X				X				
25		1034					X			X				X				
26		1035					X			X				X				
27		1036					X						X	X				
28		1037	X										X			X		
29		1038	X										X			X		
30	✓	1039			X								X			X		
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... s form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 7-19-09

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

(b)(6)

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover Dr

STREET ADDRESS: 517 Rang Ste Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7596

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	344					X			X				X				
2		345	X					X								X		
3		346					X	X								X		
4		347					X	X								X		
5		348	X					X								X		
6		349					X	X								X		
7		350	X					X								X		
8		351	X					X								X		
9		352					X	X						X				
10		353					X	X								X		
11		354					X	X								X		
12		355					X	X								X		
13		356	X							X				X				
14		357				X				X				X				
15		358				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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

Brian Moore

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13

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637151

U.S. DEPARTMENT OF AGRICULTURE
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						BREEDTYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	359					X			X						X		
17		360					X			X				X				
18		361	X							X						X		
19		362					X	X								X		
20		363					X	X								X		
21		364	X							X				X				
22		365	X						X							X		
23		366						X		X				X				
24		367	X					X								X		
25		368					X			X						X		
26		369	X					X								X		
27		370	X					X						X				
28		371	X					X								X		
29		372	X					X						X				
30		373					X			X				X				
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[illegible] tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

PAGE ___ OF ___

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg, PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0468	X						X							X		
2		0469	X						X					X				
3		0470	X						X					X				
4		0471	X						X					X				
5		0472				X				X				X				
6		0473	X						X					X				
7		0474					X			X				X				
8		0475	X							X				X				
9		0476	X						X					X				
10		0477	X						X							X		
11		0478	X						X							X		
12		0479	X										X			X		
13		0480	X										X	X				
14		0481	X										X	X				
15		0482					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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

Brian S. Moore

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		0483						X		X				X				
17		0484					X			X				X				
18		0485					X			X				X				
19		0486	X										X			X		
20		0487	X										X	X				
21		0488					X			X				X				
22		0489	X										X			X		
23		0490	X										X	X				
24		0491	X										X	X				
25		0492			X								X	X				
26		0493	X										X	X				
27		0494	X										X	X				
28		0495	X										X			X		
29		0496	X										X			X		
30		0497	X										X	X				
31		0498					X						X	X				
32		0499			X								X			X		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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Page 1
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 1-29-09

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

(b)(6)

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

Brian J. Moore

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste. Julie Est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0436	X						X					X				
2		0437	X						X					X				
3		0438	X						X					X				
4		0439	X						X					X				
5		0440	X						X					X				
6		0441	X						X					X				
7		0442	X						X					X				
8		0443	X						X					X				
9		0444	X						X					X				
10		0445	X						X					X				
11		0446	X						X					X				
12		0447	X						X					X				
13		0448	X						X					X				
14		0449	X						X					X				
15		0450	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)

SE 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).

EST.

DATE

TIME

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Page 2
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0451	X										X	X				
17		0452					X						X			X		
18		0453						X		X				X				
19		0454						X		X				X				
20		0455				X				X						X		
21		0456					X						X			X		
22		0457					X						X			X		
23		0458				X				X				X				
24		0459					X			X				X				
25		0460					X			X				X				
26		0461					X			X				X				
27		0462			X					X						X		
28		0463			X					X						X		
29		0464	X							X				X				
30		0465	X							X				X				
31		0466					X			X				X				
32		0467					X			X				X				
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(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:30

DATE: 1-26-08

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

(b)(6)

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natrual Meat

STREET ADDRESS: 94 Hoover Dr.

STREET ADDRESS: 517 Rang Ste Julie est

CITY, STATE, ZIP CODE: Sorestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre - Avellin, 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	404					X			X						X		
2		405					X			X						X		
3		406	X						X					X				
4		407					X	X								X		
5		408					X			X				X				
6		409					X			X						X		
7		410	X						X							X		
8		411					X		X							X		
9		412	X					X						X				
10		413	X					X						X				
11		414	X							X						X		
12		415					X	X								X		
13		416	X						X							X		
14		417					X		X					X				
15		418	X					X						X				

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

(b)(6)

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

(b)(6)

[illegible] contained in this form is true and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	419	X					X						X				
17		420	X					X						X				
18		421	X							X				X				
19		422	X					X						X				
20		423	X					X								X		
21		424	X							X				X				
22		425	X							X				X				
23		426	X					X						X				
24		427	X					X								X		
25		428					X			X				X				
26		429					X			X				X				
27		430	X							X				X				
28		431					X	X						X				
29		432					X			X				X				
30		433					X			X				X				
31		434					X			X				X				
32		435	X					X								X		
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[illegible] signed in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1 00

DATE: 1.30.09

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

(b)(6)

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover Dr.

STREET ADDRESS: 517 Rang. Ste-Julie est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0374	X						X					X				
2		0375	X						X							X		
3		0376					X			X					X			
4		0377	X						X							X		
5		0378				X				X				X				
6		0379	X										X	X				
7		0380					X						X	X				
8		0381	X							X				X				
9		0382	X						X							X		
10		0383	X						X							X		
11		0384					X						X			X		
12		0385					X						X			X		
13		0386					X						X			X		
14		0387					X						X			X		
15		0388	X						X							X		

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

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I H... 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 ... BOTH (18 U.S.C. SECTION 1001).

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditioning
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0389					X			X						X		
17		0390					X						X			X		
18		0391	X										X			X		
19		0392					X						X			X		
20		0393					X						X			X		
21		0394					X						X			X		
22		0395	X						X							X		
23		0396					X						X			X		
24		0397					X						X			X		
25		0398					X			X						X		
26		0399			X								X			X		
27		0400	X										X			X		
28		0401					X						X			X		
29		0402					X			X						X		
30	✓	0403	X										X			X		
31																		
32																		
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SIGN [redacted] information contained in this form is true and correct to the best of my knowledge.)

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Page 1

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 AM

DATE: 1-12-09

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: IND 401875 James Stefk

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang. Sc-Julie est.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada.

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.:

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	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0280						✓		✓				✓				
2		0281					✓			✓				✓				
3		0282						✓		✓						✓		
4		0283	✓							✓				✓				
5		0284					✓			✓				✓				
6		0285						✓		✓						✓		
7		0286					✓			✓				✓				
8		0287	✓							✓						✓		
9		0288					✓			✓				✓				
10		0289				✓				✓				✓				
11		0290	✓							✓				✓				
12		0291	✓										✓			✓		
13		0292	✓										✓	✓				
14		0293	✓										✓	✓				
15	↓	0294					✓			✓						✓		

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

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(b)(6)

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0295	✓							✓						✓		
17		0296	✓							✓						✓		
18		0297	✓							✓						✓		
19		0298					✓			✓						✓		
20		0299	✓							✓				✓				
21		0300	✓										✓			✓		
22		0301	✓										✓			✓		
23		0302	✓										✓			✓		
24		0303					✓			✓						✓		
25		0304	✓						✓							✓		
26		0305					✓			✓						✓		
27		0306	✓										✓			✓		
28		0307					✓			✓				✓				
29		0308				✓				✓				✓				
30		0309			✓					✓						✓		
31		0310	✓											✓		✓		
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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).

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

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PAGE ___ OF ___

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page 1

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

3:00 AM (Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 3:00 PM

DATE: 1-13-09

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

(b)(6)

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

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: Natural Meat

STREET ADDRESS: 517 Rang 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0312					✓						✓			✓		
2		0313					✓						✓			✓		
3		0314	✓										✓	✓				
4		0315	✓							✓				✓				
5		0316	✓										✓			✓		
6		0317			✓								✓			✓		
7		0318					✓			✓						✓		
8		0319					✓						✓			✓		
9		0320	✓							✓				✓				
10		0321	✓										✓			✓		
11		0322					✓						✓	✓				
12		0323	✓										✓	✓				
13		0324			✓								✓			✓		
14		0325	✓										✓			✓		
15	✓	0326	✓										✓	✓				

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

(b)(6)

ertify that the information contained in this form is true and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I 48064
page 2

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0327	✓										✓	✓				
17		0328	✓							✓						✓		
18		0329	✓							✓						✓		
19		0330					✓			✓						✓		
20		0331					✓						✓	✓				
21		0332	✓										✓	✓				
22		0333	✓										✓			✓		
23		0334	✓										✓			✓		
24		0335	✓										✓	✓				
25		0336	✓						✓							✓		
26		0337	✓										✓			✓		
27		0338	✓										✓			✓		
28		0339	✓							✓				✓				
29		0340					✓			✓				✓				
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 12.9.09

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

(b)(6)

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (SHIPPER/ORIGIN) NAME: Brian S. Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717 865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang Ste-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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0532					✓						✓			✓		
2		0533					✓						✓			✓		
3		~~0534~~					✓						✓			✓		NO ROOM. Did not load
4		0535					✓						✓	✓				
5		0536					✓						✓	✓				
6		0537					✓						✓			✓		
7		0538					✓						✓	✓				
8		0539					✓						✓			✓		
9		0540					✓						✓			✓		
10		0541	✓										✓	✓				
11		0542	✓										✓			✓		
12		0543	✓										✓	✓				
13		0544	✓										✓	✓				
14		0545	✓										✓	✓				
15		0546			✓								✓			✓		

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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A [illegible]Y RESULT IN A FINE OF NOT MORE THAN $10,000 [illegible] OR BOTH (18 U.S.C. SECTION 1001).

