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 08597

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.

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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
USCU 1375/BAY	96	N	QH											
USCU 1376/BAY	132	F	QH											
USCU 1377/SORREL	132	F	QH											
USCU 1378/BAY&WH	120	F	PN											
USCU 1379/SORREL	144	F	QH											
USCU 1380/SORREL	144	F	QH											
USCU 1381/BLACK	144	F	QH											
USCU 1382/PALAMINO	144	F	QH											
USCU 1383/SORREL	108	N	QH											
USCU 1384/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 knowldedge 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 state fo Florida, New Mexico, Texas, or Missouri in the past 21 days.
6. The animas are certified to be fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue, or othere casse during the expected journey.

David P. Harper DVM

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: 10:00 P.M.

DATE: 5/24/10

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: CER

STREET ADDRESS:

STREET ADDRESS: 212 2nd AVE W

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO ES? 5A5

AREA CODE & TELEPHONE NO.:

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
	USA		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		1401	✓							✓				✓				
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						✓		✓				✓				
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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-26

TIME 7:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USCU	1416			✓					✓				✓			off truck	
17		17						✓		✓				✓				
18		18						✓			✓			✓				
19		19	✓							✓						✓	ON Truck	
20		20	✓							✓						✓		
21		21						✓					✓	✓				
22		22					✓			✓				✓				
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26		26	✓							✓				✓				
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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 KNOWI [illegible] D MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT M[illegible]

SIGNATURE OF OWNER/SHI[illegible] knowledge.)

VS FORM 10-13A
(SEP 2002)

'66

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 08599

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-24-10

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

6. STATE CODE: CO

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): LEC 912 2nd AVE. W.

8. CONSIGNOR'S CITY (or Town): OWEN SOUND, ONTARIO EST 505

12. CONSIGNOR'S STATE: INDIANA

13. STATE CODE: CANADA

14. ZIP CODE: CA

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

10. NO. DOSES OF SEMEN:

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	1401/BAY	144	F	QH											
USCU	1402/BAY	144	F	QH											
USCU	1403/BAY	108	F	QH											
USCU	1404/ROAN	132	F	QH											
USCU	1405/SOR&WH	96	F	PN											
USCU	1406/BLACK	120	F	QH											
USCU	1407/SOR&WH	120	F	PN											
USCU	1408/BAY	144	F	QH											
USCU	1409/ROAN	120	F	QH											
USCU	1410/SORREL	132	N	QH											
USCU	1411/BAY	72	F	QH											
USCU	1412/BAY	132	F	QH											
USCU	1413/SORREL	144	F	BL											
USCU	1414/BUCKSKIN	84	F	QH											
USCU	1415/SORREL	96	F	QH											
USCU	1416/BLACK	144	F	QH											
USCU	1417/SORREL	120	F	QH											
USCU	1418/SORREL	132	F	BL											

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: 05/24/2010

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

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

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

23. Signature of Endorsing Federal Veterinarian

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

This certificate is authorized by law (21 USC 112), while you are not required to respond,

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 08599 KX08599

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 1419/BAY	84	N	QH											
	USCU 1420/BAY	132	N	QH											
	USCU 1421/SOR&WH	120	F	AP											
	USCU 1422/CHESTNUT	144	F	QH											
	USCU 1423/BLK&WH	108	F	PN											
	USCU 1424/PALOMINO	132	F	QH											
	USCU 1425/GERY	120	F	QH											
	USCU 1426/BAY	144	F	QH											
	USCU 1427/BAY	132	F	QH											
	USCU 1428/BAY	144	F	QH											
	USCU 1429/GRUKKA	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 haorses 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:30 P.M.

DATE: 6-3-10

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: CEC

STREET ADDRESS: 912 2nd AVE. W

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

AREA CODE & TELEPHONE NO.:

E 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.
- [ ] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USCV	1551			✓					✓				✓			L.F. Sock	
2		1552				✓							✓			✓		
3		1553						✓		✓				✓			Star L.R. Sock	
4		1554						✓		✓						✓	Star	
5		1555						✓					✓	✓			Blaze, 2F Socks, L.R. Sock	
6		1556				✓							✓	✓				
7		1557						✓					✓			✓		
8		1558						✓					✓	✓				
9		1559						✓			✓					✓	2R. Socks	
10		1560			✓						✓			✓			2. R. Socks	
11		1561					✓				✓			✓			Blaze R.R. Sock	
12		1562	✓								✓			✓			Blaze 2R Socks	
13		1563						✓			✓					✓	2R. Socks	
14		1564			✓						✓			✓				
15		1565	✓								✓					✓	Star Snip	

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 2010-06-05

DATE 505

TIME 7:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USCA	1566	✓							✓						✓		
17		1567						✓					✓	✓				
18		1568					✓			✓				✓				
19		1569	✓							✓				✓			Star	
20		1570			✓					✓						✓	Star	
21		1571				✓							✓			✓		
22		1572	✓							✓				✓			Snip 2R Socks	
23		1573			✓					✓						✓		
24		1574						✓		✓						✓	Star, Snip 2R Socks	
25		1575			✓					✓						✓	Star	
26		1576						✓		✓				✓			Star 2R Socks	
27		1577	✓							✓						✓	Star	
28		1578						✓		✓				✓			Blaze	
29																		
30																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SH t 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 08571

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-3-10

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*): E

12. CONSIGNOR'S STATE: INDIANA

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 EST 505

DESTINATION COUNTRY: CANADA CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / 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

	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	BLACK/1551	132	F	QH		L.F.SOCK									
USCU	1552/BK&WH	132	N	PN											
USCU	1553/SORREL	120	F	QH		Star, L.R.SOCK									
USCU	1554/SORREL	108	N	QH		Star									
USCU	1555/SOR&WH	96	F	AP		Blaze, 2Fsocks,LR Sook									
USCU	1556/BAY&WH	132	F	PN											
USCU	1557/BAY&WH	144	N	AP								FOR IMMEDIATE SLAUGHTER			
USCU	1558/BLK&WH	144	F	AP											
USCU	1559/SORREL	120	N	QH		2R. Socks									
USCU	1560/BLACK	120	F	QH		2 R. Scoks									
USCU	1561/CHESTNUT	72	F	QH		Blaze. R.R. Sock									
USCU	1562/BAY	132	F	QH		Blaze, 2 R. Socks									
USCU	1563/SORREL	120	N	QH		2R. socks									
USCU	1564/BLACK	120	F	QH											
USCU	1565/BAY	144	N	QH		Star, Snip									
USCU	1566/BAY	84	N	QH											
USCU	1567/SOR&WH	132	F	AP											
USCU	1568/CHESTNUT	132	F	QH		2R. 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: 06/02/2010

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

21. STATUS ☐ 2 Federal

22. TOTAL NO. OF ANIMALS (*Certified for export or donated*): 28

23. Signature of Endorsing Federal Veterinarian

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

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 additional information.

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 08571

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.	USCU 1569/BAY	132	F	QH		Star									
	USCU 1570/BLACK	132	N	QH		Star									
	USCU 1571/BAY&WH	M132	N	PN											
	USCU 1572/BAY	108	F	QH		Snip, 2R. Socks									
	USCU 1573/BLACK	120	N	QH											
	USCU 1574/SORREL	84	N	QH		Star, Snip, 2R. Socks									
	USCU 1575/BLACK	144	N	QH		Star									
	USCU 1576/BROWN	144	F	QH		Star, 2R. Socks									
	USCU 1577/BAY	108	N	QH		Star									
	USCU 1578/SORREL	108	F	QH		Blaze									

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, NewMexico, 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.

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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

DATE: 6/17/10

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
	USCU		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		1601	✓							✓				✓				
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 H/ ... SECUTIVE HOURS IMMEDIAT

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).

