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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

DATE: 2/24/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE IN.

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

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CEC

STREET ADDRESS:

STREET ADDRESS: 912 2nd AVE. W

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO

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	USCA	2351	✓							✓				✓				
2		52						✓		✓				✓				
3		53	✓							✓				✓				
4		54						✓					✓	✓				
5		55						✓		✓				✓				
6		56						✓		✓				✓				
7		57						✓					✓	✓				
8		58						✓		✓				✓				
9		59						✓					✓	✓				
10		60						✓		✓				✓				
11		61						✓		✓				✓				
12		62						✓		✓				✓				
13		63		✓						✓				✓				
14		64						✓		✓				✓				
15		65	✓						✓	✓				✓				

HORSES HAVE
HOURS IMMEDI

CONSECUTIVE

SIGNATURE

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

SI... e and correct to the

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 26/02/2011

TIME 8h00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 A.M.

DATE: 1-7-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Rushville IN.

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

NAME OF AUCTION/MARKET: Rushville Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CEC

STREET ADDRESS: 912 2nd AVE. W

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO EST 505

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.
- [ ] Foals are older than 6 months of age.
- [x] Horses 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	USCT	5551						✓					✓	✓				
2		52			✓					✓						✓		
3		53	✓							✓						✓		
4		54	✓							✓						✓		
5		55						✓		✓						✓		
6		56						✓		✓						✓		
7		57			✓					✓				✓				
8		58						✓					✓	✓				
9		59					✓			✓				✓				
10		60					✓			✓				✓				
11		61	✓							✓				✓				
12		62						✓		✓				✓				
13		63						✓		✓				✓				
14		64						✓					✓	✓				
15		65						✓		✓				✓				

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

SIGNATURE

I HEREBY AUT ... ORMATION IN IT AS COMPLETED E ... RM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN 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 correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 08/01/2011

TIME 11:00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	MSCT	5766						✓		✓						✓		
17		67	✓							✓				✓				
18		68						✓		✓						✓		
19		69	✓							✓				✓				
20		70						✓		✓				✓				
21		71		✓						✓				✓				
22		72						✓		✓						✓		
23		73	✓							✓				✓				
24		74	✓							✓				✓				
25		75					✓			✓				✓				
26		76	✓							✓				✓				
27		77						✓		✓				✓				
28		78						✓		✓				✓				
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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

SIGNATURE OF OWN

e best of my knowledge.)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08866

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-6-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MI

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 3680 N. St. Rd. 3

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

12. CONSIGNOR'S STATE: INDIANA

13. STATE CODE: 18

14. ZIP CODE: 46173

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CEC 912 2nd Ave. W.
OWEN SOUND, ONTARIO EST 505

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY. DALE M.	USCT 5151/SOR&WH	120	F	AP											
	USCT 5152/BLACK	132	N	QH											
	USCT 5153/BAY	84	N	QH		R. Hind Sock									
	USCT 5154/BAY	120	N	QH		Brand R. NEck									
	USCT 5155/SORREL	144	N	QH		Star, Snip, Lf Front & R. Hind Socks									
	USCT 5156/SORREL	144	N	QH		Blaze, 4 Socks									
	USCT 5157/BLACK	120	F	QH											
	USCT 5158/BAY&WH	108	F	PN											
FOR IMMEDIATE SLAUGHTER	USCT 5159/CHESTNUT	144	F	QH		Blaze, 4 Socks									
	USCT 5160/CHESTNUT	120	F	QH		Blaze, 2 Hind Socks									
	USCT 5161/BAY	108	F	QH		Blaze, 2 Hind Socks									
	USCT 5162/PALOMINO	132	F	QH		Blaze									
	USCT 5163/SORREL	120	F	QH		Blaze									
	USCT 5164/SOR&WH	144	N	AP		Blaze, R. Front & R. Hind Socks									
	USCT 5165/SORREL	108	F	QH		Blaze									
	USCT 5166/SORREL	132	N	QH		Blaze, R. Hind Sock									
	USCT 5167/BAY	132	F	QH											
	USCT 5168/SORREL	96	N	QH		Blaze, L. Front & R. Hind Socks									

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: 01/06/2011

20. NAME OF ISSUING VETERIN... e, first name, middle initial,-

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

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian: David D. Schlendt

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): David D. Schlendt DVM USDA VMO

25. SIGNATURE OF ISSUING VETERINARIAN

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: HALEY, DALE M.

16. CONSIGNEE'S NAME: CEC

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08866

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY. DALE M.	USCT 5169/BAY	96	F	QH		Star									
	USCT 5170/SORREL	144	F	QH		Blaze, L. Hind SOCK									
	USCT 5171/GREY	120	F	QH											
	USCT 5172/ROAN	132	N	QH		Star, Ship, 4 Socks									
	USCT 5173/BAY	96	F	QH		L. Hind Sock									
FOR IMMEDIATE SLAUGHTER	USCT 5174/BAY	144	F	QH		R. Hind Sock									
	USCT 5175/CHESTNUT	132	F	QH		Blaze, R. Hinds Sock									
	USCT 5176/BAY	144	F	QH											
	USCT 5177/DUNN	96	F	QH		Blaze, L. Front & R. Hind Socks									
	USCT 5178/SORREL	144	F	QH		Blaze, L. Front & 2 Hinds Socks									

CCERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the United States or Canada since Birth.
4. The horses on this certificate are to be delivered directly to a Canadian slaughter establishment and are intended for immediate slaughter.
5. The horses have not been in the states of Florida, New Mexico, Texas, Missouri, or Arizona in the past 21 days.
6. The animals are certified to be fit to be ttransported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

DDS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND 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 P.M

DATE: 1-24-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE IN

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

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HAULET

CONSIGNEE (RECEIVER/DESTINATION) NAME: CFG

STREET ADDRESS: 98 2nd AVE. W

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO EST 505

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.
- [ ] Foals are older than 6 months of age.
- [x] Horses 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	4567	5351					✓			✓				✓				
2		52	✓							✓				✓				
3		53	✓							✓				✓				
4		54	✓							✓				✓				
5		55						✓					✓			✓		
6		56	✓							✓						✓		
7		57	✓							✓				✓				
8		58			2					✓						✓		
9		59	✓							✓				✓				
10		60						✓					✓			✓		
11		61						✓		✓				✓				
12		62	✓							✓				✓				
13		63	✓							✓				✓				
14		64						✓		✓				✓				
15		65	✓							✓						✓		