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

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DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Fado	Chestn	Other	TB	QT	Draft	Pony	Other	Here	Stal	Geld		
16	USFA	0547	✓										✓	✓				
17		0548					✓			✓				✓				
18		0549	✓							✓						✓		
19		0550					✓						✓			✓		
20		0551					✓						✓			✓		
21		0552					✓						✓			✓		
22		0553					✓						✓			✓		
23		0554					✓						✓			✓		
24		0555					✓						✓			✓		
25		0556					✓						✓	✓				
26		0557					✓						✓	✓				
27		0558					✓						✓			✓		
28		0559					✓						✓			✓		
29		0560	✓										✓			✓		
30		0561	✓										✓			✓		
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:0[illegible] am

DATE: 2009-02-12

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

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang este-Julia est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Gray	Blk.	Pinto	Chesto	Other	TB	CT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0562					X				X			X				
2		0563				X				X				X				
3		0564	X						X					X				
4		0565	X										X	X				
5		0566	X										X	X				
6		0567	X										X	X				
7		0568	X										X	X				
8		0569	X										X	X				
9		0570	X										X	X				
10		0571	X						X							X		
11		0572					X			X						X		
12		0573			X								X	X				
13		0574					X				X			X				
14		0575				X				X				X				
15		0576	X							X				X				

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

SIG (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN 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) information contained in this form is true and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Gray	Blk.	Pinto	Cheste	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	USFA	0577					X		X				X	X		X		
17		0578	X						X					X				
18		0579	X										X	X		X		
19		0580	X				X		X							X		
20		0581					X						X	X				
21		0582				X				X				X				
22		0583							X					X				
23		0584	X						X					X		X		
24		0585	X										X					
25		0586	X						X					X				
26		0587	X						X					X		X		
27		0588	X				X			X				X		X		
28		0589								X				X				
29		0590	X							X						X		
30		0591	X											X		X		
31		0592	X											X				
32		0593	X															
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30 AM

DATE: 2-16-09

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

(b)(6)

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-Julie-est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0594	X						X					X				
2		0595	X						X					X				
3		0596	X						X					X				
4		0597	X						X					X				
5		0598	X						X					X				
6		0599	X						X					X				
7		0600	X						X					X				
8		0601					X			X						X		
9		0602	X							X						X		
10		0603	X										X	X				
11		0604					X						X			X		
12		0605			X								X			X		
13		0606					X						X			X		
14		0607					X						X			X		
15		0608					X						X			X		

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

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISON[illegible] 8 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include preconditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0609					X			X						X		
17		0610	X										X	X				
18		0611	X										X			X		
19		0612	X										X			X		
20		0613	X										X			X		
21		0614	X							X						X		
22		0615			X					X						X		
23		0616					X			X				X				
24		0617	X							X				X				
25		0618					X			X				X	X			
26		0619	X											X			X	
27		0620	X											X			X	
28		0621	X											X	X			
29		0622	X											X	X			
30	V	0623	X															
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I, [redacted] certify that the information contained in this form is true and correct to the best of my knowledge.)

SIG [redacted] (b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 2 19 09

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

(b)(6)

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste Julia-est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin Candada

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0624					✓				✓					✓		
2		0625	✓							✓				✓				
3		0626					✓			✓						✓		
4		0627				✓				✓				✓				
5		0628	✓										✓	✓				
6		0629	✓										✓	✓				
7		0630	✓										✓	✓				
8		0631	✓										✓	✓				
9		0632	✓										✓	✓				
10		0633					✓			✓						✓		
11		0634	✓										✓	✓				
12		0635	✓										✓	✓				
13		0636					✓			✓						✓		
14		0637	✓							✓						✓		
15	↓	0638					✓			✓						✓		

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 HE [illegible] CUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FA [illegible] ULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] OTH (18 U.S.C. SECTION 1001).

(b)(6)

SI [illegible] n contained in this form is true and correct to the

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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Page 2
G 37159

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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 preconditioning
			Bay	Gray	Blk.	Fawn	Cream	Other	FB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0639	✓						✓					✓				
17		0640	✓						✓							✓		
18		0641			✓					✓						✓		
19		0642			✓					✓						✓		
20		0643	✓						✓					✓				
21		0644					✓			✓						✓		
22		0645	✓										✓			✓		
23		0646			✓								✓			✓		
24		0647				✓				✓						✓		
25		0648				✓				✓						✓		
26		0649						✓		✓						✓		
27		0650	✓										✓			✓		
28		0651	✓										✓			✓		
29		0652	✓										✓			✓		
30	✓	0653	✓										✓			✓		
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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. FALSIFICATIO OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 C IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SI [illegible] that the information contained in this form is true and correct to the best of my knowledge.)

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637177

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 2/24/05

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

(b)(6) (b)(6)

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Johnstown PA 17038

AREA CODE & TELEPHONE NO.: 717 865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang. Ste-Julia-est

CITY, STATE, ZIP CODE: St. Andre-Avellia 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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0654	✓						✓					✓				
2		0655	✓						✓					✓				
3		0656	✓						✓					✓				
4		0657	✓						✓					✓				
5		0658	✓						✓							✓		
6		0659	✓						✓							✓		
7		0660	✓						✓							✓		
8		0661	✓						✓							✓		
9		0662					✓		✓					✓				
10		0663					✓		✓					✓				
11		0664					✓		✓					✓				
12		0665					✓		✓					✓				
13		0666					✓		✓					✓				
14		0667				✓				✓				✓				
15	↓	0668					✓				✓			✓				

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

SIGNATURE

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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Page 2

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0669	✓										✓	✓				
17		0670			✓								✓			✓		
18		0671	✓										✓			✓		
19		0672			✓								✓	✓				
20		0673						✓		✓						✓		
21		0674						✓		✓						✓		
22		0675	✓								✓					✓		
23		0676	✓							✓				✓				
24		0677	✓							✓				✓				
25		0678					✓			✓						✓		
26		0679	✓										✓			✓		
27		0680	✓										✓			✓		
28		0681	✓							✓						✓		
29		0682					✓			✓				✓				
30	✓	0683	✓										✓			✓		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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637200

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:30

DATE: 3-1-09

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

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang st Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0684	X						X					X				
2		0685	X						X					X				
3		0686	X							X						X		
4		0687				X				X						X		
5		0688				X				X				X				
6		0689				X				X				X				
7		0690					X		X					X				
8		0691	X						X					X				
9		0692	X						X					X				
10		0693	X						X					X				
11		0694	X							X						X		
12		0695					X			X						X		
13		0696				X				X				X				
14		0697					X			X				X				
15	V	0698	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)

(b)(6)

O DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 E THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

certify that the information contained in this form is true and correct to

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DATE

TIME

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637169

U.S. DEPARTMENT 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 AM

DATE: 3-3-04

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: Brian Moore

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang 8 Ste Julia-Est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin, 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0714	✓							✓				✓				
2		0715				✓				✓						✓		
3		0716	✓							✓				✓				
4		0717					✓				✓					✓		
5		0718			✓					✓						✓		
6		0719	✓							✓						✓		
7		0720					✓			✓						✓		
8		0721					✓			✓						✓		
9		0722					✓				✓			✓				
10		0723	✓										✓			✓		
11		0724	✓						✓							✓		
12		0725					✓			✓				✓				
13		0726	✓						✓					✓				
14		0727	✓						✓					✓				
15	↓	0728					✓			✓						✓		

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)

(b)(6)

LOSE THIS DOCUMENT AND THE INFORMATION IN IT AS
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AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000
5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

at the information contained in this form is true and correct to

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DATE

TIME

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637172

U.S. DEPARTMENT 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: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang Ste 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0747	X							X				X				
2		0748					X				X			X				
3		0749					X		X					X				
4		0750	X										X	X				
5		0751	X										X			X		
6		0752	X						X					X				
7		0753					X						X	X				
8		0754					X			X				X				
9		0755	X						X					X				
10		0756	X										X			X		
11		0757					X			X						X		
12		0758	X										X	X				
13		0759	X						X					X				
14		0760	X						X					X				
15		0761	X						X					X				

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

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISO (b)(6) .C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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637172

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0762	X						X					X				
17		0763	X						X					X				
18		0764	X						X					X				
19		0765	X						X					X				
20		0766	X						X					X				
21		0767	X						X					X				
22		0768	X						X					X				
23		0769	X						X					X				
24		0770					X		X					X				
25		0771					X		X					X				
26		0772					X		X					X				
27		0773					X		X					X				
28		0774					X			X				X				
29		0775					X			X				X				
30	↓	0776					X			X				X				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS [illegible] OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISO[illegible] YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATU[illegible] (I certify that the information is true and correct to the best of my knowledge.)

