...) 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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024830

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12-30-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC4401	48	N	TH		bay,star,strip,RR ankle,UNRD lip									
USGC4402	36	N	TH		bay,star,strip,snip,LR,RF,RR ankle,UNRD lip									
USGC4403	72	N	TH		bay,star,strip,snip,LR ankle,UNRD lip									
USGC4404	60	N	TH		bay,star,snip,LR,RR ankle,UNRD lip									
USGC4405	60	F	QH		black,star,strip									
USGC4406	60	F	QH		black,star									
USGC4407	60	F	QH		black,star,snip,LR ankle									
USGC4408	216	F	BL		chestnut,blaze									
USGC4409	120	F	BL		chestnut,blaze									
USGC4410	192	N	BL		chestnut,blaze,LR,RR sock									
USGC4411	60	N	BL		chestnut,blaze									
USGC4412	120	N	BL		chestnut,blaze									
USGC4413	180	N	QH		chestnut,star,LF,RR cornet									
USGC4414	96	F	QH		chestnut,blaze,LF cornet,LR,RR sock									
USGC4415	96	F	TH		black,LR cornet,UNRD lip									
USGC4416	36	F	SN		bay,UNRD brand									
USGC4417	132	N	TH		chestnut,star,strip,snip,LF sock,LR cornet,UNRD lip									
USGC4418	60	F	TH		black,LR ankle,UNRD lip									
USGC4419	48	F	TH		blue roan,star,LF,LR,RR cornet,UNRD lip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: DEC 30 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: JILL M DUEL, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024830

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE,OH 43332														
USGC4420	48	N	TH		bay,star,LF ankle,RR sock,UNRD lip									
USGC4421	36	F	TH		gray,blaze,LR sock,RF ankle,UNRD lip									
USGC4422	60	N	TH		bay,star,RR corhet,UNRD lip									
USGC4423	84	N	TH		chestnut,UNRD lip									
USGC4424	60	F	TH		bay,star,strip,snip,UNRD lip									
USGC4425	84	N	TH		bay,LF,RR corhet,UNRD lip									
USGC4426	96	N	TH		bay,blaze,LR,RR sock,UNRD lip									
USGC4427	84	N	TH		bay,UNRD lip									
USGC4428	72	N	TH		bay,star,LF corhet,LR,RR ankle,UNRD lip									
USGC4429	48	M	TH		bay,star,strip,snip,LR sock,RR ankle,UNRD lip									
USGC4430	120	F	QH		chestnut,star,strip,snip,LR ankle									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024831	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
12-30-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USGC4341	120	N	QH		chestnut,LF ankle									
	USGC4342	72	N	QH		chestnut,blaze,sock all 4 legs									
	USGC4343	60	F	QH		dun,blaze,LR ankle,RF,RR sock									
	USGC4344	84	F	QH		bay,star,strip,snip,LF cornet									
	USGC4345	132	F	QH		chestnut,star,LR,RR sock,RF ankle									
	USGC4346	84	F	PAINT		bay/white,star,strip,snip									
	USGC4347	108	F	QH		chestnut,blaze,LR,RR ankle									
	USGC4348	120	N	QH		black,star									
	USGC4349	84	F	QH		chestnut,star,strip,snip,LR,RR sock									
	USGC4350	72	F	AP		dun,LR,RR ankle									
	USGC4351	144	N	QH		chestnut,blaze,LR ankle									
	USGC4352	60	N	QH		chestnut,star,strip,snip									
	USGC4353	72	F	QH		bay,star									
	USGC4354	144	F	PE		black									
	USGC4355	156	N	PE		black									
	USGC4356	132	F	PAINT		~~bay/white~~,blaze, dun/white									
	USGC4357	60	F	TH		bay,star,snip,RR ankle,UNRD lip									
	USGC4358	120	N	QH		chestnut,star,strip,snip									
	USGC4359	60	N	TH		bay,star,LR cornet,UNRD lip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
DEC 30 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	33