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST: # 505
DATE: 26/01/2011
TIME: 8:00 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	US 9	5366	✓							✓						✓		
17		67																
18		68						✓					✓			✓		
19		69						✓		✓						✓		
20		70						✓		✓				✓				
21		71	✓							✓				✓				
22		72						✓		✓				✓				
23		73						✓		✓				✓				
24		74	✓							✓				✓				
25		75						✓		✓				✓				
26		76						✓		✓				✓				
27		77						✓					✓			✓		
28		78	✓							✓						✓		
29		79						✓		✓						✓		
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S COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION
MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR

the best of my knowledge.)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08867

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-24-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MI

6. STATE CODE: 26

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

8. CONSIGNOR'S CITY (or Town):

12. CONSIGNOR'S STATE:

13. STATE CODE:

14. ZIP CODE:

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CEC 912 2nd OWEN SOUND, ONTARIO EST 505

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
HALEY, DALE M. USCT	5351/CHESTNUT	132	F	QH											
USCT	5352/BAY	120	F	QH		Star, Snip, R. Front & 2 Hind Socks									
USCT	5353/BAY	120	F	QH		Star, Snip									
USCT	5354/BAY	84	F	QH		Star, R. Hind Sock									
USCT	5355/DUNN&WH	144	N	PN											
USCT	5356/BAY	144	N	QH		Star, Brand R. Neck									
USCT	5357/BAY	132	F	QH											
USCT	5358/BLACK	144	N	QH		Blaze, 2 Hind Socks									
FOR IMMEDIATE SLAUGHTER USCT	5359/BAY	96	F	QH		Star, L. Hind Sock									
USCT	5360/BAY&WH	144	N	AP		Star, Snip, L. Front Sock									
USCT	5361/SORREL	120	F	QH		Star									
USCT	5362/BAY	120	F	QH		L. Hind Sock									
USCT	5363/BAY	108	F	QH		Star, L. Front & L. Hind Socks									
USCT	5364/PALOMINO	120	F	QH		Star									
USCT	5365/BAY	144	N	QH		Star, Snip, R. Hind Sock									
USCT	5366/BAY	132	N	QH		Star, Snip, L. Front & 2 Hind Socks									
USCT	5367/SOR&WH	120	N	AP		4 Socks									
USCT	5368/SORREL	84	F	QH		Blaze, R. Front & L. Hinds Socks									

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: 1-24-2011

20. NAME OF

[ ] 1 State [X] 3 Accredited

(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

23. Signature of Endorsing Federal Veterinarian: David D. Schaefer

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): DAVID D. SCHAEFER DVM USDA VMO

29

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

PART 3 - PORT VETERINARIAN

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: HALEY, DALE M.

16. CONSIGNEE'S NAME: CEC

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08867

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) ✓ E

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
HALEY, DALE M.	USCT 5369/SORREL	108	N	QH		R. Front & L. Hind Socks									
	USCT 5370/SORREL	132	F	QH		Star, Strip, Snip, L. Hind Sock									
, 4	USCT 5371/BAY	132	F	QH		2 Hind Socks									
	USCT 5372/SORREL	132	F	QH		Star, L. Hind Sock									
	USCT 5373/SORREL	168	F	QH		Star, 2 Hind Socks									
	USCT 5374/BAY	120	F	QH		Star									
	USCT 5375/BROWN	120	F	QH		Star, Strip, Snip, L. Front & R. Hind Socks									
	USCT 5376/SORREL	132	F	QH		Star, Strip, R. Hind Sock									
FOR IMMEDIATE SLAUGHTER	USCT 5377/SOR&WH	120	N	AP											
	USCT 5378/BAY	96	N	QH		Star, Snip, R. Front & 2 Hind Soicks									
	USCT 5379/SORREL	144	N	QH		Star									

CERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inpsection.
2. The animals were,.to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the United States or Canada since birth.
4. The horses on this certificate are to be delivered directly to a Canadian slaughter establishment and are intended for immmediate slaughter.
5. The horses have not been in the states of Florida, New Mexico, Texas, Missouri, Or Arizona in the past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

DDS

VS FORM 17-140A (MAY 89) *Previous edition may be used.*

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): HALEY, DALE M.

16. CONSIGNEE'S NAME: CEC

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08868

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

HALEY, DALE M.
Y.

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

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USCU 2369/SORREL	108	F	QH		Blaze, 2 Hind Socks									
USCU 2370/SORREL	120	N	QH		Star									
USCU 2371/ROAN	108	N	QH		Blaze, L. Front & 2 HInd Socks									
USCU 2372/SORREL	120	N	QH		Star, Strip									
USCU 2373/SORREL	132	F	QH		Star							FOR IMMEDIATE SLAUGHTER		
USCU 2374/SORREL	132	N	QH		Blaze, Brand L. Neck, R.Front & L. Hind Socks									
USCU 2375/GR&WH	84	N	AP											

CERTIFICIATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspectin.
3. The animals have resided in the United States or Canada since birth.
4. The horses on the certificate are to be delivered directly to a Canadian slaughter establishment and are intended for immediate slaughter.
5. The horses have not been in the states of Florida, New Mexico, Texas, Missouri, or Arizona in the past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

DVS

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08868

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2-23-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MI

6. STATE CODE: 26

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

8. CONSIGNOR'S CITY (or Town):

9

12. CONSIGNOR'S STATE:

13. STATE CODE:

14. ZIP CODE: 6173

CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

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

MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY, DALE M. USCU	2351/BAY	120	F	QH		Star, 2 Hind Socks									
USCU	2352/SORREL	108	F	QH		Star									
USCU	2353/BAY	144	F	QH		Blaze, R.front & 2 Hinds Scock,									
USCU	2354/SOR&WH	132	F	PN											
USCU	2355/SORREL	132	F	QH		Blaze, R. Front & 2 Hind Socks									
USCU	2356/ROAN	120	F	QH		Star									
USCU	2357/SOR&WH	144	F	PN											
USCU	2358/SORREL	132	F	QH		Blaze							FOR IMMEDIATE SLAUGHTER		
USCU	2359/DUNN&WH	132	F	AP		Blaze									
USCU	2360/SORREL	120	F	QH		Star, 2 Hind Socks									
USCU	2361/SORRELK	144	F	QH		Blaze, L. Front Sock									
USCU	2362/ROAN	120	F	QH											
USCU	2363/GREY	120	F	QH		Bald Face, L. Front & 2 Hind Socks									
USCU	2364/SORREL	120	F	QH		Blaze, Brand L. Hip									
USCU	2365/SORREL	144	F	QH		Star, Strip, R. Front & 2 Hind Socks									
USCU	2366/BLACK	144	F	QH											
USCU	2367/SORREL	132	F	QH		Blaze, L. Front Sock									
USCU	2368/SORREL	144	F	QH		Blaze, Brand L. Hip									

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: 02/24/2011

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

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

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type/print, or stamp): David D. Schroeder DVM USDA VMO

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

...RT 3 - PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 A.M.