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PAGE ___ OF ___

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:30 A.M

DATE: 3/12/09

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

(b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang Cote 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.
- ☐ 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	USA	0777	X							X						X		
2		0778					X			X						X		
3		0779					X			X						X		
4		0780					X						X			X		
5		0781	X							X						X		
6		0782					X				X					X		
7		0783	X										X			X		
8		0784				X				X				X				
9		0785					X			X						X		
10		0786	X						X							X		
11		0787	X							X				X				
12		0788	X							X						X		
13		0789					X				X					X		
14		0790	X										X			X		
15	✓	0791					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)

SI

(b)(6)

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

(b)(6)

EST.

DATE

TIME

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

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Page 1
G 37178

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00 AM

DATE: 3-17-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

(b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0807					X			X				X				
2		0808					X			X						X		
3		0809			X								X			X		
4		0810						X		X						X		
5		0811	X						X					X				
6		0812					X		X					X				
7		0813	X						X					X				
8		0814					X			X						X		
✓ 9		0815					X				X			X				Hal Pattes
10		0816	X						X					X				
11		0817	X						X					X				
12		0818					X			X				X				
13		0819				X				X				X				
14		0820	X						X							X		
✓ 15	↓	0821				X				X						X		

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

SIGNATURE

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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Page 2 of 6 37178

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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 preconditioning
			Bay	Gray	Blk.	Palo	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0822	X							X				X				
17		0823	X							X				X				
18		0824					X			X						X		
19		0825						X		X				X				
20		0826	X							X				X				
21		0827	X							X				X				
22		0828					X		X					X				
23		0829					X						X			X		
Page 24		0830						X		X				X				
25		0831	X										X			X		
26		0832	X										X			X		
27		0833	X										X	X				
28		0834	X										X	X				
29		0835					X				X			X				
30		0836			X						X			X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 3:00 Am

DATE: 2-19-09

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

(b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang Ste. 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	0837				X					X					X		
2		0838				X				X				X				
3		0839				X				X				X				
4		0840						X		X				X				
5		0841					X			X				X				
6		0842	X						X					X				
7		0843					X			X				X				
8		0844	X										X			X		
9		0845	X										X			X		
10		0846					X			X				X				
11		0847	X										X	X				
12		0848	X							X						X		
13		0849	X							X						X		
14		0850					X			X						X		
15		0851	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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR I (b)(6) THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the bes (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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Page 2
G37199

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	Gray	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USA	0852					X			X				X				
17		0853	X						X					X				
18		0854	X							X				X				
19		0855	X						X					X				
20		0856	X										X			X		
21		0857			X						X			X				
22		0858	X										X			X		
23		0859					X			X						X		
24		0860					X				X			X				
25		0861					X			X						X		
26		0862	X										X	X				
27		0863	X										X	X				
28		0864	X										X	X				
29		0865	X										X			X		
30		0866	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. FALSIFICA OF [illegible] OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,00 [illegible] OR BOTH (18 U.S.C. SECTION 1001).

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 3/26/09

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

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang, Ste-Julia 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0867	X										X			X		
2		0868					X						X			X		
3		0869			X						X			X				
4		0870	X										X			X		
5		0871	X							X				X				
6		0872	X										X			X		
7		0873					X			X				X				
8		0874	X							X				X				
9		0875	X							X				X				
10		0876	X							X						X		
11		0877			X					X				X				
12		0878					X			X				X				
13		0879					X			X				X				
14		0880	X							X				X				
15		0881	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)

SIGNATURE

(b)(6)

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EST.

DATE

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

TIME

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Page 2
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0882						X		X						X		
17		0883						X		X				X				
18		0884	X							X				X				
19		0885			X					X				X				
20		0886	X							X						X		
21		0887	X							X						X		
22		0888	X							X				X				
23		0889					X			X						X		
24		0890					X						X			X		
25		0891					X						X			X		
26		0892	X										X			X		
27		0893	X										X	X				
28		0894	X						X					X				
29		0895					X				X					X		
30		0896					X		X					X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2 AM

DATE: 4-1-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian J. Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717 865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang. 8 STE 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.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0897	X							X						X		
2		0898	X							X						X		
3		0899				X				X				X				
4		0900				X				X						X		
5		0901					X			X						X		
6		0902					X			X				X				
7		0903					X				X					X		
8		0904	X										X			X		
9		0905	X						X							X		
10		0906	X						X							X		
11		0907	X										X			X		
12		0908					X						X			X		
13		0909						X		X				X				
14		0910	X										X			X		
15		0911				X				X				X				

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

SIGNATURE: (b)(6)

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

(b)(6)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0912					X			X						X		
17		0913						X		X				X				
18		0914			X				X							X		
19		0915					X		X							X		
20		0916					X		X					X				
21		0917	X						X					X				
22		0918					X		X							X		
23		0919				X				X						X		
24		0920	X						X							X		
25		0921	X						X							X		
26		0922	X						X							X		
27		0923	X						X							X		
28		0924	X						X							X		
29		0925				X				X				X				
30		0926	X							X						X		
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S [redacted] mation contained in this form is true and correct to the best of my knowledge.)

[redacted]

(b)(6)

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

FORM APPROVED - OMB NO. 0579-0020

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: G 29306

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/30/09

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS: 74 Hoover Dr

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Northwest Horse 57 Kang St John at St Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore Brian S.	USFA0897	12	N	QH										
74 Hoover Dr.	0898	14	N	QH										
Jonestown PA 17038	0899	17	F	QH										
	0900	20	N	QH										
	0901	20	N	QH										
	0902	8	F	QH										
	0903	20	N	KL										
	0904	20	N	SN										
	0905	4	N	TH										
	0906	9	N	TH										
	0907	4	N	SN										
	0908	20	N	SN										
	0909	16	F	QH										
	0910	10	N	SN										
	0911	7	F	QH										
	0912	3	N	QH										
	0913	3	F	QH										
	0914	5	N	TH										

(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 Jonathan Smith have 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 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: 31-MAR-09

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

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: Accredited Vet

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

PART 4 – FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

DATE: 11-[illegible]

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

(b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 517 Rang. Ste Julie-est

CITY, STATE, ZIP CODE: St. Andre-Avellin, Canada

AREA CODE & TELEPHONE NO.: —

Brian S. Moore

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0951					X			X						X		
2		0952	X										X			X		
3		0953					X		X							X		
4		0954					X			X						X		
5		0955	X							X						X		
6		0956				X				X				X				
7		0957				X				X				X				
8		0958					X		X					X				
9		0959	X										X			X		
10		0960						X		X						X		
11		0961	X							X				X				
12		0962	X										X			X		
13		0963	X										X			X		
14		0964	X										X	X				
15	V	0965	X										X			X		

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

SIGN (b)(6)

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

SI (b)(6) certify that the information contained in this form is true and correct to th

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 6-30-09

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

(b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie-est.

CITY, STATE, ZIP CODE: St. Andrea-Avellin

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	USFA	1456				X				X				X				
2	✓	1457					X		X					X				
3	✓	1458	X										X			X		
4	✓	1459	X										X	X				
5		1460	X										X			X		
6		1461	X										X	X				
7	✓	1462	X										X			X		
8	✓	1463	X										X			X		
9	✓	1464			X								X	X				
10		1465	X										X			X		
11		1466					X			X				X				
12		1467					X		X					X				
13		1468					X			X						X		
14	✓	1469					X				X					X		
15	↓	1470	X										X	X				

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

SI (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 30 Juin 2009

TIME 12:30 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30 AM

DATE: 6-22-09

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

(b)(6)

NAME OF AUCTION/MARKET: —

Brian S. 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 Julia 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.
- ☐ 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	USFA	1400					X			X						X		
2		1401					X		X					X				
3		1402					X			X						X		
4		1403						X		X						X		
5		1404				X				X						X		
6		1405					X			X						X		
7	✓	1406					X				X					X		
8	✓	1407	X										X	X				
9	✓	1408	X										X	X				
10	✓	1409	X										X			X		
11		1410	X										X	X				
12		1411	X										X			X		
13		1412					X			X						X		
14		1413					X			X						X		
15		1414	X													X		

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

SIGN (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 583

DATE: 22 JUIN 2009

TIME: 1:30 PM

DIRECTION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

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

(Please type or print in ink)

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

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	USA	1415					X			X				X				
17		1416					X			X				X				
18		1417	X										X			X		
19		1418	X										X			X		
20		1419					X			X				X				
21	✓	1420					X			X						X		
22		1421					X			X				X				
23	✓	1422	X										X			X		
24	✓	1423	X										X			X		
25		1424	X										X			X		
26	✓	1425					X			X				X				
27		1426					X			X				X				
28		1427	X										X			X		
29		1428	X										X			X		
30	✓	1429	X										X			X		
31																		
32																		
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SIGN rm is true and correct to the best of my knowledge.)