SIGNATU ... nd correct to the best

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 18-06-2010

TIME 9:40

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	4524	1616	✓							✓				✓				
17		17						✓		✓						✓		
18		18					✓			✓						✓		
19		19	✓							✓						✓		
20		20	✓							✓						✓		
21		21						✓		✓				✓				
22		22	✓							✓				✓				
23		23						✓					✓	✓				
24		24						✓		✓						✓		
25		25	✓					✓		✓						✓		
26		26	✓							✓						✓		
27		27						✓		✓						✓		
28																		
29																		
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45																		

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

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

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.

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 08851

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

18. INDIVIDUAL IDENTIFICATION

Owner's name	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)
HALEY, DALE M.	USCU 1619/BAY	132	N	QH		Star									
	USCU 1620/BAY	108	N	QH		Star									
	USCU 1621/SORREL	132	F	QH		Star, Snip									
	USCU 1622/BAY	108	F	QH		RHSock									
	USCU 1623/SOR&WH	144	F	PN											
	USCU 1624/SORREL	120	N	QH		Socks, Blaze							FORMIMMEDIATE SLAUGHTER		
	USCU ~~1625~~/BAY/1626	120	N	QH		Star RHSock									
	USCU ~~1626~~/1625/SORREL	132	N	QH		Blaze									
	USCU 1627/SORREL	144	N	QH		Star, Snip, WH &LFSocks									

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 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 FL,NM, TX, MO, or AZ 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.

VS FORM 17-140A
Previous edition may be used.

PART 3-PORT VETERINARIAN

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 08851

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-16-10

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: 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 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	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*)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
HALEY, DALE M. USCU	1601/BAY	84	F	QH		Star,2HSocks									
USCU	1602/SORREL	120	N	QH		Star, 2HSOCKS									
USCU	1603/CHESTNUT	96	F	QH		Blaze									
USCU	1604/BAY	132	F	QH		Star									
USCU	1605/SORREL	132	F	QH											
USCU	1606/SORREL	120	F	QH											
USCU	1607/SORREL	108	F	QH		Star,Snip,RHSock									
USCU	1608/SORREL	144	F	QH											
USCU	1609/BLACK	132	F	QH		Star									
USCU	1610/BAY	132	N	QH		Blaze, LF & LHSocks							FORIMMEDIATE SLAUGHTER		
USCU	1611/CHESTNUT	72	N	QH		Blaze, 2HSocks									
USCU	1612/SORREL	132	F	QH		Star,RFSock									
USCU	1613/BAY	144	F	QH		Star, 2HSocks									
USCU	1614/BLK&WH	120	N	AP											
USCU	1615/BUCKSKIN	120	F	QH		Star									
USCU	1616/BAY	120	F	QH		RHSock									
USCU	1617/SORREL	108	N	QH		Star, Snip, LHSock									
USCU	1618/CHESTNUT	96	N	QH		Star, LHSock									

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: 06/17/2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial*) (*please print*): O'Neal DVM

21. STATUS: [ ] 2 Federal [ ] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27

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

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: 7/1/10

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: 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.
- [✓] 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		1751	✓							✓				✓	✓			
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 A[illegible] CUTIVE HOURS IMMEDIATELY [illegible]

SIGNATURE

I HEREBY AUTHORIZE [illegible] ION 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 [illegible] ect to the best of my kn[illegible]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2 Juillet 2010

TIME 10:50

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	1766					✓			✓				✓				
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						✓					✓			✓		
30		80	✓					●					✓			✓		
31		81	✓							✓						✓		
32		82	●					✓		✓						✓		
33		83						✓					✓			✓		
34																		
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41																		
42																		
43																		
44																		
45																		

There was only 32 Horses in the Van

Dr REAL B. LODEAU M.V.
EST. 505

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

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 08852

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-1-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS:

12. CONSIGNOR'S STATE: 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 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; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN	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.	USCU1751/BAY	132	F	QH		Star									
	USCU1752/BAY	120	F	QH		Star									
	USCU1753/BAY	144	F	QH											
	USCU 1754/SORREL	108	F	QH		Blaze									
	USCU1755/BAY	132	N	QH											
	USCU1756/Bay	132	N	QH								FOR	IMMEDIATE	SLAUGHTER	
	USCU1757/SORREL	132	M	QH		Star									
	USCU 1758/BAY	144	N	QH		Blaze, 4 Socks									
	USCU1759/SORREL	96	F	QH		Blaze, 4 Socks									
	USCU1760/BAY	108	F	QH		L.Hind&R.Hind Socks									
	USCU1761/SORREL	132	F	QH		Blaze									
	USCU1762/SOR&WH	144	F	PN											
	USCU1763/SORREL	84	N	QH		Star, Snip, L.Hind Sock									
	USCU1764/BAY	132	F	QH		Star									
	USCU1765/BLACK	120	F	QH											
	USCU 1766/CHESTNUT	120	F	QH		Blaze, R.Hind Sock									
	USCU1767/SORREL	120	F	QH		Blaze, L.Front & 2 Hind Socks									
	USCU1768/BAY	84	N	QH		Star									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 07/01/2010

20. NAME OF ISSUING VETERINARIAN (please print): ORCM

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

23. Signature of Endorsing Federal Veterinarian

Federal / Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 33

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

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 08852

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*): HALEY, DALE M.
Owner's street address: J
Owner's city/town, state code & zip code:

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	1769/SORREL	120	F	QH		Star, Strip									
USCU	1770/SORREL	108	F	QH		Star									
USCU	1771/SORREL	132	F	QH		Star, L. Hind Sock									
USCU	1772/BLACK	132	F	QH									FOR IMMEDIATE SLAUGHTER		
USCU	1773/BAY	96	F	QH		Blaze, L. Hind Sock									
USCU	1774/BAY	132	F	QH		Star, Strip									
USCU	1775/BROWN	108	F	QH		2 Hind Socks									
USCU	1776/PALOMINO	144	N	QH		Blaze, L. Front & 2 Hind Socks									
USCU	1777/BAY	144	F	QH											
USCU	1778/SORREL	120	N	QH		Blaze, L. Front & Hind Socks									
USCU	1779/SOR&WH	144	N	PN		Bald Face									
USCU	1780/BAY	72	N	QH											
USCU	1781/BAY	120	N	QH		Star, Snip									
USCU	1782/ROAN	132	N	QH		Blaze, L. Hind Sock									
USCU	1783/SOR&WH	144	N	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 theissuing 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 transported without undue suffering by reason of inf 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: 1:30 P.M.

DATE: 8/15/10

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 SALES

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HALE

CONSIGNEE (RECEIVER/DESTINATION) NAME: CFC

STREET ADDRESS: 913 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.
- [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
	USCA	1728	Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1								✓		✓				✓				
2		30	✓							✓				✓				
3		31					✓			✓				✓				
4		32						✓		✓						✓		
5		33					✓			✓				✓				
6		34						✓					✓	✓				
7		35						✓		✓				✓				
8		36																
9		37						✓		✓				✓				
10		38	✓							✓				✓				
11		39						✓		✓				✓				
12		40	✓							✓						✓		
13		41	✓							✓				✓				
14		42						✓					✓			✓		
15		43						✓		✓					✓			

HORSES HAVE HAD
HOURS IMMEDIATEL

SIGNATURE

I HEREBY AUTH
COMPLETED BY
USING A FALSIFI
$10,000 OR IMPR

SIGNATURE OF
the best of my knc

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 16 août 2010

TIME 8:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USCH	1244						✓		✓						✓		
17		45	✓							✓				✓				
18		46						✓					✓			✓		
19		47	✓							✓				✓				
20		48	✓							✓				✓				
21		49						✓		✓						✓		
22		50	✓							✓				✓				
23		1785						✓		✓				✓				
24		86						✓		✓			✓			✓		
25		87						✓					✓			✓		
26		88						✓					✓			✓		
27		89						✓		✓				✓				
28		90						✓		✓				✓				
29		91			✓					✓				✓				
30		92						✓		✓						✓		
31																		
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44																		
45																		