DATE: 3/8/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE IN

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

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CEC

STREET ADDRESS: 912 2nd ave W

CITY, STATE, ZIP CODE: Owen Sound Ontario N4K 5A5

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	USCCA	2971						✓		✓						✓		
2		72						✓			✓			✓				
3		73	✓							✓				✓				
4		74						✓		✓				✓				
5		75						✓		✓				✓				
6		76	✓							✓				✓				
7		77						✓		✓				✓				
8		78	✓							✓				✓				
9		79	✓							✓						✓		
10		80	✓							✓						✓		
11		81			✓						✓			✓				
12		82						✓		✓				✓				
13		83						✓		✓				✓				
14		84						✓		✓				✓				
15		85			✓					✓				✓				

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

to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 09/03/2011

TIME 9h00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	45CU	2956						✓		✓				✓				
17		57						✓		✓				✓				
18		58						✓		✓						✓		
19		59						✓		✓				✓				
20		60						✓		✓				✓				
21		61			✓					✓				✓				
22		62						✓		✓				✓				
23		63						✓		✓				✓				
24		64						✓		✓						✓		
25		65						✓					✓	✓				
26		66						✓		✓				✓				
27		67						✓		✓				✓				
28		68						✓		✓						✓		
29		69						✓		✓						✓		
30		70						✓		✓				✓				
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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)01).

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

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08893

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03 8-7-11

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MI

6. STATE CODE: 26

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

8. CONSIGNOR'S CITY (or Town):

12. CONSIGNOR'S STATE: A

13. STATE CODE: 18

14. ZIP CODE:

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CEC 912 2nd AVE. W. OWEN SOUND, ONTARIO EST 505

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB)

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

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

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
HALEY, DALE M.	USCU 2971/SORREL	120	N	QH		Blaze, Brand R. Hip									
	USCU 2972/SORREL	144	F	BL		Blaze, Brand R. Hip									
	USCU 2973/BAY	108	F	QH		Star									
	USCU 2974/PALOMINO	108	F	QH		Blaze									
	USCU 2975/BROWN	144	F	QH		Blaze, Brand R. HIp									
	USCU 2976/BAY	132	F	QH		Brand R. Hip									
	USCU 2977/SORREL	144	F	QH		Blaze, Brand R. Hip, R. Front & R. HInd Socks									
	USCU 2978/BAY	120	F	QH		Star									
FOR IMMEDIATE SLAUGHTER	USCU 2979/BAY	120	N	QH		~~XXXX~~ Blaze, Cut L. eye, 4 socks									
	USCU 2980/BAY	132	N	QH		Snip 4 Socks									
	USCU 2951/BLACK	144	F	BL		Star, L. Front Sock									
	USCU 2952/SORREL	120	F	QH		Blaze, 2 Front Socks, Brand R. Hip									
	USCU 2953/SORREL	144	f	QH		Star									
	USCU 2954/Brown	84	F	QH											
	USCU 2955/Black	108	F	QH		Blaze, Rh. Hind Sock									
	USCU 2956/SORREL	120	F	QH		2 Front Socks & L. Hind Scok									
	USCU 2957/DUNN	132	F	QH		Brand R. Hip									
	USCU 2958/BROWN	120	N	QH		Star, Brand R.Hip, L. Front Sock									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 03/6/12

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial): L.

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

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

23. Signature of Endorsing Federal Veterinarian: D. D. Schendel

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): David D. Schendel DVM USDA VMO

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 3 - PORT VETERINARIAN

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): HALEY, DALE M.

16. CONSIGNEE'S NAME: CEC

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08893

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB) ✓ E

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY, DALE M.	USCU 2959/DUNN	132	F	QH											
	USCU 2960/DUNN	144	F	QH		Cut R. Hip									
	USCU 2961/BLACK	132	F	QH		2 Hind Socks, Brand R. Hip									
	USCU 2962/DUNN	132	F	QH		Star, L. Hind Sock, Brand R. Hip, CUt L. eye									
	USCU 2963/DUNN	132	F	QH		Star, Brand R. Hip									
	USCU 2964/SORREL	120	N	QH		Brand R. Hip, Cut L. Front Leg									
	USCU 2965/SORREL	144	F	AP		Blaze									
	USCU 2966/SORREL	132	F	QH		2 Hind Socks									
	USCU 2967/SORREL	120	F	QH		Blaze									
	USCU 2968/SORREL	96	N	QH		R. Hind Socks									
	USCU 2969/SORREL	120	N	QH		R. Hind Sock, Star, Strip									
	USCU 2970/SORREL	144	F	QH		Star, Strip, Brand R. Hip									

FOR IMMEDIATE SLAUGHTER

CERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspectin.
3. The animals were, have resided in the United States or Canada since birth.
4. The horses on this certificate are to be delivered directly to a Canasian slaughter establishment and are intended for immediate slaughter.
5. The horses have not been in the states of Florida, New Mexico, Texas, or Missouri in the past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 P.M.

DATE: 3/25/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE HORSE SALE IN.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CEC

STREET ADDRESS: 912 2nd AVE. W

STREET ADDRESS

CITY, STATE, ZIP CODE: Owen Sound, Ontario EST. 505-

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	USET	5401	✓							✓				✓				
2		02	✓							✓				✓				
3		03						✓		✓						✓		
4		04						✓		✓				✓				
5		05			✓					✓				✓				
6		06			✓					✓				✓				
7		07	✓							✓				✓				
8		08						✓		✓				✓				
9		09	✓							✓						✓		
10		10	✓							✓				✓				
11		11						✓		✓						✓		
12		12	✓							✓				✓				
13		13	✓							✓				✓				
14		14	✓							✓				✓				
15		15						✓					✓			✓		

HORSES H/ VE
HOURS IM

SIGNATURE

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

SIGNATURE OF OWNER/SI ct to
the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USCT	3416						✓		✓						✓		
17		17						✓					✓	✓				
18		18	✓							✓				✓				
19		19						✓					✓			✓		
20		20	✓							✓						✓		
21		21		✓						✓						✓		
22		22						✓					✓			✓		
23		23	✓							✓				✓				
24		24	✓							✓				✓				
25		25						✓					✓	✓				
26		26						✓		✓						✓		
27		27						✓		✓						✓		
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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 SULT IN A FINE OF NOT MORE THAN $10,000 OR

of my knowledge.)