(b)(6)

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(SEP 2002)

PAGE ____ OF ____

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

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. Julie est, St. Andre Avellin

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE

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	USA	1340	X					X								X		
2		1341	X					X								X		
3		1342	X					X						X				
4		1343	X					X								X		
5		1344	X					X						X				
6		1345	X					X						X				
7		1346					X	X						X				
8		1347					X	X								X		
9		1348					X			X				X				
10		1349			X						X					X		
11		1350					X			X				X				
12		1351	X						X					X				
13		1352					X		X					X				
14		1353					X				X					X		
15		1354					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)

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Brian Moore

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 10 June 2009

TIME 1:30 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

Previous editions are obslete

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

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

(Please type or print in ink)

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1355	X					X								X		
17	✓	1356				X				X				X				
18		1357	X					X								X		
19	✓	1358					X		X					X				
20	✓	1359					X			X				X				
21	✓	1360	X							X				X				
22	✓	1361					X				X					X		
23	✓	1362	X						X					X				
24	✓	1363	X						X					X				
25	✓	1364	X					X								X		
26		1365	X					X								X		
27		1366	X					X								X		
28		1367					X			X				X				
29		1368	X					X								X		
30	✓	1369	X					X								X		
31																		
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the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

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: 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.
- [ ] Foals are older than 6 months of age.
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	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	USFA	1310					X				X			X				
2		1311					X				X			X				
3		1312					X				X					X		
4		1313					X				X					X		
5		1314	X										X			X		
6		1315	X										X	X				
7		1316	X										X	X				
8		1317						X					X	X				
9		1318	X										X	X				
10		1319					X				X			X				
11		1320	X										X			X		
12		1321	X										X	X				
13		1322			X								X			X		
14		1323	X										X			X		
15		1324	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

SIGNATURE

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).

EST. #505

DATE June 5, 2009

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

TIME 04:45

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page 2
G 28752

	Tag prefix	Tag No.	Color Description: Bay	Blk	Pinto	Chesn	Grey	Other	Breed Type: TB	QT	Draft	Pony	Other	Sex: Mare	Stal	Geld
16	USFA	1325	X										X	X		
17		1326	X										X			X
18		1327	X										X	X		
19		1328	X										X	X		
20		1329	X										X			X
21		1330	X										X			X
22		1331	X						X					X		
23		1332	X							X				X		
24		1333		X						X				X		
25		1334				X				X						X
26		1335	X							X						X
27		1336		X						X						X
28		1337			X					X				X		
29		1338				X				X				X		
30		1339				X				X				X		

Best Copy Available

page 1
G 28753

U.S. DEPARTMENT 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 2 min. per response, including the time for reviewing instructions, 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: 94 Hoover Drive Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

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.: 717-865-7582

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc

STREET ADDRESS: 517 Range St Julie est ~~Adre Avellin~~

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc	REMARKS Includ existing condition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1280					X				X					X		
2		1281					X				X					X		
3		1282	X					X						X				
4		1283	X					X								X		
5		1284					X	X						X				
6		1285	X					X						X				
7		1286					X				X					X		
8		1287					X				X			X				
9		1288	X					X						X				
10		1289	X				X			X				X				
11		1290	X							X				X				
12		1291			X					X						X		
13		1292	X					X								X		
14		1293				X				X				X				
15		1294	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)

(b)(6)

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).

EST. 505

DATE 3 Juin 2009

TIME 12:30 PM

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 AM

DATE: 6-24-09

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: 99 Hoover Drive

STREET ADDRESS: 517 Rang 5 Sud est St. Andre Avellin

CITY, STATE, ZIP CODE: Jonestown PA

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.: 17038 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1430	X							X				X				
2	✓	1431						X		X				X				
3		1432					X				X			X				
4		1433	X					X						X				
5		1434					X				X			X				
6		1435					X			X						X		
7	✓	1436					X				X					X		
8	✓	1437					X				X			X				
9	✓	1438					X				X			X				
10		1439					X				X					X		
11	✓	1440					X				X					X		
12		1441	X							X				X				
13	✓	1442	X							X				X				
14	✓	1443	X							X				X				
15		1444					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)

SIGN: 505

DATE: 24-06-09

TIME: 6:15 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

SIGN:

DATE

TIME

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

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	✓	1445			X								X	X				
17	✓	1446					X		X							X		
18		1447					X			X				X				
19	✓	1448					X				X					X		
20	✓	1449					X			X				X				
21	✓	1450					X						X	X			mule	
22		1451					X						X	X				
23	✓	1452	X					X					X			X		
24		1453	X						X							X		
25		1454					X			X						X		
26	✓	1455					X			X						X		
27																		
28																		
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y that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

FORM APPROVED - OMB NO. 0579-0020

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO: G 28779

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/2/07

5. U.S. PORT OF EMBARKATION (City and State): Tom Lake Pennsylvania

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: PA

14. ZIP CODE: 17055

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): [illegible]

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED FEDERAL VETERINARIAN 23 DEPARTMENT OF AGRICULTURE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): [illegible] James

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): [illegible]

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 5 - ISSUING VETERINARIAN

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629357

U.S. DEPARTMENT 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: 8-28-09

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: 514 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 John est

CITY, STATE, ZIP CODE: St Andre Avelin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1742					X			X						X		
2		1743					X		X					X				
3		1744	X						X							X		
4		1745	X										X			X		
5		1746					X			X				X				
6		1747	X										X	X				
7		1748					X			X				X				
8		1749					X				X			X				
9		1750	X										X			X		
10		1751	X										X	X				
11		1752					X				X			X				
12		1753	X										X			X		
13		1754					X				X					X		
14		1755	X										X			X		
15		1756	X						X					X				

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

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

(b)(6)

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

SIGNATURE OF OWNER/SHIPPER(I certify that 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 28/08/2009

TIME 13h20 P.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Page 2 of 2
6-29307

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	1757	X						X					X				
17		1758	X						X					X				
18		1759	X						X							X		
19		1760	X							X						X		
20		1761	X						X					X				
21		1762	X						X					X				
22		1763					X			X				X				
23		1764				X				X				X				
24		1765					X			X						X		
25		1766	X						X					X				
26		1767	X						X					X				
27		1768					X		X							X		
28		1769					X			X				X				
29		1770			X					X						X		
30		1771	X						X							X		
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

Best Copy Available

U.S. DEPARTMENT 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 A.m.

DATE: 8-20-09

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 17030

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: St Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1712					X		X					X				
2		1713	X						X					X				
3		1714	X						X					X				
4		1715					X				X			X				
5		1716				X				X				X				
6		1717					X			X				X				
7		1718	X							X				X				
8		1719					X		X							X		
9		1720	X						X							X		
10		1721					X		X					X				
11		1722	X						X					X				
12		1723	X										X			X		
13		1724	X										X	X				
14		1725	X							X				X				
15		1726	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 20/08/2009

TIME 13:00

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1727	X										X	X				
17		1728	X										X	X				
18		1729	X										X	X				
19		1730	X										X			X		
20		1731	X										X			X		
21		1732	X										X			X		
22		1733	X						X					X				
23		1734					X		X					X				
24		1735	X						X					X				
25		1736	X						X					X				
26		1737	X										X	X				
27		1738					X				X					X		
28		1739	X						X					X				
29		1740	X						X					X				
30		1741	X						X					X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

AB1P -

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

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page 1 of 2
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

DATE: 8-18-09

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

(b)(6)

NAME OF AUCTION/MARKET:

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI CANada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1682					X			X				X				
2		1683				X				X				X				
3		1684	X							X						X		
4		1685					X			X				X				
5		1686					X			X				X				
6		1687	X						X					X				
7		1688	X										X			X		
8		1689	X						X					X				
9		1690					X				X					X		
10		1691					X				X			X				
11		1692					X				X			X				
12		1693					X			X						X		
13		1694					X						X			X		
14		1695	X							X								
15		1696					X			X				X				

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 18/08/2009

TIME 14h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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Page 2 of 2
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1697					X			X				X				
17		1698	X							X				X				
18		1699					X			X				X				
19		1700					X			X				X				
20		1701					X						X	X				
21		1702					X			X						X		
22		1703	X						X					X				
23		1704	X						X							X		
24		1705	X						X					X				
25		1706					X		X					X				
26		1707	X						X					X				
27		1708	X						X					X				
28		1709	X						X							X		
29		1710	X						X							X		
30		1711	X						X							X		
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BTP

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 12-12-09

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

(b)(6)

NAME OF AUCTION/MARKET:

OWNER (SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang Sth Joliette est St Andre Avelin

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA ✓	1652			X								X			X		
2	✓	1653	X										X			X		
3	✓	1654					X			X				X				
4		1655	X										X			X		
5		1656	X						X							X		
6		1657	X						X							X		
7	✓	1658	X										X			X		
8		1659	X										X			X		
9		1660			X								X			X		
10		1661	X						X					X				
11	✓	1662	X						X							X		
12	✓	1663	X						X					X				
13	✓	1664	X										X	X				
14		1665					X				X					X		
15	✓✓	1666	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 12-8-9

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1667					X		X							X		
17	✓	1668	X						X					X				
18	✓	1669				X				X				X				
19		1670	X										X	X				
20	✓	1671			X								X	X				
21	✓	1672	X							X				X				
22		1673	X							X				X				
23		1674					X			X				X				
24	✓	1675	X						X							X		
25		1676					X		X					X				
26		1677	X						X					X				
27		1678					X			X				X				
28	✓	1679						X		X						X		
29		1680	X										X	X				
30	✓	1681	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.)