I HEREBY AUTHORI[illegible] S COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR [illegible] MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR [illegible]

SIGNATURE OF OWN[illegible] 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 08854

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-12-10

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

6. STATE CODE: 26

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

12. CONSIGNOR'S STATE: indiana

13. STA

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 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 ☒ 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. USCU	1729/SORREL	144	F	QH				BLAZE, R. Hind Sock							
USCU	1730/BAY	144	F	QH				Star							
USCU	1731/CHESTNUT	108	F	QH				Blaxe,4 Socks							
USCU	1732/SORREL	132	N	QH				Star, R.Front&2Hind Socks							
USCU	1733/CHESTNUT	108	F	QH				White Face, 2 Hind Socks							
USCU	1734/SOR&WH	120	F	PN											
USCU	1735/DUNN	120	F	QH				Star					FOR IMMEDITATE SLAUGHTER		
USCU	1736/SORREL	120	F	QH				Star							
USCU	1737/BAY	120	F	QH				Blaze, 2Hind Socks							
USCU	1738/SORREL	144	F	QH				Star, Strip							
USCU	1739/BAY	84	N	QH				Blaze							
USUC	1740/BAY	120	F	QH				Star							
USCU	1741/BLK&WH	132	N	PN											
USCU	1742/CHESTNUT	108	F	QH				Blaze, L.hind sock							
USCU	1743/SORREL	132	F	QH				Star, R. Front & 2Hind Socks							
USCU	1744/SORREL	132	N	QH				Star, R. Hind Sock							
USCU	1745/Bay	96	F	QH											
USCU	1746/DUNN&WH	120	N	PN											

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: 08/12/2010

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

21. STATUS ☐ Federal ☐ Accredited

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Ty: David D. Schrock USDA VMO

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

ART 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 08854

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.	USCU 1747/BAY	132	F	QH				Blaze, R. Hind Sock							
	USCU 1748/BAY	108	F	QH				R. Hind Sock							
	USCU 1749/SORREL	72	N	QH				Blaze							
	USCU 1750/SORREL BAY	132	F	QH				Star, R&L.Hind Sock							
	USCU 1785/SORREL	108	F	QH				Star, Snip, L.Hind Sock							
	USCU 1786/BAY&WH	144	N	AP											
	USCU 1787/BAY&WH	144	N	PN									FOR IMMEDIATE SLAUGHTER		
	USCU 1788/SOR&WH	132	N	PN											
	USCU 1789/SORREL	132	F	QH				Star, L.Front&2 Hind Socks							
	USCU 1790/DUNN	132	F	QH											
	USCU 1791/BLACK	132	F	QH											
	USCU 1792/SORREL	120	N	QH				Blaze							

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 precedint the date of inspection.
2. The animals wer, 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 haved resided in the United States or Canada since birth.
4. The horses on this certificate are to be delivered directly to a Canadian slagghter 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.

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)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5:00 P.M.

DATE: 8-5-2010

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: [illegible]

STREET ADDRESS: 915 2nd AVE W

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

AREA CODE & TELEPHONE NO.:

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: Bay	Grey	Blk.	Pinto	Chesta	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	4860	1701						✓		✓						✓		
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																✓		

HORSES HAVE H[illegible] ...TIVE
HOURS IMMEDIAT[illegible]

SIGNATURE

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED [illegible] KNOWINGLY USING A FA[illegible] MORE THAN $10,000 OR [illegible] 1001).

SIGNATURE [illegible] correct to the best of m[illegible]

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 6 août 2010
TIME 20:40

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	1216	✓							✓				✓				
17		17	✓							✓				✓				
18		18						✓		✓				✓				
19		19	✓							✓				✓				
20		20						✓		✓				✓				
21		21	✓							✓				✓				
22		22						✓		✓				✓				
23		23						✓		✓				✓				
24		24						✓					✓			✓		
25		25	✓							✓				✓				
26		26																
27		27						✓		✓				✓				
28		28			✓					✓				✓				
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43																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPILED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR K A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR

SIGNATURE OF OWNE wledge.)

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 08853

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-4-10

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

6. STATE CODE: 26

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

8. CONSIGNOR'S CITY (or Town):

12. CONSIGNOR'S STATE: 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 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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY. DALE M.	USCU SORREL/1701	120	N	QH		Blaze									
	USCU 1702/BAY	144	F	QH		Scar L.Hind Sock									
	USCU 1703/BLK&WH	132	F	PN											
	USCU 1704/SOR&WH	84	F	PN											
	✓ USCU 1705/BROWN	144	F	QH		Star									
	✓ USCU 1706/BAY	144	F	QH		Strip, L.Front&2Hind Socks							FOR IMMEDIATE SLAUGHTER		
	✓ USCU1707/BAY	108	F	QH											
	USCU 1708/Palomino	120	F	QH											
	USCU 1709/SORREL	120	F	QH		Blaze, 4 Socks									
	USCU 1710/SORREL	108	F	QH		Star, Scar R.Front Knee									
	USCU 1711/BAY	144	F	QH											
	USCU 1712/BLACK	132	F	QH											
	✓ USCU 1713/BROWN	144	N	QH											
	✓ USCU 1714/BROWN	108	N	QH											
	USCU 1715/BROWN	132	N	QH		Star, 2 Hind Socks									
	✓ USCU 1716/BAY	120	F	QH		Star, L. Hind Sock									
	USCU 1717/BAY	120	F	QH		Blaze									
	USCU 1718/SORREL	144	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: 08-04-2010

20. NAME OF ISSUING VET (please print): DREW

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

23. Signature of Endorsing Federal Veterinarian

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

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 08853

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

HALEY. DALE M.

18. INDIVIDUAL IDENTIFICATION

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USCU BAY/1719	60	F	QH		Star, Brand R. Ride of Neck									
USCU 1720/SORREL	132	F	QH		Blaze, 2 Hind Socks									
USCU 1721/BAY	132	F	QH											
USCU 1722/PALAMINO	120	F	QH		Star							FOR IMMEDIATE SLAUGHTER		
USCU 1723/ROAN	120	F	QH		Bald Face, 4 Socks									
USCU 1724/DUNN	120	N	MU											
USCU 1725/BAY	332	F	QH		Star, L.Front & 2 Hind Socks									
USCU 1726/ROAN	144	F	QH		Star, L. Hind Sock									
~~USCU 1727/BLACK~~	~~144~~	~~F~~	~~QH~~											
USCU 1728/SOR&WH	120	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 communciable 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 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: 10:30 A.M.

DATE: 8/28/10

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: CEC

STREET ADDRESS: 912 2nd AVE. W

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO N4K 5R5

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
	USCU		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		1901						✓					✓	✓				
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 HAV
HOURS IMME

SIGNATURE

I HEREBY AU
COMPLETED
USING A FAL
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SIGNATURE
the best of my

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 28 août 2010

TIME 10:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USCU	1916						✓		✓						✓		
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	✓							✓				✓				
30		30	✓							✓				✓				
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS [illegible] SULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISO[illegible]

SIGNATU[illegible] t of my knowledge.)