PAGE 2 OF 2

(SEP 2002)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08869

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-25-2011

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MI

6. STATE CODE: 26

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

8. CONSIGNOR'S CITY (or Town):

12. CONSIGNOR'S STATE:

13. STATE CODE:

14. ZIP CODE:

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CEC 912 2nd AVE. W. OWEN SOUND, ONTARIO EST 505

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY, DALE M.	USCT 5401/BAY	132	F	QH											
4	USCT 5402/BAY	132	F	QH				Star							
)	USCT 5403/SORREL	120	N	QH				Star, L. HindSock							
	USCT 5404/SORREL	132	F	QH				Star, Strip, Snip							
	USCT 5405/BLACK	108	F	QH				Star							
	USCT 5405/BLACK	120	F	QH				Star, L. Hind Sock							
	USCT 5406/BAY	144	F	QH											
	USCT 5408/BUCKSKIN	132	F	QH				Star, Snip							
	USCT 5409/BAY	108	N	QH				Star							
	USCT 5410/BAY	144	F	QH				Star, Brand R. Neck							
	USCT 5411/SORREL	96	N	QH				R. Hind Sock							
	USCT 5412/BAY	108	F	QH				L. Hind Sock							
	USCT 5413/BAY	120	F	QH				Star,Strip, Snip, Brand R. Neck, 2 Front Socks							
	USCT 5414/BAY	132	F	QH				Brand R. Side Neck							
	USCT 5415/BLK&WH	144	N	QHPN											
	USCT 5416/BROWN	108	N	QH				Star							
	USCT 5417SOR&WH	132	F	PN				2 Hind Socks							
	USCT 5418/BAY	132	F	QH				Blaze, L. Hind Sock							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 03

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

21. STATUS: [ ] 2 Federal

22. TOTAL NO. OF ANIMALS: 29 (donated from all attached VS Forms 17-140A)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): David D. Scherdt DVM USDA V190

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

PART 3 - PORT VETERINARIAN

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: CEC

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08869

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

HALEY. DALE

MODIFIED ACCREDITED AREA (TB) ✓ E

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L
USCT 5419/CHEST&WH	132	N	AP			Blaze, R. Front & 2 Hind Socks					
USCT 5420/BAY	120	N	QH			Star, Strip, Snip					
USCT 5421/GREY	144	N	QH			Blaze					
USCT 5422/BLK&WH	108	N	PN			Blaze					
USCT 5423/BAY	132	F	QH~~XXXXXX~~			L. Hind Sock					
USCT 5424/BAY	108	F	QH			Snip					
USCT 5425/SOR&WH	132	F	PN								
USCT 5426/SORREL	96	N	QH			Star, Snip, R. Front Sock					
USCT 5427/SORREL	132	N	QH			Star					
USCT 5428/SORREL	120	N	QH			Star					
USCT 5429/SOR&WH±	144	F	PN								

CERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the United States or Candada since birth.
4. The horses onthe certificate are to be delivered directly to a Canadian slaughter establishment and are intended for immediate slaughter.
5. The horses have not been in the states of Florida, New Mexico, Texas, Missouri, or Arizona in past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the txpected journey.

DSS

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

DATE: 2/3/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE IN.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

STREET ADDRESS:

CONSIGNEE (RECEIVER/DESTINATION) NAME: CER

STREET ADDRESS: 912 2nd ave. W

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO EST 5OJ-

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
	USCU		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		1480						✓					✓	✓				
2		81						✓		[redacted]	✓			✓				
3		82						✓		✓				✓				
4		83						✓			✓			✓				
5		84						✓		✓				✓				
6		85						✓		✓				✓				
7		86						✓		✓						✓		
8		87						✓					✓	✓				
9		88						✓		✓						✓		
10		89	✓							✓				✓				
11		90						✓		✓						✓		
12		91	✓							✓				✓				
13		92						✓					✓	✓				
14		93						✓		✓						✓		
15		94	✓							✓				✓				

HORSES TIVE
HOURS I

SIGNATU

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

to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-04

TIME 10:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USCA	1491	✓							✓				✓				
17		96						✓		✓				✓				
18		97	✓							✓				✓				
19		98						✓		✓				✓				
20		99						✓		✓				✓				
21		1500	✓							✓						✓		
22		1531						✓		✓						✓		
23		1532			✓					✓						✓		
24		1533						✓		✓				✓				
25		1534	✓							✓				✓				
26		1535			✓					✓				✓				
27		1536						✓		✓				✓				
28		1537	✓							✓				✓				
29																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPI) the best of my knowledge.)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08581

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 0-3-09

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MI

6. STATE CODE: 26

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

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

12. CONSIGNOR'S:

13. STATE: B

14. ZIP CODE:

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): CEC 912 2nd AVE. W. OWEN SOUND, ONTARIO EST 505

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

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*)

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
HALEY, DALE M. USCU	[illegible]BAY&WH	132	F	PN											
USCU	1481/SORREL	132	F	QHBL											
USCU	1482/SORREL	108	F	QH											
USCU	1483/SORREL	120	F	QH BL											
USCU	1484/SORREL	96	F	QH											
USCU	1485/SORREL	144	F	QH											
USCU	1486/PALOMINO	120	N	QH											
USCU	1487/SOR&WH	120	F	PN											
USCU	1488/SORREL	108	N	QH											
USCU	1489/BAY	120	F	QH											
USCU	1490/SORREL	120	N	QH											
USCU	1491/BAY	120	F	QH											
USCU	1492/BAY&WH	144	F	PN											
USCU	1493/BROWN	72	N	QH											
USCU	1494/BAY	84	F	QH											
USCU	1495/BAY	132	F	QH											
USCU	1496/SORREL	120	F	QH											
USCU	1497/BAY	132	F	QH											

FOR IMMEDIATE SLAUGHTER

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 2/3/10

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial*):

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

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian:

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): David D. Schendel USDA VMO

25.

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

PART 3 - PORT VETERINARIAN

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided.

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): HALEY, DALE M.