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Page 1 of 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 7-23-09

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.: 717-865-2586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Jule est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1568			X								X			X		
2		1569					X				X					X		
3		1570					X				X			X				
4		1571	X										X			X		
5		1572					X						X	X				
6	✓	1573			X				X					X				
7	✓	1574	X						X					X				
8	✓	1575			X				X							X		
9		1576	X										X			X		
10		1577	X						X					X				
11		1578				X				X				X				
12	✓	1579	X										X			X		
13		1580					X			X				X				
14		1581	X										X			X		
15	✓	1582	X										X			X		

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. # 505
DATE July 23th 2009
TIME 7h45 am

DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN 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)

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

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	1583					X						X			X		
17	↓	1584					X						X			X		
18	↓	1585					X						X			X		
19		1586					X						X			X		
20		1587					X			X				X				
21		1588					X			X				X				
22		1589					X			X				X				
23		1590	X							X				X				
24		1591					X		X					X				
25		1592			X				X					X				
26		1593					X		X					X				
27		1594					X		X							X		
28	↓	1595	X						X					X				
29																		
30																		
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

(b)(6)

(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 7-15-09

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.: 717-865-7596

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI CANADA EXPORT INC

STREET ADDRESS: 517 Rang St. Julie est St Andr Avelin

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1540					X			X						X		
2		1541					X			X				X				
3		1542	X							X				X				
4	✓	1543	X										X	X				
5	✓	1544					X				X			X				
6	✓	1545					X			X				X				
7		1546	X							X						X		
8	✓	1547					X				X					X		
9		1548					X		X					X				
10		1549			X				X							X		
11		1550	X							X						X		
12	✓	1551						X					X			X		
13	✓	1552	X						X							X		
14		1553	X						X							X		
15	✓	1554	X						X									

HORSES HAVE 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 NOTICE THAT USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 15 Juillet 2009

TIME 12:30 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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page 2
628704

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

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

(Please type or print in ink)

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

FORM APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1555					X		X							X		
17		1556	X						X							X		
18		1557						X		X				X				
19		1558	X						X							X		
20	✓	1559			X								X	X				
mule 21	✓	1560	X										X	X				
22	✓	1561			X								X			X		
23	✓	1562	X										X			X		
24	✓	1563					X				X					X		
25	✓	1564	X							X				X				
26		1565					X		X							X		
27	✓	1566					X		X							X		
28	✓	1567			X								X			X		
29																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: [illegible] AM

DATE: [illegible]

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 Rang St. Julien est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin 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.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1512					X			X				X				
2		1513	X						X					X				
3		1514	X						X					X				
4		1515						X					X	X				
5		1516				X				X				X				
6		1517					X				X					X		
7		1518			X						X					X		
8		1519					X			X				X				
9		1520				X				X				X				
10		1521					X			X				X				
11		1522	X							X				X				
12		1523	X						X					X				
13		1524			X					X						X		
14		1525				X				X						X		
15		1526					X			X				X				

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE July 9th 2009

TIME 08h 7h45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1527	X										X			X		
17		1528	X							X				X				
18		1529	X						X							X		
19		1530					X		X					X				
20		1531					X			X				X				
21		1532	X						X							X		
22		1533			X						X			X				
23		1534				X				X						X		
24		1535	X							X						X		
25		1536	X										X	X				
26		1537	X										X			X		
27		1538					X			X				X				
28		1539					X						X			X		
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page 1
628781

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 7-7-9

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

(b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Covel Canada Export inc.

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown 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.
- ☐ 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	USFA	1484			X					X						X		
2		1485				X				X				X				
3		1486			X						X			X				
4		1487					X			X				X				
5		1488					X				X			X				
6		1489					X				X					X		
7		1490	X							X				X				
8		1491					X				X			X				
9		1492	X										X	X				
10		1493			X					X				X				
11		1494	X							X				X				
12		1495				X				X				X				
13		1496	X						X					X				
14		1497	X						X					X				
15	✓	1498	X						X									

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

(b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2-07-2009

TIME 12:00 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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Page 2
G28 781

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1499			X								X			X		
17		1500	X										X			X		
18		1501	X							X						X		
19		1502					X						X			X		
20		1503	X						X							X		
21		1504					X			X				X				
22		1505					X			X				X				
23		1506	X						X					X				
24		1507	X						X					X				
25		1508	X							X				X				
26		1509	X										X	X				
27		1510	X										X	X				
28		1511	X										X	X				
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n contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 A.M

DATE: 9-22-09

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: CAVEI 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 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1918					X		X							X		
2		1919					X			X				X				
3		1920	X						X							X		
4		1921	X										X			X		
5		1922					X			X				X				
6		1923	X										X			X		
7		1924	X										X			X		
8		1925	X										X	X				
9		1926	X										X			X		
10		1927					X			X				X				
11		1928					X						X			X		
12		1929	X										X	X				
13		1930	X										X			X		
14		1931					X						X			X		
15		1932	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Page 1 of 2
628786

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 1100 AM

DATE: 9-16-09

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: CAVEI Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USPA	1888					X			X				X				
2		1889	X						X					X				
3		1890					X						X			X		
4		1891					X			X				X				
Black		1892	X										X	X				
6		1893					X			X						X		
7		1894					X			X						X		
8		1895	X							X						X		
Black 9		1896	X										X			X		
10		1897					X		X							X		
11		1898	X						X					X				
12		1899	X										X			X		
13		1900					X			X						X	Not in chase est	
14		1901						X		X				X				
15		1902	X						X									

(b)(6)

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

(b)(6)

CA

EST. 508

DATE 2009/09/16

TIME 15:15

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DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(b)(6)

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page 2 of 2
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	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	1903	X							X				X				
17		1904	X							X						X		
18		1905	X							X				X				
19		1906	X							X						X		
20		1907					X			X						X		
21		1908					X			X						X		
22		1909				X				X				X				
23		1910					X			X						X		
24		1911				X				X				X				
25		1912	X										X	X				
26		1913	X							X				X				
27		1914	X							X				X				
28		1915					X			X				X				
29		1916	X							X				X				
30		1917					X			X						X		
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 9-11-09

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

(b)(6)

NAME OF AUCTION/MARKET:

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1858					X						X			X		
2		1859				X				X				X				lesion of the hock hind right leg
3		1860					X			X				X				
4		1861					X			X				X				
5		1862	X							X				X				
6		1863				X				X						X		
7		1864	X							X						X		
8		1865	X										X			X		
9		1866					X			X				X				
10		1867	X							X				X				
11		1868	X						X							X		
12		1869						X		X						X		
13		1870					X				X							
14		1871					X						X					
15		1872	X										X					

grey

(b)(6)

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

(b)(6)

STANDARDIZED REGIONAL FOOD SAFETY AGENCY (CFIA)

EST. 505

DATE 2009/09/11

TIME 15:45

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

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

(b)(6)

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Page 2 of 2
I 48176

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSFA	1873			X					X						X		
17		1874					X			X						X		
18		1875					X				X			X				
19		1876	X							X						X		
20		1877				X				X				X				
21		1878					X			X				X				
22		1879					X			X				X				
23		1880				X				X				X				
24		1881					X			X				X				
25		1882			X						X			X				
26		1883			X					X				X				
27		1884	X										X			X		
28		1885	X										X			X		
29		1886	X							X				X				
30		1887	X										X			X		
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2009/09/11
15:45

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

(b)(6)

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Page 1 of 2
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM
DATE: 9-4-09

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: CAVEO Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USPA	1828					X			X						X		
2		1829	X						X							X		
3		1830	X							X				X				
4		1831	X						X							X		
5		1832	X										X			X		
6		1833					X		X					X				
7		1834	X						X							X		
8		1835	X						X							X		
9		1836					X				X					X		
10		1837						X		X				X				
11		1838					X			X								
12		1839						X		X								
13		1840					X			X								
14		1841				X				X				X				
15		1842	X										X			X		

(b)(6)

Dre Emmanuelle Charpentier D.M.V.

Dre Emmanuelle Charpentier D.M.V.

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

SIG (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 2009/09/04
TIME 13:15

DIRECTION GENERALE DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

Veterinaire en chef ET505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

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

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

(Please type or print in ink)

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

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	USA	1843	X						X					X				
17		1844	X							X				X				
18		1845	X							X				X				
19		1846					X			X						X		
20		1847					X			X						X		
21		1848	X						X							X		
22		1849	X							X						X		
23		1850	X						X					X				
24		1851	X						X					X				
25		1852	X						X							X		
26		1853					X		X							X		
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(b)(6)

Dre Emmanu... D.M.V.