VS FORM
(SEP 200[illegible]

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 08855

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-26-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 2

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

13. STATE CODE:

14. ZIP CODE: 4

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

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. USCU	1901/SOR&WH	132	F	AP				Star							
USCU	1902/BLK&WH	132	F	PN											
USCU	1903/BAY	144	N	QH				Star, Strip, L.Hind Pastern							
USCU	1904/SORREL	108	F	QH				Blaze							
USCU	1905/SORREL	144	N	QH				Star						FOR IMMEDIATE SLAUGHTER	
USCU	1906/BAY	108	N	QH				R. Hind Pastern							
USCU	1907/SORREL	132	F	QH				Star, Brand L. Neck							
USCU	1908/ SoRREL	132	F	QH				Star, Strip							
USCU	1909/BLK&WH	108	F	PN				Bald Face, L.Front & 2 Hind Pastern, Scar L. Hip							
USCU	1910/DUNN&WH	144	F	PN											
USCU	1911/ROAN	84	F	QH				Blaze, L.Hind Pastern							
USCU	1912/BLK&WH	144	N	PN											
USCU	1913/SORREL	132	F	QH				Star							
USCU	1914/SORREL	132	F	QH				Blaze, L. Front & L. Hind Pastern							
USCU	1915/BLK&WH	120	N	AP											
USCU	1916/PALOMINO	108	N	QH				Bald Face, Brands on L. Hip,& L. SHoulder							
USCU	1917/BAY	96	F	QH				L.Hind Pastern							
USCU	1918/BAY & WH	144	F	AP											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 8/27/2010

20. NAME OI please p

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

23. Signature of Endorsing Federal Veterinarian: David Hawkins DVM

24. NAME OF ENDORSING FEDERAL VET: DAVID J. HAWKINS, DVM VETERINARY MEDICAL OFI

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

..... 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 08855

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

HALEY DALE M
1

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	1919/SORREL	144	F	QH				Star							
USCU	1920/BLACK	144	F	QH				Star Snip							
USCU	1921/BAY&WH	108	F	AP				Star							
USCU	1922/SORREL	108	N	QH				Blaze, 2 Hind Pasterns, Knot on R. Front Knee							
USCU	1923/BAY	144	F	QH				Blaze, 2 Front Knee, @ HInd Hocks							
USCU	1924/SORREL	132	F	QH				Star Strip							
USCU	1925/CHESTNUT	120	N	QH				Blaze, L. Hind Pastern, Brands on L. Hip&Shoulder							
USCU	1926/BAY	120	F	QH				L. Hind Pastern							
USCU	1927/BAY	132	N	QH				Blaze, L. Hind Pastern, Brand R. Neck							
USCU	1928/BAY	108	F	QH				Star, Strip							
USCU	1929/BAY	120	F	QH				2 Front Pasterns							
USCU	1930/BAY	120	F	QH											
USCU	1931/BLK&WH	108	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 fo inspection.
2. The animals were, to the best of the knowledge and beleif 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 transported without undue suffering by reason of in 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: 9:30 P.M.

DATE: 8/30/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Rushville IL

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

NAME OF AUCTION/MARKET: Rushville Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: DALE HACEY

CONSIGNEE (RECEIVER/DESTINATION) NAME: CEC

STREET ADDRESS: 912 2nd AVE. W.

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO N4K 5N5

AREA CODE & TELEPHONE NO.:

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

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

	TAG ~~PREF~~ USDA	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		1854	✓							✓				✓				
2		55	✓							✓				✓				
3		56						✓					✓			✓		
4		57	✓							✓				✓				
5		58					✓			✓				✓				
6		59	✓							✓				✓				
7		60	✓							✓				✓				
8		61						✓		✓				✓				
9		62			✓					✓				✓				
10		63						✓					✓	✓				
11		64						✓		✓					✓	✓		
12		65	✓							✓				✓				
13		66						✓		✓				✓				
14		67	✓							✓						✓		
15		68						✓		✓				✓				

HORSES HAVE H... TIVE HOURS IMMEDIAT...

SIGNATURE

I HEREBY AUTHO... IN IT AS COMPLETED BY ... OWINGLY USING A FALSIFIE... RE THAN $10,000 OR IMPRI... 01).

SIGNATURE OF C... rect to the best of my know...

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. EOS

DATE 1 September 2010

TIME 10:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USC4	1869						✓					✓	✓				
17		70						✓		✓				✓				
18		71	✓							✓						✓		
19		72	✓							✓				✓				
20		73						✓		✓						✓		
21		74						✓		✓				✓				
22		75	✓							✓				✓				
23		76	✓							✓						✓		
24		77						✓					✓	✓				
25		78			✓					✓				✓				
26		79	✓							✓				✓				
27		80	✓							✓						✓		
28		81						✓		✓						✓		
29		82	✓							✓				✓				
30		83						✓		✓						✓		
31		84						✓					✓	✓				
32		85						✓		✓						✓		
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I HEREBY AUTHORIZE ... BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR K... A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR N...

SIGNATURE OF OWNE... ...owledge.)

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. [illegible]

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 08857

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-30-10

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

6. STATE CODE: 26 DDS

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

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

12. CONSIGNOR'S STATE: INDIANA

13. STATE CODE:

14. ZIP CODE:

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

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air. XXX 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; 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	1854/BAY	132	F	QH				Brand R. Neck							
USCU	1855/BAY	144	F	QH				R.Hind Sock							
USCU	1856/BLK&WH	108	N	PN											
USCU	1857/BAY	120	F	QH											
USCU	1858/CHESTNUT	132	F	QH				Star Strip							
USCU	1859/BAY	132	F	QH				Star, Strip L. Hind Sock							
USCU	1860/BAY	132	F	QH				Star, R. Hind Sock							
USCU	1861/SORREL	120	F	QH				Blaze, R.Front Sock, 2 Hind Socks							
USCU	1862/BLACK±	96	F	QH				Strip					FOR IMMEDIATE SLAUGHTER		
USCU	1863/BAY&WH	144	F	PN											
USCU	1864/SORREL	132	N	QH				Star							
USCU	1865/BAY	120	F	QH				Star							
USCU	1866/SORREL	144	F	QH				Star, R. Front Sock, L. Hind Sock							
USCU	1867/BAY	132	N	QH				L. Hind Sock							
USCU	1868/ROAN	96	F	QH				Blaze, 4 Socks							
USCU	1869/SOR&WH	120	F	QH											
USCU	1870/SOR	144	F	QH				Blaze, L. Hind and R. Hind Socks							
USCU	1871/BAY	144	N	QH				Star, 2 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: 08/30/2010

20. NAME OF ISSUING (*please print*):

24. NAME OF ENDORSING FEDERAL VET (*Type or print*): David D. Schaufl Sr. USDA VMO

23. Signature of Endorsing Federal Veterinarian:

US [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

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 [illegible]

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08857

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

HALEY, DALE M.

18. INDIVIDUAL IDENTIFICATION

MODIFIED ACCREDITED AREA (TB)	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA DATE H	VAC.	1/25	1/50	1/100	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USCU	1872/BAY	132	F	QH				Blaze, 2 Hind Socks							
USCU	1873/SORREL	144	N	QH				Blaze, R. Front and 2 Hind Socks							
USCU	1874/ROAN	108	F	QH				Blaze, L. Hind and R. Front Socks							
USCU	1875/BAY	108	F	QH				Star, 2 Hind Socks							
USCU	1876/BAY	84	N	QH									FOR IMMEDIATE SLAUGHTERE		
USCU	1877/SORREL&WH	132	F	PN											
USCU	1878/BLACK	48	F	QH											
USCU	1870/BAY	72	F	QH				Star, L. Hind Sock							
USCU	1880/BAY	108	N	QH				Star, Strip, 2 Hind Socks							
USCU	1881/BROWN	144	N	QH				Star, Strip, 2 Hind Socks							
USCU	1882/BAY	120	F	QH				Star, L. Hind Sock							
USCU	1883/SoRREL	108	N	QH				Blaze, 2 Hind Socks							
USCU	1884/SOR&WH	60	F	PN											
USCU	1885/SORREL	132	B	QH				Star, Strip, R. Front and 2 Hind Socks							