16. CONSIGNEE'S NAME: CEC

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08581

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

HALEY. DALE M.
4

MODIFIED ACCREDITED AREA (TB) ✓ E

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USCU 1498/SORREL	120	F	QH											
USCU 1499/BROWN	108	F	QH											
USCU 1500/BAY	144	N	QH											
USCU 1501/SORREL	132	N	QH											
USCU 1532/BLACK	144	N	QH											
USCU 1533/SORREL	144	F	QH											
USCU 1534/BAY	84	F	QH											
USCU 1535/BLACK	144	F	QH											
USCU 1536/BROWN	144	F	QH											
USCU 1537/BAY	132	F	QH											

FOR IMMEDIATE SLAUGHTER

CERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the United States or Canada since birth.
4. The horses on this certificate are to be delivered directly to a Canadian slaughter establishment and are intended for immediate slaughter.
5. The horses have not been in the states of Florida, New Mexico, Texas, or Missouri in The past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

DB

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

DATE: 1/20/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE IN.

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

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CEC

STREET ADDRESS:

STREET ADDRESS: 915 2nd AVE. W

CITY, STATE, ZIP CODE: OWEN SOUND ONTARIO EST 505

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	USCA	1501						✓					✓			✓		
2		02						✓					✓			✓		
3		03						✓		✓				✓				
4		04						✓		✓				✓				
5		05	✓							✓				✓				
6		06	✓							✓				✓				
7		07						✓		✓				✓				
8		08						✓		✓				✓				
9		09						✓		✓				✓				
10		10	✓							✓				✓				
11		11						✓		✓				✓				
12		12						✓		✓				✓				
13		13						✓		✓				✓				
14		14						✓		✓				✓				
15		15						✓		✓				✓				

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

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

correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE January 21th 2010

TIME 9:20 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	USCM	1516						✓		✓				✓				
17		17						✓					✓			✓		
18		18						✓		✓				✓				
19		19						✓		✓				✓				
20		20						✓					✓	✓				
21		21						✓		✓						✓		
22		22	✓							✓						✓		
23		23						✓		✓						✓		
24		24						✓		✓				✓				
25		25						✓					✓	✓				
26		26						✓					✓			✓		
27		27						✓		✓				✓				
28		28						✓		✓				✓				
29		29	✓							✓						✓		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION [illegible] SE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR

d correct to the best of my knowledge.)

(SEP 2002)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08587

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-19-10

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MI

6. STATE CODE: 26

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

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

12. CONSIGNOR'S STATE:

13. STATE CODE:

14. ZIP CODE:

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*):
CEC 912 2nd AVE. W.
OWEN SOUND, ONTARIO EST 505

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY, DALE M.	USCU1501/SOR&WH	132	N	PN											
	USCU1502/SOR&WH	120	N	PN											
	USCU1503/BROWN	120	F	QH											
	USCU1504/BROWN	108	F	QH											
	USCU1505/BAY	144	F	QH											
	USCU1506/BAY	96	F	QH											
	USCU1507/BROWN	132	F	QH					FOR IMMEDIATE SLAUGHTER						
	USCU1508/SORREL	132	F	QH											
	USCU1509/SORREL	132	F	QH											
	USCU1510/BAY	132	F	QH											
	USCU1511/SORREL	108	F	QH											
	USCU1512/SORREL	144	F	QH											
	USCU1513/BROWN	132	F	QH											
	USCU1514/SORREL	72	F	QH											
	USCU1515/SORREL	108	F	QH											
	USCU1516/SORREL	120	F	QH											
	USCU1517/BAY&WH	120	N	PN											
	USCU1518/DUNN	108	F	QH											

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: 01/20/2010

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

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

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

24. NAME OF ENDORSING FEDERAL V
David D. Schaver
USDA VMO

23. Signature of Endorsing Federal Veterinarian

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

PART 3 - PORT VETERINARIAN

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: HALEY, DALE M.

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08587

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CEC

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY. DALE M.	USCU 1519/SORREL	108	F	QH											
	USCU 1520/BAY&WH	132	F	PN											
	USCU 1521/SORREL	120	N	QH											
	USCU 1522/BAY	120	N	QH											
	USCU 1523/BROWN	144	N	QH											
	USCU 1524/ROAN	132	F	QH											
	USCU 1525/SOR&WH	108	F	PN											
	USCU 1526/SOR&WH	132	N	AP											
	USCU 1527/BROWN	120	F	QH											
	USCU 1528/SORREL	144	F	QH											
	USCU 1529/BAY	132	N	QH											
	USCU 1530/SORREL	132	F	QH											
	USCU 1531/BAY	120	F	QH											

FOR IMMEDIATE SLAUGHTER

CERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the United States or Canada since birth.
4. The horses on this certificate are to be delivered directly to a Canadian slaughter establishment and are intended for immediate slaughter.
5. The horses have not been in the states of Florida, New Mexico, Texas, or Missouri int the past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

DS

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM.

DATE: 12/5/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE IN.

(b)(6)

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CEC

STREET ADDRESS: 912 2nd AVE W

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO EST505

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.
- [ ] 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	45C4	1451	✓							✓				✓				
2		52						✓		✓						✓		
3		53			✓					✓				✓				
4		54						✓					✓	✓				
5		55						✓		✓				✓				
6		56						✓		✓				✓				
7		57						✓					✓	✓				
8		58			✓					✓						✓		
9		59						✓		✓				✓				
10		60						✓					✓			✓		
11		61						✓		✓						✓		
12		62						✓					✓	✓				
13		63						✓		✓				✓				
14		64						✓		✓						✓		
15		65						✓		✓				✓				

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

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

ct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. H 505

DATE January 6th, 2010

TIME 9:30 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	USCA	1466	✓							✓				✓				
17		67	✓							✓				✓				
18		68	✓							✓				✓				
19		69						✓		✓				✓				
20		70	✓							✓				✓				
21		71						✓		✓				✓				
22		72	✓							✓						✓		
23		73					✓			✓				✓				
24		74	✓							✓				✓				
25		75					✓	✓		✓				✓				
26		76						✓		✓				✓				
27		77	✓							✓				✓				
28		78	✓							✓				✓				
29		79						✓		✓						✓		
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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
ENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR

e and correct to the best of my knowledge.)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08586

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-4-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MI

6. STATE CODE: 26

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

8.