Vétérinaire en chef ET.505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
...dré-Avellin, Qc
...1W0

(b)(6)

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

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Page 1 of 2
G-35708

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 8-2-09

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

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jamestown PA 17038

AREA CODE & TELEPHONE NO.: 717-986-7506

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1798	X							X				X				
2		1799	X										X			X		
3		1800	X										X			X		
4		1801			X								X	X				
5		1802	X										X			X		
6		1803	X										X			X		
7		1804					X						X	X				
8		1805	X							X				X				
9		1806					X			X				X				
10		1807	X										X			X		
11		1808	X							X						X		
12		1809	X										X			X		
13		1810	X										X	X				
14		1811					X		X							X		
15		1812	X							X						X		

(b)(6)

Dre

Vétérinaire en chef EI: 505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

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 2009/09/02

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).

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)

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Page 2 of 2
628786

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1813	X						X							X		
17		1814	X										X	X				
18		1815	X							X				X				
19		1816	X						X					X				
20		1817			X								X			X		
21		1818			X				X							X		
22		1819	X							X				X				
23		1820					X			X						X		
24		1821					X						X	X				
25		1822					X			X	X			X				
26		1823					X				X			X				
27		1824			X						X			X				
28		1825					X			X				X				
29		1826	X							X				X				
30		1827					X			X				X				
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(b)(6)

D.M.V.

Vétérinaire en chef ET: 505
Les Viandes de la Petite Nation Inc.
617 rang Ste-Julie
St-André-Avellin, Qc
JOV 1W0

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

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

DATE: 8-31-09

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.: 717-865-7596

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: St. Andre Avellin Quebec J0V 1W0 Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1772	X							X						X		
2		1773	X							X						X		
3		1774	X						X					X				
4		1775	X						X							X		
5		1776	X						X							X		
6		1777	X						X					X				
7		1778					X		X					X				
8		1779					X			X				X				
9		1780	X										X			X		
10		1781	X										X	X				
11		1782	X										X	X				
12		1783	X						X							X		
13		1784					X						X	X				
14		1785					X			X						X		
15		1786	X						X							X		

black

Dre Emmanuelle Charpentier
D.M.V.
Vétérinaire en chef ET: 505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

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

(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 / 08/31 received

DATE 2009/09/01 / slaughter

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS-1 OHM 10-13 (AUG 2004) Previous editions are obslete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1787	X						X					X				
17		1788	X										X	X				
18		1789	X										X	X				
19		1790	X							X				X				
20		1791					X			X				X				
21		1792					X			X				X				
22		1793	X						X							X		
23		1794	X							X				X				
24		1795	X						X					X				
25		1796					X				X					X		
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Dre Emmanuelle Charpentier

(b)(6)

Vétérinaire en chef [illegible]
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

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

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 10/1/09

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

(b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julia

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2008					X			X						X		
2		2009	X										X	X				
3		2010			X						X					X		
4		2011	X										X	X				
5		2012	X										X	X				
6		2013	X										X	X				
7		2014	X										X			X		
8		2015	X										X	X				
9		2016			X								X	X				
10		2017	X						X					X				
11		2018	X										X	X				
12		2019	X										X	X				
13		2020					X				X					X		
14		2021	X										X			X		
15		2022	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 October 6th, 2009

TIME 12:55 am p.m.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: Nov 3

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 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEA	2248	X							X						X		
2		2249	X										X			X		
3		2250	X										X	X				
4		2251	X										X	X				
5		2252	X							X				X				
6		2253					X			X				X				
7		2254					X						X			X		
8		2255	X										X			X		
9		2256					X				X					X		
10		2257	X							X				X				
11		2258	X							X				X				
12		2259	X										X			X		
13		2260	X										X			X		
14		2261	X							X						X		
15		2262					X			X						X		

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

SIGNA (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE Nov. 3rd, 2009

TIME 7:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Page 2 of 3
L061176

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2263					X				X			X				
17		2264					X			X				X				
18		2265					X			X						X		
19		2266					X						X			X		
20		2267	X										X			X		
21		2268	X							X				X				
22		2269	X										X	X				
23		2270	X										X	X				
24		2271	X										X			X		
25		2272	X										X			X		
26		2273					X						X	X				
27		2274					X						X			X		
28		2275	X										X			X		
29		2276						X		X						X		
30		2277					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).

S [redacted] tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

(b)(6)

NAME OF AUCTION/MARKET

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 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2248	X							X						X		
2		2249	X										X			X		
3		2250	X										X	X				
4		2251	X										X	X				
5		2252	X							X				X				
6		2253					X			X				X				
7		2254					X						X			X		
8		2255	X										X			X		
9		2256					X				X					X		
10		2257	X							X				X				
11		2258	X							X				X				
12		2259	X										X			X		
13		2260	X										X			X		
14		2261	X							X						X		
15		2262					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)

COMPLETED BY THE CFIA OR DGIF TO THE BEST OF THEIR KNOWLEDGE. THE INFORMATION IN IT AS TRUE. FALSIFYING THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (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 Nov. 3th, 2009.

TIME 7:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Page 1 of 1 LOC 1173

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 800 AM

DATE: 10-30-09

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

(b)(6)

NAME OF AUCTION/MARKET:

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 Avellin

AREA CODE & TELEPHONE NO.: 717-865-7566

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2218						X					X	X				
2		2219			X					X				X				
3		2220						X		X				X				
4		2221			X						X			X				
5		2222					X				X					X		
6		2223					X			X						X		
7		2224					X						X			X		
8		2225					X						X			X		
9		2226					X			X				X				
10		2227					X			X				X				
11		2228					X		X							X		
12		2229			X								X			X		
13		2230	X										X			X		
14		2231					X			X						X		
15		2232				X				X				X				

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

(b)(6)

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

[illegible] CERTIFIES/[illegible] that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2061173

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	2233					X			X						X		
17		2234	X							X				X				
18		2235	X							X				X				
19		2236					X			X				X				
20		2237	X							X				X				
21		2238	X							X				X				
22		2239						X		X						X		
23		2240					X			X						X		
24		2241				X				X				X				
25		2242					X			X				X				ONE EYE
26		2243	X							X				X				
27		2244	X							X				X				
28		2245						X		X						X		ONE EYE
29		2246					X						X	X				
30		2247			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)

(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 10-26-09

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

(b)(6)

NAME OF AUCTION/MARKET:

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: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2188					X			X				X				
2		2189	X						X					X				
3		2190	X						X					X		X		
4		2191	X						X					X				
5		2192					X		X					X				
6		2193	X						X					X				
7		2194	X						X					X				
8		2195	X						X					X				
9		2196	X						X					X				
10		2197	X						X					X				
11		2198	X						X							X		
12		2199	X						X							X		
13		2200	X						X					X				
14		2201					X			X						X		
15		2202	X						X					X				

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

SIGN (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 26-10-2009

TIME 15-20

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 10-21-05

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

(b)(6)

E OF AUCTION/MARKET

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2128					X			X						X		
2		2129	X							X				X				
3		2130	X										X	X				
4		2131	X										X			X		
5		2132	X										X			X		
6		2133	X						X							X		
7		2134	X							X				X				
8		2135	X										X			X		
9		2136	X						X					X				
10		2137			X								X			X		
11		2138			X						X					X		
12		2139				X				X						X		
13		2140				X				X						X		
14		2141	X							X				X				
15		2142	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Page 2 of 2

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2143	X						X					X				
17		2144	X						X					X				
18		2145					X		X							X		
19		2146	X							X				X				
20		2147	X						X					X				
21		2148	X						X					X				
22		2149	X										X			X		
23		2150	X						X					X				
24		2151	X						X							X		
25		2152	X										X			X		
26		2153					X			X						X		
27		2154	X						X					X				
28		2155	X										X			X		
29		2156	X										X			X		
30		2157	X										X	X				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

(SEP 2002)

Best Copy Available

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 17:30

DATE: 11-21-05

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: Avel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Suite est.