CERTIFICATION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable idsease within 60 days preceding the date of inspection.
2. The animals were, to the best of the knowledge and belief of th issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the United State or Canada since birth.
4. The horses on this certificate are to be delivered directly to a Canadian slaughtere establishment and are intended for immediate slaughtere
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

U.S. DEPARTMENT 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: 10/23/10

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

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

NAME OF AUCTION/MARKET: CUSNO. LLC (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: OWEN SOUND, ONTARIO N4K 5R5

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		151						✓		✓				✓				
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 [illegible] HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IN [illegible]

SIGNATU[illegible]

I HEREBY [illegible] AS COMPLET[illegible] -Y USING A [illegible] AN $10,000 O[illegible]

SIGNATU[illegible] the best of [illegible]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 24/10/2010

TIME 10h30 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 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		1966						✓		✓				✓				
17		67	✓							✓				✓				
18		68	✓							✓				✓				
19		69						✓		✓				✓				
20		70			✓					✓				✓				
21		71	✓							✓				✓				
22		72						✓		✓						✓		
23		73						✓		✓				✓				
24		74						✓		✓				✓				
25		75						✓		✓						✓		
26		76	✓							✓				✓		[illegible]		
27		77	✓							✓						✓		
28		78						✓		✓				✓				
29		79		✓						✓				✓				
30		80		✓						✓				✓				
31																		
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44																		
45																		

I HEREBY AUTHORIZE THE CF[illegible] TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWIN[illegible] RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MO[illegible]

SIGNATURE OF OWNER/SHIP[illegible] est 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 08860

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-22-10

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: INDIANA

13. STATE CODE:

14. ZIP CODE:

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY, DALE M.	USCU 1951/SORREL	120	F	QH		Blaze									
	USCU 1952/SORREL	48	M	QH		Star, Strip, L. Hind Sock									
	USCU 1953/SORREL	36	F	QH		Star, R. Front SOck									
	USCU 1954/BLACK	168	F	QH											
	USCU 1955/SORREL	96	F	QH		Star, Strip, R. Front & 2 Hind Socks									
	USCU 1956/BAY	48	N	QH		Star									
	USCU 1957/SORREL:	84	F	QH		Blaze, R. Front & 2 Hind Socks									
	USCU 1958/SORREL	60	N	QH											
	USCU 1959/BAY	120	M	QH		Star, Snip, Strip, L. Hind Sock									
	USCU 1960/ROAN	120	F	QH		4 Socks									
FOR IMMEDIATE SLAUGHTER	USCU 1961/SORREL	96	N	QH		Star, SNIP, 2 Hind & L. Fronts Socks									
	USCU 1962/SORREL&WH	36	F	PN		Blaze									
	USCU 1963/BAY	60	N	QH		Star									
	USCU 1964/SORREL	120	F	QH		Star, Brand L. Hip									
	USCU 1965/BLACK	96	N	QH		Star, Hind & R. Front Socks									
	USCU 1966/SORREL	84	F	QH		Star									
	USCU 1967/BAY	84	F	QH											
	USCU 1968/BAY	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: 10/22/2010

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

21. STATUS: [ ] 2 Federal [ ] 3 Accredited

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type or print*): David D. Schroeder 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.

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 08860

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.	USCU 1969/SORREL	120	F	QH		Star, Sn10									
	USCU 1970/BLACK	120	F	QH		Blaze, 2 Hind & R. Front Socks									
	USCU 1971/BAY	96	F	QH		Blaze									
	USCU 1972/SORREL	108	N	QH		Star									
	USCU 1973/SORREL	132	F	QH		Blaze, L. Hind & R. Front Socks									
	USCU 1974/SORREL	96	F	QH		Star									
	USCU 1975/ROAN	48	N	QH		Star									
FOR IMMEDIATE SLAUGHTER	USCU 1976/BAY	72	F	QH		Snip									
	USCU 1977/BAY	72	N	QH											
	USCU 1978/SORREL	96	F	QH		Blaze, Brand L. Neck									
	USCU 1979/GREY	48	F	QH		Star									
	USCU 1980/Grey	36	F	QH											

CERTIFIACTION STATEMENTS:

1. The animals were inspected within 30 days prior to export and found tobe healthy and free from evidence of communicable disease within 60 days preceding the date of inspection.
2. The animals were, to the best ofthe 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 transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

bjs

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 08859

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-28-10

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*):

9. SEMEN ("X" *if yes*): ☐

10. NO. DOSES OF SEMEN:

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

12. CONSIGNOR'S STATE: INDIANA

13. STATE CODE:

14. ZIP CODE:

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

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

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

	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 1802/SORREL	120	F	QH			Blaze, 4 socks								
	USCU 1802/BAY	144	F	QH			Star								
	USCU 1803/BAY&WH	168	F	PN			Brands on both hips								
	USCU 1804/SORREL	108	N	QH			Bald Face, Brands on Both hips, 4 white socks								
	USCU 1805/BAY	72	F	QH			Blaze R. Front and [illegible] Hinds socks, Brands on hips and SH								
	USCU 1806/SORREL	144	N	QH			Blaze								
	USCU 1807/BAY	96	N	QH			Star, Snip, R. Hoind Sock								
	USCU 1808/SORREL	168	N	QH			Blaze, L. Front & 2 HInd Socks								
	USCU 1809/SORREL	108	F	QH			Bald Face, 4 Socks								
FOR IMMEDIATE SLAUGHTER	USCU 1810/Sorrel	144	F	QH			Strip, 2 Hind Socks								
	USCU 1811/SORREL	120	F	QH			Blaze, L. Front & 2 Hind Socks								
	USCU 1812/SORREL	120	F	QH			Blaze, L. Front & 2 Hinds Socks								
	USCU 1813/SORREL	132	F	QH			Blaze, 4 Socks, Brands on both hips								
	USCU 1814/SORREL	120	F	[illegible]			Blaze, 4 Socks								
	USCU 1815/BAY	108K	[illegible]F	QH			Star, Strip, Snip, 2Hind&L. Front Socks								
	USCU 1816/SORREL	168	F	QH			Blaze, 2 Hinds Socks								
	USCU 1817/BAY	144	F	QH			Star, Strip, Snip, 2 Hind Socks								
	USCU 1818/BAY	36	F	QH			Blaze, 4 Socks								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

D. Schendel DVM

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: 09/29/2010

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

21. STATUS: ☐ 2 Federal ☐ 3 Accredited

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

23. Signature of Endorsing Federal Veterinarian

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

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 additional information. Form Approved OMB No. 0579-0083

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 08859

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
USCU 1819/SORREL	132	F	QH											
USCU 1820/SORREL	36	F	QH											
USCU 1821/SORREL	132	F	QH											
USCU 1822/BLACK	144	F	QH											
USCU 1823/SORREL	84	F	QH											
USCU 1824/SORREL	72	F	QH											
USCU 1825/SORREL	120	N	QH											
USCU 1826/BAY	120	F	QH											
USCU 1827/BLACK	132	F	QH											
USCU 1828/BLACK	108	F	QH											
USCU 1829/SORREL	108	F	BL											
USCU 1830/SORREL	144	F	BL											
USCU 1831/BAY	132	F	QH											

Blaze, 2 Hind Socks
Star, L. Hind Sock
Blaze
Star, Snip, L. Hind Sock
Blaze, R. Front Sock, 2 Hind Socks
Blaze
Blaze, L. Front sock,2 Hind Socks
Star
Star
L.HInd Sock
Blaze, 2 Hind Socks
Star, Strip

FOR IMMEDIATE SLAUGHTER

CERTIFIDATION 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 dzate of inspection.
3. The animals habe 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 transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

>>5

U.S. DEPARTMENT 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: 9/29/10

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: 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.
- [✓] 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
	USCM		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		1801						✓		✓				✓				
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 IMME

SIGNATURE

I HEREBY AU IFORMATION IN IT AS COMPLETED ORM OR KNOWINGLY USING A FAL OF NOT MORE THAN $10,000 OR IN SECTION 1001).