12. CONSIGNOR'S STATE:

13. STATE CODE:

14. ZIP CODE: 3

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CEC 912 2nd AVE. W. OWEN SOUND, ONTARIO EST 505

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 [XX] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
HALEY. DALE M. USCU 1451/BAY	108	F	QH											
USCU 1452/SORREL	132	M	QH											
USCU 1453/BLACL	132	F	QH											
USCU 1454/SOR&WH	144	F	AP											
USCU 1455/BROWN	72	F	QH											
USCU 1456/BROWN	132	F	QH											
USCU 1457/SOR&WH	120	F	PN											
USCU 1458/BLACK	144	G	QH											
USCU 1459/BROWN	132	F	QH											
USCU 1460/BAY&WH	120	M	PN											
USCU 1461/SORREL	108	M	QH											
USCU 1462/BAY&WH	132	F	MX AP											
USCU 1463/PALOMINO	96	F	QH											
USCU 1464/SORREL	120	M	QH											
USCU 1465/SORREL	132	F	QH											
USCU 1466/BAY	132	F	QH											
USCU 1467/BAY	144	F	QH											
USCU 1468/BAY	84	F	QH											

FOR IMMEDIATE SLAUGHTER

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: 01/04/2010

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

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

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

23. Signature of Endorsing Federal Veterinarian:

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): David D. Schendel DVM USDA VMO

25. SIGNATURE OF ISSUING VETERINARIAN:

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): HALEY, DALE M.

16. CONSIGNEE'S NAME: CEC

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08586

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY, DALE M.	USCU 1469/SORREL	144	F	QH											
	USCU 1470/BAY	96	F	QH											
	USCU 1471/SORREL	132	F	QH											
	USCU 1472/BAY	108	N	QH											
	USCU 1473/CHESTNUT	120	F	QH											
	USCU 1474/BAY	120	F	QH											
	USCU 1475/SORREL	120	F	QH											
	USCU 1476/SORREL	96	F	QH											
	USCU 1477/BAY	144	G	QH											
	USCU 1478/BAY	120	F	QH											
	USCU 1479/SORREL	108	N	QH											

FOR IMMEDIATE SLAUGHTER

CERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the United States or Canada since birth.
4. The horses on this certifacate are to be delivered directly to a Canadian Slaughter establishment and are intended for immediate slaughter.
5. The horses have not been in the states of Florida, New Mexico, Texas, Or Missouri in the past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or otherecause during the expected journey.

755

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4:00 P.M.

DATE: 3/17/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE IN

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

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CFC

STREET ADDRESS:

STREET ADDRESS: 912 2nd AVE W

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO N4K 5C5

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
	4SCU		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		2301	✓							✓						✓		
2		02					X	✓		✓				✓				
3		03					MB	✓					✓			✓		
4		04			✓					✓				✓				
5		05						✓		✓				✓				
6		06	X MB			MB		✓		✓				✓				
7		07				X		✓		✓				✓				
8		08	✓							✓				✓				
9		09	✓							✓						✓		
10		10						✓		✓						✓		
11		11	✓							✓				✓				
12		12	✓							✓						✓		
13		13	✓							✓						✓		
14		14	✓							✓				✓				
15		15	✓							✓				✓				

HORSES HAVE HAD A
HOURS IMMEDIATELY

SIGNATURE

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

SIGNATURE OF OWNER/SHI ct to
the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-18

TIME 19:10

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	USCH	2316	✓							✓				✓				
17		17						✓		✓						✓		
18		18					MA	✓		✓				✓				
19		19					(X)	✓		✓				✓				
20		20						✓		✓						✓		
21		21	✓							✓						✓		
22		22	✓			MA				✓						✓		
23		23				(X)		✓					✓			✓		
24		24						✓		✓				✓				
25		25		(X) MA				✓		✓				✓				
26		26	✓							✓				✓				
27		27						✓					✓			✓		
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I HEREBY AUTHORIZE THI
OF THIS FORM OR KNOV
IMPRISONMENT FOR NOT

OMPLETED BY THE CFIA TO THE USDA. FALSIFICATION
/ RESULT IN A FINE OF NOT MORE THAN $10,000 OR

SIGNATURE OF OWNER/S

e best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): HALEY, DALE M.
2. CERTIFICATE NO.: K 08588
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-17-10
5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MI
6. STATE CODE: 26
7. CONSIGNOR'S STREET ADDRESS (Mailing Address):
8. CONSIGNOR'S CITY (or Town):
12. CONSIGNOR'S TOWN: INDIANA
13. STATE CODE:
14. ZIP CODE:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CEC 912 2nd AVE. W. OWEN SOUND, ONTARIO EST 5050
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 XX 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY, DALE M.	USCU 2301/BAY	144	N	QH											
	USCU 2302/SORREL	132	F	QH											
I	USCU 2303/SOR&WH	108	N	PN											
	USCU 2304/BLACK	132	F	QH											
	USCU 2305/SORREL	108	F	QH											
	USCU 2306/BROWN	96	F	QH	BAY										
	USCU 2307/SORREL	132	N	QH	PINTO										
	USCU 2308/BAY	120	F	QH											
	USCU 2309/BAY	120	N	QH											
	USCU 2310/SORREL	120	N	QH											
	USCU 2311/BAY	84	F	QH											
	USCU 2312/BAY	132	N	QH											
	USCU 2313/BAY	108	N	QH											
	USCU 2314/BAY	72	F	QH											
	USCU 2315/BAY	132	F	QH											
	USCU 2316/BAY	108	F	QH											
	USCU 2317/SORREL	144	N	QH											
	USCU 2318/PALOMINO	120	F	QH											

FOR IMMEDIATE SLAUGHTER

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: 3/17/2010
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print):
21. STATUS: [ ] 2 Federal [ ] 1 State [XX] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27

23. Signature of Endorsing Federal Veterinarian: David Hawkins DVM
24. NAME OF ENDORSING FEDERAL VET (Type): DAVID J. HAWKINS, DVM VETERINARY MEDICAL OFFICER

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

PART 3 - PORT VETERINARIAN

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for instructions.

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: HALEY, DALE M.

16. CONSIGNEE'S NAME: CEC

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08588

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

HALEY, DALE M.

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	MODIFIED ACCREDITED AREA (TB) ✓ E	DATE F	CERTIFIED BRUCELLOSIS FREE AREA ✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USCU 2319/SORREL	120	F	QH	PINTO m 1										
USCU 2320/SORREL	144	N	QH											
USCU 2321/BAY	96	N	QH											
USCU 2322/BAY	120	N	QH											
USCU 2323/BAY&WH	120	N	PN	PINTO m 1										
USCU 2324/SORREL	144	F	QH											
USCU 2325/PALOMINO	144	F	QH	WHITE m 1										
USCU 2326/BAY	108	F	QH											
USCU 2327/BAY&WH	132	N	PN											

FOR IMMEDIATE SLAUGHTER

CERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the United States or Canada since birth.
4. The horses on this certificate are to be delivered directly to a Canadian slaughter establishment and are intended for immediate slaughter.
5. The horses have not been in the states of Florida, New Mexico, Texas, or Missouri in the past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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

DATE: 3/26/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE IN.