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/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	2128					X			X						X		
2		2129	X							X				X				
3		2130	X										X	X				
4		2131	X										X			X		
5		2132	X										X			X		
6		2133	X						X							X		
7		2134	X							X				X				
8		2135	X										X			X		
9		2136	X						X					X				
10		2137			X								X			X		
11		2138			X						X					X		
12		2139				X				X						X		
13		2140				X				X						X		
14		2141	X							X				X				
15		2142	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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Best Copy Available

U.S. DEPARTMENT 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 pm

DATE: 10-21-09

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 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est,

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2158					X			X						X		
2		2159						X		X						X		
3		2160					X			X						X		1 Bad Eye
4		2161	X							X				X				
5		2162	X							X						X		
6		2163					X				X					X		
7		2164			X						X					X		
8		2165	X							X				X				
9		2166					X				X			X				
10		2167						X		X				X				
11		2168	X							X				X				
12		2169	X							X						X		
13		2170				X				X				X				
14		2171	X						X					X				
15		2172						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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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page 1 of 5
2010 0865

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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 pm

DATE: 11/30

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

(b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNEE (RECEIVER/DESTINATION) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre - Avellin

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2548				X				X				X				
2		2549					X			X						X		
3		2550	X							X						X	Deformation face	
4		2551				X				X						X		
5		2552	X							X				X				
6		2553	X							X				X				
7		2554					X			X						X		
8		2555	X							X				X				
9		2556				X				X						X		
10		2557				X				X				X				
11		2558					X			X						X		
12		2559				X				X				X				
13		2560				X				X						X		
14		2561				X				X				X			MA6 artrite jaret	
15		2562				X				X						X		

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

SIGNATU (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 30-11-2009
TIME 12h00

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN 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

(b)(6)

page 2 of 2
2060865

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2563				X				X						X		
17		2564						X		X				X				
18		2565				X				X				X				
19		2566	X							X						X		
20		2567	X						X							X		
21		2568	X						X					X				
22		2569	X						X							X		
23		2570	X						X							X		
24		2571					X		X							X	laceration MAD	
25		2572	X						X					X				
26		2573	X							X				X				
27		2574	X										X	X				
28		2575	X										X			X		
29		2576	X										X			X		
30		2577	X										X			X		
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SIG[redacted]ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 am

DATE: 1/19/

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: CAVEI Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julie est.

CITY, STATE, ZIP CODE: Jonestown PA.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2518				X				X						X		
2		2519	X								X					X		
3		2520					X			X				X				
4		2521	X							X				X				
5		2522					X			X				X				
6		2523					X			X				X				
7		2524						X		X				X				
8		2525					X			X				X				
9		2526	X							X				X				
10		2527						X		X				X				
11		2528	X										X	X				
12		2529						X		X				X				
13		2530	X							X						X		
14		2531	X							X				X				
15		2532				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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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U.S. DEPARTMENT OF AGRICULTURE
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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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2533				X				X						X		
17		2534				X				X				X				
18		2535						X		X				X				
19		2536					X			X						X		
20		2537					X			X				X				
21		2538	X							X						X		
22		2539	X										X			X		
23		2540					X						X	X				
24		2541	X										X	X				
25		2542			X					X						X		
26		2543						X		X						X		
27		2544				X				X						X		
28		2545	X										X			X		
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S [redacted] on contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: [illegible]

DATE: [illegible]

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

(b)(6)

ME OF AUCTION/MARKET:

Brian Moore

NSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Range St. Suite est.

CITY, STATE, ZIP CODE: Jonestown PA

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-665-7566

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USPA	2488	X						X							X		
~~2~~		~~2489~~					X		X							X		
3		2490				X				X						X		
4		2491	X						X					X				
5		2492					X		X					X				
6		2493					X			X				X				
7		2494					X			X						X		
8		2495	X							X				X				
9		2496					X			X				X				
10		2497					X			X				X				
11		2498				X				X				X				
12		2499	X										X			X		
~~13~~		~~2500~~						X		X				X				
~~14~~		~~2501~~					X			X				X				
15		2502					X			X				X				

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

SIGNATU

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Page 2 of 3
L6 0563

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSF4	2503	X										X			X		
17		2504	X										X			X		
18		2505	X										X			X		
19		2506	X										X			X		
20		2507	X										X	X				
21		2508					X						X			X		
22		2509			X								X	X				
23		2510	X										X			X		
24		2511					X			X				X				
25		2512					X			X				X				
26		~~2513~~					X				X					X		
27		2514	X										X			X		
28		2515					X		X					X				
29		2516	X										X			X		
30		2517					X		X					X				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SI[redacted] ormation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

2060959

U.S. DEPARTMENT 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: [illegible]

DATE: 11/23/09

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 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: St. Andre-Avellin Canada

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2458	X										X			X		
2		2459					X			X						X		
3		2460			X					X						X		
4		2461				X				X				X				
5		2462						X		X				X				
6		2463						X		X				X				
7		2464					X			X				X				
8		2465				X				X				X				
9		2466					X		X							X		
10		2467	X							X				X				
11		2468					X						X	X				
12		2469					X			X				X				
13		2470					X			X				X				
14		2471					X				X					X		
15		2472			X					X				X				

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

SIGNA (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 23-11-2009

TIME 12:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 of 2
L060859

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2473	X										X	X				
17		2474	X										X	X				
18		2475			X						X					X		
19		2476	X							X				X				
20		2477					X			X				X				
21		2478	X						X					X				
22		2479					X			X				X				
23		2480	X										X			X		
24		2481					X						X			X		
25		2482	X										X			X		
26		2483					X			X						X		
27		2484	X										X			X		
28		2485	X							X						X		
29		2486					X			X				X				
30		2487					X			X				X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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PAGE 1 OF 2 2009/169

U.S. DEPARTMENT 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: 11-18-09

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. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	15CA	2398				X				X				X				
2		2399	X							X				X				
3		2400			X								X			X		
4		2401	X						X					X				
5		2402					X			X						X		
6		2403	X										X	X				
7		2404					X			X				X				
8		2405					X				X					X		
9		2406				X				X				X				
10		2407						X		X						X		
11		2408	X										X			X		
12		2409	X						X					X				
13		2410	X						X					X				
14		2411	X						X					X				
15		2412	X										X	X				

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

SIGI (b)(6)

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

S rmation contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 18-11-2009

TIME 15h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 of 2
106169

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USA	2413	X										X			X		
17		2414	X							X				X				
18		2415	X						X					X				
19		2416	X						X							X		
20		2417			X				X							X		
21		2418					X		X							X		
22		2419	X						X					X				
23		2420					X		X					X				
24		2421						X		X						X		
25		2422	X						X					X				
26		2423			X					X				X				
27		2424	X							X				X				
28		2425				X				X				X				
29		2426	X							X				X				
30		2427					X			X						X		
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(b)(6)

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

(SEP 2002)

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page 1 of 2
2009-1166

U.S. DEPARTMENT 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: [redacted]

DATE: 11/13

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

(b)(6)

NAME OF AUCTION/MARKET:

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17039

CITY, STATE, ZIP CODE: St. Andre Avellin

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2368	X										X			X		
2		2369	X										X			X		
3		2370	X										X	X				
4		2371	X										X	X				
5		2372	X										X			X		
6		2373	X										X			X		
7		2374	X										X	X				
8		2375	X										X			X		
9		2376	X										X			X		
10		2377	X										X			X		
11		2378					X			X						X		
12		2379					X			X						X		
13		2380					X		X							X		
14		2381	X										X			X		
15		2382					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 [redacted] T AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 13-11-2009

TIME 12h50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 1011-1 (BUD 0W/4) Previous editions are obslete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	ISFA	2383					X			X				X				
17		2384			X					X						X		
18		2385					X			X						X		
19		2386					X		X							X		
20		2387	X										X	X				
21		2388	X										X	X				
22		2389						X		X						X		
23		2390					X			X						X		
24		2391					X			X				X				
25		2392	X							X				X				
26		2393					X			X						X		
27		2394	X							X						X		
28		2395			X					X				X				
29		2396	X							X				X				
30		2397			X					X				X				
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ntained in this form is true and correct to the best of my knowledge.)

(b)(6)

(SEP 2002)

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Page 1 of 2
206170

U.S. DEPARTMENT 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: [illegible]

DATE: 11/11

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

(b)(6)

NAME OF AUCTION/MARKET:

Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVel Canada Export Inc

STREET ADDRESS: 94 Hover Drive

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St André Avellin

AREA CODE & TELEPHONE NO.: 717-865-7596

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2338			X					X				X				
2		2339			X					X						X		
3		2340			X					X				X				
4		2341						X		X				X				
5		2342	X							X				X				
6		2343					X			X						X		
7		2344	X							X						X		
8		2345	X						X					X				
9		2346	X						X							X		
10		2347					X			X						X		
11		2348					X		X					X				
12		2349					X			X				X				
13		2350					X			X						X		
14		2351						X					X			X		
15		2352	X						X							X		

H[illegible] TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE H[illegible]

(b)(6)

SI[illegible]

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

SIGNATURE OF OWNER/SHIPPER(I certify that 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 November 12th 2009

TIME 7:45 Am

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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Page 1 of 2
2004-0293

U.S. DEPARTMENT 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

IE HORSES LOADED ON CONVEYANCE: 1:15 Am

DATE: Nov 6

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

(b)(6)

NAME OF AUCTION/MARKET:

NSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada Export Inc.