SIGNATURE (is true and correct to the best of my

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 30 Sept 2010

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USCA	1816						✓		✓				✓				
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 CFI[illegible] TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COM[illegible]PLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWING[illegible] [illegible]SULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MOR[illegible]

SIGNATURE OF OWNER/SHIPP[illegible] [illegible]t of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 P.M.

DATE: 9-16-10

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

STREET ADDRESS:

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		1651						✓		✓						✓		
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

ION IN IT AS
KNOWINGLY
MORE THAN
N 1001).

d correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 17 Sept. 2010

TIME 20:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
	USCU		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		1666						✓		✓						✓		
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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COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION
AY RESULT IN A FINE OF NOT MORE THAN $10,000 OR

SIGNATURE

he 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 08858

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-16-10

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: 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 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; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

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

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	USCU 1651/SORREL	84	N	QH		Star, Strip, L. Hind& R. Hind Socks									
	USCU 1652/SORREL	120	N	PN BL		BLAZE									
	USCU 1653/BLK&WH	120	F	PN		4 Socks									
	USCU 1654/BLACK	144	N	QH		Star									
	USCU 1655/BAY	132	N	QH		Blaze									
	USCU 1656/Bay	96	F	QH							FORM IMMEDIATE SLAUGHTER				
	USCU 1657/BAY	132	F	QH		Star									
	USCU 1658/BLACK	144	N	QH		L. Hind Sock									
	USCU 1659/BAY	120	N	QH											
	USCU 1660/SORREL	108	N	QH		Blaze 2 Hind Socks									
	USCU 1661/SORREL	132	N	QH		Blaze 4 Socks									
	USCU 1662/SORREL	120	N	QH		Star,Snip, 2 Front Socks, R. Hind Sock									
	USCU 1663/BAY	132	N	MU											
	USCU 1664/BAY	132	N	QH		Blaze, L. Hind Sock									
	USCU 1665/CHESTNUT	132	N	QH		Star									
	USCU 1666/SORREL	144	N	QH		Star									
	USCU 1667/SORREL	108	N	QH		Star									
	USCU 1668/SORREL	120	N	QH		Star									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

D. Schmo DVM

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: 09/16/2010

20. NAME OF ISS (please print)

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

24. NAME OF ENDORSING FEDERAL VET (Typ: David D. Schmo USDA VMO

23. Signature of Endorsing Federal Veterinarian

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

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.

2. CERTIFICATE NO. FROM VS FORM 17-140: K 08858

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: 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.

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USCU 1669/BAY	120	N	QH		L. Hind Sock									
USCU 1670/DUNN	132	F	QH		2 Hind Socks									
USCU 1671/BAY	144	F	QH		Star									
USCU 1672/SORREL	144	N	MU											
USCU 1673/SOR&WH	108	F	PN											
USCU 1674/DUNN	108	F	QH		Star, L. Hind Sock									
USCU 1675/SORREL	84	F	QH		Blaze, R. Hind & L. Hind Socks									
USCU 1676/SOR&WH	120	F	PN											
USCU 1677/DUNN	96	F	QH		Blaze, L. Front & R. Hind Socks									
USCU 1678/CHESTNUT	144	F	QH		Blaze, L. Front & R. Front & 2 Hind Socks									

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, 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.

DOB

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:30 AM

DATE: 11-9-10

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: 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.
- [ ] 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
	USCT		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		5032					✓			✓				✓				
2		33	✓							✓				✓				
3		34			✓					✓				✓				
4		35	✓							✓				✓				
5		36						✓		✓				✓				
6		37						✓		✓						✓		
7		38						✓		✓						✓		
8		39			✓					✓				✓				
9		40					✓						✓	✓				
10		41	✓							✓				✓				
11		42						✓		✓				✓				
12		43	✓							✓						✓		
13		44						✓		✓						✓		
14		45	✓							✓				✓				
15		46						✓			✓			✓				

NSECUTIVE

MATION IN IT AS
OR KNOWINGLY
NOT MORE THAN
TION 1001).

and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 10 Nov. 2010

TIME 9:15

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	5047						✓					✓	✓				
17		48						✓					✓			✓		
18		49						✓			✓					✓		
19		50						✓	✓							✓		
20		51						✓					✓			✓		
21		52			✓					✓				✓				
22		53	✓							✓						✓		
23		54						✓		✓						✓		
24		55						✓		✓				✓				
25		56						✓		✓				✓				
26		57	✓							✓				✓				
27		58	✓							✓						✓		
28		59						✓		✓						✓		
29		60						✓		✓						✓		
30		61						✓					✓			✓		
31		62						✓		✓				✓				
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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) MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR

t to the 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 08863

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11-8-10

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: 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 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.

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.	USC[illegible] 5032/CHESTNUT	120	F	QH											
	USCT5033/BAY	96	F	Q[illegible]		Star, R. Hind Sock									
	USCT5034/BLAC[illegible]	96	F	Q[illegible]		Star									
	USCT5035/BAY	96	F	QH		Star, R. Hind Sock									
	USCT5036/SORREL	84	F	QH		Blaze, R.Front & L. Hind Sock									
	USCT5037/SORREL	120	N	QH		Blaze, L.Front & 2 Hind Socks									
	USCT5038/BROWN	84[illegible]	N	QH		Star, R.Front & 2 Hind Socks									
	USCT5039/BLACK	96	F	QH		Star,Strip,Snip, 2 Hind Socks									
	USCT5040/BLK&WH	120	F	PN											
	USC[illegible]5041/BAY	84	F	QH											
	USCT5042/SORREL	120	F	QH		Star,Strip,Snip, R. Front & 2 Hinds Socks									
	USCT5043/BAY	96	N	QH		Star, Snip R. Hind Sock									
	USCT5044/SORREL	120	F	QH		Star, L.Front & 2 Hind Socks									
	USCT5045/BAY	96	F	QH		Star, 2 Hind Socks									
	USCT5046/SORREL	84	F	BL		Blaze, 2 Hind Socks									
	USCT5047/SOR&WH	96	F	PN											
	USCT5048/SOR&WH	72	N	PN											
	USCT5049/SORREL	96	N	BL		Star									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 11/09/2010

20. NAME (please)

[ ] 2 Federal [X] 3 Accredited

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL V[illegible]: DAVID D. SILP USDA VMO

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

PART 5 - 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.

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 08863

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: 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.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USCT 5050/SORREL	120	N	QH		Blaze, L. Front & L. Hnnd Socks									
USCT 5051/SORREL&WH	120	N	PN											
USCT 5052/BLACK	120	F	QH		Star, L.Front Sock									
USCT 5053/BAY	120	N	QH		Star, Brand R. Neck									
USCT 5054/SORREL	96	N	QH		Blaze									
USCT 5055/SORREL	84	N	QH		Star, Strip, R.Hind Sock									
USCT 5056/ROAN	96	F	QH		L. Front & L. Hind Socks									
USCT 5057/BAY	96	F	QH		Star						FRO IMMDEIATE SLAUGHTER			
USCT 5058/BAY	96	N	QH											
USCT 5059/BROWN	96	N	QH		2 Hind Socks									
USCT 5060/BAY	84	N	QH		Blaze, 2 Front & R. Hind Socks									
USCT 5061/SOR&WH	96	N	PN											
USCT 5062/SORREL	96	F	QH		Blaze									

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 theknowledge 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 transported 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)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM

DATE: 11/2/10

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: 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
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USZU	5001						✓		✓						✓		
2		02						✓		✓						✓		
3		03						✓		✓						✓		
4		04						✓		✓						✓		
5		05	✓							✓				✓				
6		06	✓							✓				✓				
7		07	✓							✓				✓				
8		08					✓			✓						✓		
9		09																
10		10						✓		✓				✓				
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14		14						✓		✓						✓		
15		15	✓							✓						✓		

HORSES HA
HOURS IMM

OF 6 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).