[redacted] (b)(6)

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CEC

STREET ADDRESS: 912 2nd AVE. W.

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO EST. 505

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
	USCA		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		101	✓							✓						✓		
2		02						✓		✓				✓				
3		03						✓					✓	✓				
4		04				X		✓					✓	✓				
5		05					X	✓		✓				✓				Official vet
6		06						✓		✓				✓				does not use
7		07						✓		✓				✓				same color
8		08						✓					✓			✓		descriptions on
9		09					X	✓		✓				✓				VS 17-140 as on
10		10						✓			✓					✓		VS 10-13.
11		11				X		✓					✓	✓				No pinto
12		12				X		✓					✓	✓				or chestnut
13		13						✓		✓				✓				was identified
14		14						✓		✓						✓		correctly!
15		15						✓					✓	✓				M.B.

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

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-27

TIME 22:35

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	USCH	1116						✓					✓	✓				
17		17						✓		✓						✓		
18		18	✓							✓				✓				
19		19						✓		✓						✓		
20		20						✓		✓				✓				
21		21	✓							✓						✓		
22		22			✓					✓				✓				
23		23	✓							✓				✓				
24		24						✓					✓			✓		
25		25						✓		✓						✓		
26		26	✓							✓						✓		
27		27						✓		✓				✓				
28		28						✓					✓	✓				
29		29					X	✓		✓						✓		
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I HEREBY AUTHORIZE THE OFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE OFIA TO THE USDA. FALSIFICATION OF THIS DOCUMENT IS PUNISHABLE BY A FINE OF NOT MORE THAN $10,000 OR

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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

DATE: 4/26/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Rushville IN.

VE[redacted] (b)(6)

NAME OF AUCTION/MARKET: Rushville Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CEC

STREET ADDRESS

STREET ADDRESS: 915 2nd AVE W.

, STATE, ZIP CODE: OWEN SOUND, ONTARIO EST505

A 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.

	USDA TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		1301						✓					✓	✓				
2		02						✓		✓						✓		
3		03	✓							✓				✓				
4		04						✓		✓				✓				
5		05						✓		✓				✓				
6		06						✓		✓				✓				
7		07	✓							✓						✓		
8		08						✓		✓				✓				
9		09						✓		✓				✓				
10		10						✓		✓						✓		
11		11	✓							✓						✓		
12		12						✓					✓	✓				
13		13						✓		✓						✓		
14		14			✓					✓				✓				
15		15						✓					✓	✓				

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-04-28

TIME 7:45

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 USDA	Tag NO.	COLOR 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		1316	✓							✓						✓		
17		17						✓		✓				✓				
18		18	✓							✓				✓				
19		19	✓							✓						✓		
20		20						✓		✓				✓				
21		21						✓		✓				✓				
22		22						✓		✓				✓				
23		23						✓		✓				✓				
24		24						✓		✓						✓		
25		25						✓		✓				✓				
26		26						✓		✓						✓		
27		27	✓							✓				✓				
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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

best of my knowledge.)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08595

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4-26-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MI

6. STATE CODE: 26

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

8. CONSIGNOR'S CITY (or Town):

12. CONSIGNOR'S STATE:

13. STATE CODE:

14. ZIP CODE:

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CEC 912 2nd AVE. W. OWEN SOUND, ONTARIO EST 505

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE M; DISEASE / TYPE TEST / DATE N; DISEASE / TYPE TEST / DATE O

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
HALEY, DALE M. 4 USCU	1301/SOR&WH	132	F	PN											
USCU	1302/SORREL	144	N	QH											
USCU	1303/BAY	72	F	QH											
USCU	1304/DUNN	132	F	QH											
USCU	1305/SORREL	132	F	QH											
USCU	1306/BUCKSKIN	96	F	QH											
USCU	1307/BAY	108	N	QH											
USCU	1308/SORREL	108	F	QH											
USCU	1309/SORREL	144	F	QH											
USCU	1310/SORREL	120	N	QH											
USCU	1311/BAY	120	N	QH											
USCU	1312/SO&WH	132	F	PN											
USCU	1313/SORREL	108	N	QH											
USCU	1314/BLACK	120	F	QH											
USCU	1315/PALO&WH	120	F	PN											
USCU	1316/BAY	144	N	QH											
USCU	1317/SORREL	72	F	QH											
USCU	1318/BAY	96	F	QH											

FOR IMMEDIATE SLAUGHTER

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: 04/26/2010

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

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

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type/print, or stamp): David D. Schaudt DVM

25. SIGNATURE OF ISSUING VETERINARIAN

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): HALEY, DALE M.

16. CONSIGNEE'S NAME: CEC

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08595

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

HALEY, DALE M.

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USCU	1319/BAY	108	N	QH											
USCU	1320/SORREL	144	F	QH											
USCU	1321/SORREL	120	F	QH											
USCU	1322/BUCKSKIN	132	F	QH											
USCU	1323/SORREL	84	F	QH											
USCU	1324/SORREL	132	N	QH											
USCU	1325/SORREL	144	F	QH											
USCU	1326/SORREL	108	N	QH											
USCU	1327/BAY	120	F	QH											
USCU	1328/SORREL	120	N	QH											

FOR IMMEDIATE SLAUGHTER

CERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals were to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the United States or Canada since birth.
4. The horses on this certificate are to be delivered directly to a Canadian slaughter establishment and are intended for immediate slaughter.
5. The horse have not been in the states of Florida, New Mexico, Texas or Missouri in the past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

DATE: 5/7/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE IN.

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

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CEE

STREET ADDRESS: 912 2nd AVE W

CITY, STATE, ZIP CODE: OWENSOUND, ONTARIO EST 505

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
	USCA		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		1329	✓							✓				✓				
2		30						✓		✓					✓		MOST	
3		31						✓		✓				✓				
4		32					✓			✓				✓			HORSES WITH	
5		33						✓		✓				✓			THE "OTHER"	
6		34						✓					✓	✓			COLOR DESCRIPTION	
7		35						✓		✓						✓	BOX CHECKED	
8		36			✓					✓				✓			ARE IN FACT	
9		37						✓		✓				✓			PINTOS OR	
10		38						✓					✓	✓			CHESTNUTS	
11		39						✓		✓						✓		
12		40			✓					✓				✓				M.B.
13		41	✓							✓				✓				
14		42						✓					✓	✓				
15		43						✓			✓		✓			✓		

HORSES HAVE HA
HOURS IMMEDIATI

SIGNATURE

AS

I HEREBY AUTHO
COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN

to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 509

DATE 2010-05-08

TIME 10:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USCH	1344	✓							✓				✓				
17		45	✓							✓				✓				
18		46						✓		✓				✓				
19		47	✓							✓								
20		48						✓		✓						✓		
21		49						✓		✓				✓				
22		50	✓							✓				✓				
23		51						✓					✓			✓		
24		52						✓		✓				✓				
25		53						✓		✓				✓				
26		54						✓		✓				✓				
27		55					✓			✓						✓		
28		56			✓					✓						✓		
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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

ie best of my knowledge.)