REET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

TY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

EA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1559	2308					X						X			X		
	2309	X										X			X		
	2310					X				X			X				
	2311			X						X			X				
	2312					X			X						X		
	2313	X										X			X		
	2314	X										X	X				
	2315	X										X			X		
	2316	X										X	X				
	2317					X						X	X				
	2318	X										X			X		
	2319	X										X			X		
	2320	X										X	X				
	2321	X										X	X				
	2322					X				X					X		Fat Leg

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

(b)(6)

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

ontained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Page 2 of 2
2060093

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2323					X				X					X		
17		2324					X				X					X		Not Loaded
18		2325	X										X			X		
19		2326	X										X			X		
20		2327	X							X						X		
21		2328	X							X				X				
22		2329					X			X						X		
23		2330	X										X	X				
24		2331					X						X			X		
25		2332	X										X			X		
26		2333	X										X	X				
27		2334	X										X			X		
28		2335			X								X			X		One Eye
29		2336	X						X					X				
30		2337	X										X	X				
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

...ersons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: [illegible]

DATE: [illegible] 4

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 Fac.

STREET ADDRESS: 517 Rang- St Julia Est

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	2278						X					X			X		
2		2279					X			X						X		
3		2280					X			X						X		
4		2281					X			X						X		
5		2282					X			X						X		
6		2283					X			X						X		
7		2284					X		X					X				
8		2285					X			X						X		
9		2286					X			X						X		
10		2287					X			X						X		
11		2288					X			X				X				
12		2289	X										X	X				
13		2290					X						X	X				
14		2291	X						X					X				
15		2292	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)

INFORMATION IN IT AS ; FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (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 Nov 5th, 2009

TIME 7:30Am

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 AM

DATE: 10-16-09

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

(b)(6)

NAME OF AUCTION/MARKET:

Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-065-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2098	X										X	X				
2		2099	X						X							X		
3		2100	X						X					X				
4		2101	X						X							X		
5		2102					X		X							X		
6		2103	X						X							X		
7		2104	X						X							X		
8		2105					X		X					X				
9		2106					X			X				X				
10		2107	X							X				X				
11		2108					X		X					X				
12		2109	X						X							X		
13		2110	X						X							X		
14		2111	X						X					X				
15		2112	X										X			X		

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

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 10-14-09

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 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-9586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2068					X			X				X				
2		2069	X						X							X		
3		2070				X				X				X				
4		2071	X							X				X				
5		2072					X			X				X				
6		2073						X		X				X				
7		2074			X					X				X				
8		2075						X		X						X		
9		2076				X				X				X				
10		2077			X					X						X		
11		2078					X			X						X		
12		2079	X										X			X		
13		2080	X							X								
14		2081	X							X								
15	V	2082					X			X								

(b)(6)

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)

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EST. SOS

DATE 2009/10/14

TIME 12:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST SOS

DATE 2009/10/14

TIME

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

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

(Please type or print in ink)

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

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		2083					X				X					X		
17		2084	X								X					X		
18		2085			X						X			X				
19		2086					X				X					X		
20		2087					X			X				X				
21		2088	X						X							X		
22		2089	X						X							X		
23		2090			X								X			X		
24		2091	X										X			X		
25		2092	X							X				X				
26		2093	X										X	X				
27		2094	X										X	X				
28		2095	X							X						X		
29		2096	X										X	X				
30		2097			X						X			X				
31																		
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2009/10/14
12:50

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)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 10-14-09

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 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-9586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2068					X			X				X				
2		2069	X						X							X		
3		2070				X				X				X				
4		2071	X							X				X				
5		2072					X			X				X				
6		2073						X		X				X				
7		2074			X					X				X				
8		2075						X		X						X		
9		2076				X				X				X				
10		2077			X					X						X		
11		2078					X			X						X		
12		2079	X										X			X		
13		2080	X							X								
14		2081	X							X								
15	V	2082					X			X								

(b)(6)

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

(b)(6)

CANADI[illegible]

EST. 505

DATE 2009/10/14

TIME 12:50

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN 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. 505

DATE 2009/10/14

TIME

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

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Page 1 of 1
I48166

U.S. DEPARTMENT 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: [illegible]

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.

Brian Moore

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 Avellin

AREA CODE & TELEPHONE NO.: 717-865-2586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1978	X										X			X		
		1979					X			X						X		
3		1980	X						X					X				
4		1981	X						X					X				
5		1982					X						X	X				
6		1983	X						X					X				
7		1984	X										X	X				
8		1985	X										X			X		
9		1986	X						X					X				
10		1987	X						X							X		
11		1988	X										X			X		
12		1989					X						X			X		
13		1990					X			X				X				
14		1991	X							X				X				
15		1992	X							X				X				

Light Bele. Tremblement

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 2009/10/05

TIME 15:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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Page 1
2060855

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: 1:00AM

DATE: 11-9-09

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

(b)(6)

NAME OF AUCTION/MARKET:

(OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAREI CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2038					X			X				X				
2		2039	X						X					X				
3		2040	X							X				X				
4		2041	X							X				X				
5		2042					X			X						X		
6		2043					X			X				X				
7		2044				X				X				X				
8		2045				X				X				X				
9		2046					X			X						X		
10		2047					X			X				X				
11		2048	X							X						X		
12		2049					X			X						X		
13		2050					X		X					X				
14		2051					X			X						X		
15		2052					X			X				X				

Clark
Velm Clark

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. SOS

DATE 2009/10/09

TIME 12:00

[illegible] TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN 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)

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Page 1 of 6 Z061186

U.S. DEPARTMENT 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

(1)

TIME HORSES LOADED ON CONVEYANCE: 1(0) AM

DATE: 12/16

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

(b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: St. Andre - Adrillen - Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	✓	2698					X			X						X		
2	✓	2699				X				X						X		
3	✓	2700	X							X						X		
4	✓	2701	X							X						X		
5	✓	2702						X		X						X		
6	✓	2703					X			X						X		
7	✓	2704			X						X			X				
8	✓	2705			X						X			X				
9		2706	X										X			X		
10	✓	2707					X			X				X				
11	✓	2708					X			X				X				
12	✓	2709	X							X				X				
13	✓	2710					X				X			X				
14	✓	2711						X		X				X				
15	✓	2712						X		X				X				

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

DATE: Dec 9

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 Hoover Drive

STREET ADDRESS: 517 Rang St, Suite est,

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2638	X						X					X				
2		2639	X						X					X				
3		2640	X						X							X		
4		2641					X			X				X				
5		2642	X										X			X		
6		2643	X						X					X				
7		2644					X		X							X		
8		2645					X			X						X		
9		2646					X		X							X		
10		2647	X							X				X				
11		2648	X							X				X				
12		2649	X							X						X		
13		2650					X			X				X				
14		2651					X			X						X		
15		2652						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. MP #505

DATE December, 10th, 2009

TIME 8:45 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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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 AM
DATE: 1/14
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6)

NAME OF AUCTION/MARKET:

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

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

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2608					X				X			X				
2		2609			X						X			X				
3		2610					X				X			X				
4		2611					X			X				X				
5		2612			X					X						X		
6		2613					X		X					X				
7		2614	X							X						X		
8		2615					X						X			X		
9		2616	X								X			X				
10		2617					X				X					X		
11		2618					X				X					X		Big BACK Fat leg
12		2619					X				X					X		
13		2620					X				X					X		
14		2621			X						X					X		
15		2622					X				X					X		

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

SIGNA (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 4-12-2009
TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

LOC 0906

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: Jonestown PA

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVCI Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	VSFA	2578				X				X						X		
2		2579	X										X			X		
3		2580					X			X						X		
4		2581					X			X						X		
5		2582						X					X			X		
6		2583						X		X				X				
7		2584	X						X							X		
8		2585					X		X							X		
9		2586					X				X					X		
10		2587	X						X							X		
11		2588	X										X			X		
12		2589	X										X			X		
13		2590					X			X				X				
14		2591					X			X				X				
15		2592	X										X			X		

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

SIGNA (b)(6)

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

SI nformation contained in this form is true and correct to the (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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page 1 of 2
2060860

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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: N/C

DATE: 12/11

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 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown 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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2668	X						X					X				
2		2669				X				X						X		
3		2670	X						X					X				
4		2671					X			X						X		
5		2672	X							X				X				
6		2673	X							X						X		
7		2674					X			X						X		
8		2675					X						X	X				
9		2676					X			X						X		
10		2677					X			X				X				Cut Eye
11		2678	X						X					X				
12		2679	X						X					X				
13		2680					X			X						X		
14		2681			X					X						X		
15		2682	X										X			X		

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

SIGN (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Best Copy Available

Page 2 of 2
2060860

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	2683					X			X						X		
17		2684	X										X	X				
18		2685	X										X			X		
19		2686					X			X						X		
20		2687				X				X						X		
21		2688	X							X						X		
22		2689					X			X				X				
23		2690					X				X					X		
24		2691	X										X	X				
25		2692					X			X						X		
26		2693						X		X				X				
27		2694					X			X						X		
28		2695	X						X					X				
29		2696	X							X						X		
30		2697					X			X				X				
31																		
32																		
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34																		
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36																		
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SIG [redacted] rmation contained in this form is true and correct to the best of my knowledge.)

(9)(q)