SIGNATU
the best o

s true and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 3 NOV 2010

TIME 7:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USCU	5016						✓			✓			✓				
17		17	✓							✓				✓				
18		18						✓		✓						✓		
19		19						✓		✓						✓		
20		20						✓		✓				✓				
21		21	✓							✓				✓				
22		22						✓		✓						✓		
23		23	✓							✓						✓		
24		24	✓							✓				✓				
25		25						✓		✓				✓				
26		26			✓					✓						✓		
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28		28						✓		✓				✓				
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I HEREBY AUTHORIZE THE ... ED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOW ... T IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT ...

SIGNATURE OF OWNER/SH ... ny 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 08861

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11-1-10

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: INDIANA

13. STATE CODE:

14. ZIP CODE:

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:

ENTER CODE:

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY, DALE M.	USCU 5001/SORREL	36	N	QH		Star, Strip, SAip									
	USCU 5002/SORREL	84	N	QH		Blaze, 2 Hind Socks									
	USCU 5003/PALAMINO	72	N	QH		Blaze, 2 Hind Socks									
	USCU 5004/SORREL	108	N	QH		Blaze, 2 HInd Socks									
	USCU 5005/BAY	96	F	QH											
	USCU 5006/BAY	96	F	QH											
	USUC 5007/BAY	48	F	QH											
	USCU 5008/CHESTNUT	96	N	QH		Blaze, L. Hind Sock									
	USCU 5009/BROWN	144	F	QH		Star							FOR IMMEDIATE SLAUGHTER		
	USCU 5010/SORREL	36	F	BL		Blaze, 2 Hind Socks									
	USCU 5011/BAY	72	N	QH		Star, R. Hind Sock									
	USCU 5012/BAY	36	F	QH		Star, Strip, L. Front & R. Hind Socks									
	USCU 5013/CHESTNUT	108	F	QH											
	USCU 5014/PALOMINO	48	N	QH		Star									
	USCU 5015/BAY	120	N	QH		Star, 2 Hind & R. Fron Stocks									
	USCU 5016/ROAN	36	F	BL		Blaze									
	USCU 5017/BAY	96	F	QH		Star, L. Front& L. Hind Socks, Brand R. Neck									
	USCU 5018/SORREL	96	N	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: 11/02/2010

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

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

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

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

24. NAME OF ENDORSING FEDERAL VET (*Type*): David D. Schroder USDA VMO

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 08861

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 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	DATE M	DATE N	DATE O
USCU5019/SORREL	84	N	QH		Blaze, L. Hind Sock									
USCU 5020/BROWN	156	F	QH		Brand R. Neck									
USCU 5021/BAU	144	F	QH		2 Hind Socks									
USCU 5022/SORREL	144	N	QH		Blaze, R. Front & 2 Hind Socks									
USCU 5023/BAY	168	N	QH		Star, Strip, 2 Hind Socks									
USCU 5024/BAY	120	F	QH											
USCU 5025/BROWN	96	F	QH		Star, Brand R. Neck									
USCU 5026/BLACK	144	N	QH											
USCU 5027/BLACK	144	F	QH		Star							FOR IMMEDIATE SLAUGHTER		
USCU 5028/BROWN	144	F	QH		Brand R. Neck									
USCU 5029/BLACK	120	F±	QH											
USCU 5030/BROWN	120	F	QH		Star, R. FRont & L. Hind Sock									
USCU 5031/SORREL	96	N	QH		Blaze, R. Hind Sock									

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 communicalble 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 transported without undue suffering by reason of infirmity, illness, injury, fatigue, or other cause during the expected journey.

DJB

U.S. DEPARTMENT 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 A.M.

DATE: 11/22/10

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: CEC

STREET ADDRESS: 902 2nd AVE

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO E7S05

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	DISCT	5063						✓		✓						✓		
2		64						✓		✓				✓				
3		65	✓							✓				✓				
4		66						✓		✓				✓				
5		67			✓					✓				✓				
6		68						✓		✓						✓		
7		69			✓					✓						✓		
8		70	✓							✓						✓		
9		71						✓		✓						✓		
10		72						✓		✓				✓				
11		73			✓					✓				✓				
12		74	✓							✓				✓				
13		75	✓							✓						✓		
14		76						✓		✓				✓				
15		77	✓							✓				✓				

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 24 NOV. 2010

TIME 10:45

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	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	5078						✓		✓						✓		
17		79	✓							✓				✓				
18		80	✓					✓		✓				✓				
19		81						✓		✓						✓		
20		82	✓							✓						✓		
21		83						✓		✓				✓				
22		84	✓							✓						✓		
23		85						✓		✓						✓		
24		86						✓		✓				✓				
25		87	✓					✓		✓				✓				
26		88						✓		✓				✓				
27		89	✓							✓				✓				
28		90						✓		✓						✓		
29		91						✓		✓						✓		
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I HEREBY AUTHORIZE THE CFI[illegible] TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMP[illegible]ETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWING[illegible]SULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MOR[illegible]

SIGNATURE OF OWNER/SHIPP[illegible] 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 08856

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11-22-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRE (Mailing Address): 3

8. CONSIGNOR'S CITY (or Town):

12. CONSIGNOR'S STATE: INDIANA

13. STATE CODE

14. ZIP CODE

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

10. NO. DOSES OF SEMEN: [redacted]

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. OWEN SOUND, ONTARIO EST 505

DESTINATION: CANADA CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
HALEY, DALE M. USCT	5063/SORREL	120	N	QH		Star, Strip, L. Hind Sock									
USCT	5064/DUNN	144	F	QH		Blaze, 4 socks									
USCT	5065/BAY	96	F	QH											
USCT	5066/SORREL	168	F	QH		Blaze, L. Front & 2 Hind Socks									
USCT	5067/BLACK	120	F±	QH											
USCT	5068/SORREL	84	N	QH		Blaze, R. Front & 2 Hind Socks									
USCT	5069/BLACK	132	N	QH											
USCT	5070/BAY	120	N	QH		Star, Strip							FOR IMMEDIATE SLAUGHTER		
USCT	5071/SORREL	84	N	QH		Blaze									
USCT	5072/BROWN	120	F	QH		L. Hind Sock									
USCT	5073/BLaCK	108	F	QH											
USCT	5074/BAY	108	F	QH		Star									
USCT	5075/BAY	72	N	QH											
USCT	5076/PALOMINO	120	F	QH											
USCT	5077/BAY	120	F	QH		STAR									
USCT	5078/SORREL	84	N	QH		Star									
USCT	5079/BAY	120	F	QH		Star, Strip, SNip									
USCT	5080/BUNN&WH	108	F	PN											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED

20. NAME OF ISSUING VETERINA[illegible] (please print) [illegible]

] 2 Federal
] 3 Accredited

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

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): [illegible]R, DVM CAL OFFICER

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 08856

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: 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.