(SEP 2002)

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08596

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-5-10

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MI

6. STATE CODE: 36

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

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

12. CONSIGNOR'S STATE:

13. STATE CODE:

14. ZIP CODE:

9. SEMEN (*"X" if yes*): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*):
CEC 912 2nd AVE. W.
OWEN SOUND ONTARIO E8 505

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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
HALEY, DALE M. USCU	1329/BAY	132	F	QH											
USCU	1330/DUNN	108	N	QH											
USCU	1331/SORREL	84	F	QH											
USCU	1332/CHESTNUT	132	F	QH											
USCU	1333/SORREL	144	F	QH											
USCU	1334/SOR&WH	120	F	PN											
USCU	1335/SORREL	120	N	QH											
USCU	1336/BLACK	144	F	QH											
USCU	1337/SORREL	144	F	QH											
USCU	1338/SOR&WH	132	F	PN											
USCU	1339/SORREL	108	N	QH											
USCU	1340/BLACK	120	F	QH											
USCU	1341/BAY	120	F	QH											
USCU	1342/BLK &WH	96	F	PN											
USCU	1343/ROAN	120	N	AP											
USCU	1344/BAY	132	F	QH											
USCU	1345/BAY	108	F	QH											
USCU	1346/SORREL	84	F	QH											

FOR IMMEDIATE SLAUGHTER

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: 05/05/2010

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

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

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian: David Schendel

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): David D. Schendel DVM USDA VMO

This certificate is authorized by law (21 USC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for details.

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: HALEY, DALE M.

16. CONSIGNEE'S NAME: CEC

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08596

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

HALEY, DALE

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	MODIFIED ACCREDITED AREA (TB) ✓ E	DATE F	CERTIFIED BRUCELLOSIS FREE AREA ✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USCU	1347/BAY	132	N	QH											
USCU	1348/SORREL	120	F	QH											
USCU	1349/SORREL	132	F	QH											
USCU	1350/BAY	132	F	QH											
USCU	1351/SOR&WH	84	N	AP											
USCU	1352/SORREL	120	F	QH											
USCU	1353/SORREL	96	F	QH											
USCU	1354/BROWN	144	F	QH											
USCU	1355/CHESTNUT	120	N	QH											
USCU	1356/BLACK	132	N	QH											

FOR IMMEDIATE SLAUGHTER

CERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals wre, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the United States or Canada since birth.
4. The horses on this certificate are to be delivered directly to a Canadian slaughter establishment and are intended for immediate slaughter.
5. The horses have not been in the states of Florida, New Mexico, Texas or Missouri in the past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

858

VS FORM 17-140A (MAY 89) *Previous edition may be used.*

PART 3-PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4:00 PM

DATE: 5/13/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: RUSHVILLE IN.

VE[redacted]

NAME OF AUCTION/MARKET: RUSHVILLE HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CPC

STREET ADDRESS

STREET ADDRESS: 512 2nd AVE. W

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO N4K 5O5

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

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

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] 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
	USCA		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		1359	✓							✓				✓				
2		58	✓							✓				✓				
3		59			✓					✓				✓				
4		60	✓							✓						✓		All pinto
5		61						✓					✓			✓		and chestnuts
6		62						✓		✓				✓				are
7		63						✓		✓				✓				identified
8		64						✓		✓				✓				
9		65						✓		✓				✓				as "other"
10		66						✓		✓				✓				
11		67						✓		✓				✓				
12		68	✓							✓				✓				
13		69						✓		✓						✓		
14		70						✓					✓	✓				
15		71						✓		✓				✓				

HORSE HOURS

TIVE

SIGNAT

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-14

TIME 13:45

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).

ct to

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	USA	1372	✓							✓				✓				
17		73					✓			✓				✓				
18		74	✓							✓				✓				
19		75	✓							✓						✓		
20		76						✓		✓				✓				
21		77						✓					✓	✓				
22		78						✓		✓			✓	✓				
23		79						✓		✓				✓				
24		80						✓		✓				✓				
25		81			✓					✓				✓				
26		82						✓		✓				✓				
27		83						✓		✓						✓		
28		84						✓		✓						✓		
29																		
30																		
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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 KNOWIN RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MO best of my knowledge.)

SIGNATURE OF OWNER/SHIP

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

2. CERTIFICATE NO.: K 08597

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-13-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MI

6. STATE CODE: 26

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

8. CONSIGNOR'S CITY (or Town):

12. CONSIGNOR'S STATE:

E

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
CEC 912 2nd AVE. W.
OWEN SOUND ONTARIO E57 505

DESTINATION CC RY: CANADA

ENTEF: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY, D. M. USCU	1357/BAY	144	F	QH											
USCU	1358/BAY	132	F	QH											
USCU	1359/BLACK	108	F	QH											
USCU	1360/BAY&WH	132	N	PNQH											
USCU	1361/BAY&WH	132	N	PN											
USCU	1362/SORREL	96	F	QH											
USCU	1363/BUCKSKIN	120	F	QH											
USCU	1364/BUCKSIN	108	F	QH											
USCU	1365/BUCKSKIN	120	F	QH											
USCU	1366/BUCKSKIN	132	F	QH											
USCU	1367/SORREL	108	F	QH											
USCU	1368/BAY	144	F	QH											
USCU	1369/ROAN	132	N	QH											
USCU	1370/BAY&WH	120	F	AP											
USCU	1371/ROAN	72	F	QH											
USCU	1372/BAY	120	F	QH											
USCU	1373/CHESTNUT	120	F	QH											
USCU	1374/BAY	108	F	QH											

FOR IMMEDIATE SLAUGHTER

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: 05/13/2010

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

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

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian: David F. Harper DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): DAVID F. HARPER, DVM
VETERINARY MEDICAL OFFICER

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

PART 3 - PORT VETERINARIAN