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
USCT 5080/SORREL	120	N	QH		L. Front & L. Hind Socks									
USCT 5082/BAY	144	N	QH		Star, Snip, 2 Hind & Lfront Socks									
USCT 5083/ROAN	132	F	QH		Blaze, 2 Front Socks									
USCT 5084/BAY	132	N	QH		L. Hind Sock									
USCT 5085/SORREL	132	N	QH		Star, Strip, L. Hinds Socks									
USCT 5086/SORREL	120	F	QH		Blaze, R. Front & R. Hind Socks									
USCT 5087/SORREL	108	F	QH		Blaze									
USCT 5088/SORREL	144	F	QH		Blaze							FOR IMMEDIATE SLAUGHTER		
USCT 5089/BAY	120	F	QH		Star									
USCT 5090/SORREL	108	N	QH		Star, Strip, Snip									
USCT 5091/SORREL	120	N	QH		Star, R. Front & L. Hind Socks									
USCT 5092/SORREL	144	F	BL		Blaze									

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 oro 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 transported without undue suffering by reason of inf infirmity, illness, injury, fatigue, or other cause during the expected journey.

David A Harper DVM

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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

DATE: 12-14-10

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: 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
	USDA		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1		5251						✓		✓						✓		
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 A(... UTIVE HOURS IMMEDIATELY

SIGNATURE

I HEREBY AUTHORIZE ... ON IN IT AS COMPLETED BY THE (... NOWINGLY USING A FALSIFIED FC ... MORE THAN $10,000 OR IMPRISONM ... 1001).

SIGNATURE OF OWNE ... correct to the best of my knowledge

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 15/12/2010

TIME 15h00 P.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	USCT	526	✓							✓				✓				
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						✓		✓			✓		✓	✓		
30		80						✓					✓			✓		
31		81						✓		✓				✓				
32		82						✓		✓						✓		
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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 [illegible] OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT [illegible] 01).

SIGNATURE OF [illegible] s true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 08864

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11-29-10

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: INDIANA

13. STATE CODE:

14. ZIP CODE:

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; 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. USCT	5251/SORREL	120	N	QH			Star, Snip								
USCT	5252/BLACK	132	F	QH			Star, Snip								
USCT	5253/BAY	132	F	QH			Blaze								
USCT	5254/BROWN	120	N	QH			Blaze, 2 Hind Socks								
USDT	5255/SORREL	96	N	QH			Blaze								
USCT	5256/BAY	120	N	QH											
USCT	5257/SORREL	144	N	QH			Bald Face, 2 Hind So9cks								
USCT	5258/SORREL	96	N	QH			Star, Strip								
USCT	5259/SOR&WH	120	F	AP											
USCT	5260/SORREL	168	F	QH			R. Front & 2 Hind Socks								
USCT	5261/BAY	132	F	QH			2 Hind Scoks.								
USCT	5262/GREY	144	F±	QH											
USCT	5263/BAY	120	F	QH								FOR IMMEDIATE SLAUGHTER			
USCT	5264/SUNN&WH	132	N	PN											
USCT	5265/BAY&WH	144	F	PN											
USDT	5266/BAY	144	F	QH											
USCT	5267/BLACK	132	F	QH											
USCT	5268/SORREL	96	F	QH			Blazwe 2 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: 11/29/2010

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

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): 32

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (T: DAVID P. SCHA USDA VMO

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

T 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 08864

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.

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
USCT	5269/BLACK	96	N	QH											
USCT	5270/BROWN	120	F	QH		Brand R. Neck									
USCT	5271/BROWN	72	F	QH											
USCT	5272/SORREL	84	N	QH		Star, SNip									
USCT	5273/SOR&WH	120	N	PN											
USCT	5274/ROAN&WH	132	N	PN											
USCT	5275/BLACK	132	N	QH		Star, Strip, Snip, Brand L. HIp									
USCT	5276/BAY	120	N	QH											
USCT	5277/BAY	72	F	QH		Star									
USCT	5278/BAY&WH	144	N	PN									FOR IMMEDIATE	SLAUGHTER	
USCT	5279/SORREL	96	F	QH		Star, Snip, 4 Socks									
USCT	5280/SOR&WH	132	N	PN											
USCT	5281/ROAN	144	F	QH		Blaze, R. Hind Sock									
USCT	5282/SORREL	168	N	QH											

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, 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.

U.S. DEPARTMENT 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: 12-18-10

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: 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.
- [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	5301						✓		✓				✓				
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				✓							✓	✓				

CUTIVE

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).

d correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 20/12/2010

TIME 20h00 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	USCT	5316						✓		✓				✓				
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	✓							✓				✓				
30		30	✓							✓				✓				
31		31						✓		✓						✓		
32		32				✓							✓	✓				
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I HEREBY A[illegible] RMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS F[illegible] OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONM[illegible] 01).

SIGNATURE [illegible] true and correct to the best of my knowledge.)

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 08865

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

18. INDIVIDUAL IDENTIFICATION

MODIFIED ACCREDITED AREA (TB) ✓ E

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

		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	5319/BAY	120	F	QH		Star, Stip, Snip, R. Hind Sock									
	USCT	5320/BAY	132	F	QH											
	USCT	5321/ROAN	108	F	QH		Star									
	USCT	5322/DUNN	72	F	QH											
	USCT	5323/SOR&WH	132	N	PN											
	USCT	5324/BAY	108	N	QH		Star, 2 Hind Socks									
FOR IMMEDIATE SLAUGHTER	USCT	5325/PALOMINO	120	N	QH		Star, Stip, R. Front & R. Hind Socks									
	USCT	5326/BAY&WG	132	N	AP											
	USCT	5327/DUNN	132	F	QH		Blaze, L. Front & 2 Hind Socks									
	USCT	5328/SOR&WH	108	F	PN											
	USCT	5329/BAY	132	F	QH		2 Hind Socks									
	USCT	5330/BAY	144	F	QH		2 Hind Socks									
	USCT	5331/SORREL	132	N	QH		Snip, Brand l. Neck									
	USCT	5332/BAY&WH	108	F	PN		Scar R. Hind Leg									

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 th e date of inspect
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 desided in the United States or Canada since birht.
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 Arizo in the past 21 days.
6. The animals are certified to be fit to be transported without undue suffering by reason infirmity, illness, injury, fatigue, or other cause during the expected journey.

5DS

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 08865

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12-15-10

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: 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 5Ø5

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN (Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, State code (FIPS code on reverse) & zip code)	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse) ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
HALEY, DALE M. USCT	5301/PALOMINO	144	F	QH		Blaze									
USCT	5302/WHITE	120	N	QH											
USCT	5303/BROWN	108	F	QH		Star									
USCT	5304/BAY	144	N	QH		Star									
USCT	5305/ROAN	120	N	QH		Blaze									
USCT	5306/BROWN	120	F	QH		Star, Snip, L. Front & 2 Hind Socks									
USCT	5307/SORREL	132	N	QH		Bald Face									
USCT	5308/BROWN	120	F	QH		L. Hind Sock, Scar L. Hind Leg									
USCT	5309/BAY	96	N	QH		Star									
USCT	5310/BAY	108	F	QH		Brand R. Neck									
FRØ IMMEDIATE SLAØGHTER USCT	5311/BAY	120	F	QH		Star, Strip, Snip, R. Front Sock									
USCT	5312/BAY	120	F	QH											
USCT	5313/SORREL	168	F	QH		Star, Strip, 2 Hind Socks									
USCT	5314/BAY	132	F	QØ		Blaze, 2 Hind Socks									
USCT	5315/BAY&WH	120	F	PN											
USCT	5316/DUNN	144	F	QH		R.Front & 2 Hind Socks									
USCT	5317/SORREL	132	F	QH		BLaze, L. Front & 2 Hind Socks									
USCT	5318/SORREL	120	N	QH		Bald Face, L. Front & 2 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: 12/16/2010

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

21. STATUS: [ ] Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type): David D. Schu USDA VMO

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

PART 3 - PORT VETERINA