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024831

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE,O H 43332

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
USGC4360	96	F	QH											
USGC4361	120	N	QH											
USGC4362	120	N	QH											
USGC4363	120	F	QH											
USGC4364	96	F	AP											
USGC4365	144	F	QH											
USGC4366	108	N	TH											
USGC4367	60	F	QH											
USGC4368	48	N	SN											
USGC4369	120	F	QH											
USGC4370	60	F	TH											
USGC4333	120	F	QH											
USGC4334	180	F	TH											
USGC4335	24	N	QH											

chestnut,star
black,star,strip,snip
chestnut,star,LR ankle
chestnut,star
black/white,blaze
chestnut,star,LR cornet
bay,star,strip,snip,UNRD lip
chestnut,blaze,LR,RR sock,RF ankle
bay,LF,LR cornet,RR sock,brand SA476
bay,blaze,LF,LR,RF sock
black,star,strip,snip,LR,RF,RR ankle,UNRD lip
black,star
bay,star,UNRD lip
bay,star

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a
(MAR-2005)

Previous edition may be used.

PART 4 - FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024832

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12-30-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*												DISEASE	DISEASE	DISEASE
												TYPE TEST	TYPE TEST	TYPE TEST
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
USGC4371	144	F	QH		bay									
USGC4372	108	F	TH		bay,star,LR ankle,UNRD lip									
USGC4373	96	F	QH		bay,star,LF,RF,RR ankle									
USGC4374	132	F	TH		chestnut,star,LR ankle,RR cornet,UNRD lip									
USGC4375	144	F	TH		chestnut,LF cornet,LR ankle,UNRD lip									
USGC4376	96	N	TH		bay,LR,RR ankle,UNRD lip									
USGC4377	132	F	QH		bay,star,snip,LF cornet,LR,RR sock									
USGC4378	120	F	PAINT		chestnut/white,blaze									
USGC4379	156	F	QH		bay									
USGC4380	120	F	TH		chestnut,blaze,LF,RR sock,UNRD lip									
USGC4381	96	F	TH		chestnut,star,snip,LF,RF RR cornet,UNRD lip									
USGC4382	180	F	AS		chestnut,star,LR ankle,RF cornet,RR sock									
USGC4383	120	F	QH		bay,star,LR cornet									
USGC4384	84	F	QH		black,star									
USGC4385	60	F	QH		blue roan,star									
USGC4386	168	F	QH		bay,star,strip,snip,LF,LR,RR sock,RF cornet									
USGC4387	60	N	TH		bay,star,LR,RR ankle,UNRD lip									
USGC4388	132	F	QH		chestnut,star,snip									
USGC4389	96	F	QH		black									

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE,OH 43332

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: DEC 30 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: JILL M DUEL, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024832

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

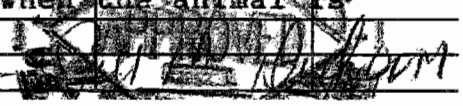
17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4390	120	F	QH		chestnut,star,strip,LR sock									
USGC4391	144	F	QH		chestnut,star,snip,LR,RR ankle									
USGC4392	120	F	SN		black									
USGC4393	72	F	TH		bay,star,strip,UNRD lip									
USGC4394	144	F	QH		bay,LF cornet,RR ankle									
USGC4395	132	F	SN		bay,LR ankle									
USGC4396	180	N	SN		chestnut,star,strip,snip,LR,RR ankle									
USGC4397	120	F	QH		bay,star,LF,LR,RR cornet									
USGC4398	84	M	TH		bay,star,strip,snip,LR,RR sock,UNRD lip									
USGC4399	120	F	SN		bay,UNRD brand									
USGC4400	180	F	SN		black,star,LR,RR cornet									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.



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

PART 4 – FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARD RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4341					✓			✓						✓		
2		4342					✓			✓						✓		
3		4343						DUN		✓				✓				
4		4344	✓							✓				✓				
5		4345					✓			✓				✓				
6		4346			BAY WHT								PAINT	✓				
7		4347					✓			✓				✓				
8		4348			✓					✓						✓		
9		4349					✓			✓				✓				
10		4350						DUN					APP	✓				
11		4351					✓			✓						✓		
12		4352					✓			✓						✓		
13		4353	✓							✓				✓				
14		4354			✓						PERCH			✓				
15		4355			✓						PERCH					✓		

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	4356				DUN WHT							PAINT					
17		4357															LIP—	
18		4358																
19		4359															LIP—	
20		4360																
21		4361																
22		4362																
23		4363																
24		4364						BLK WHT					APP					
25		4365																
26		4366															LIP—	
27		4367																
28		4368											STO				BRAND SA476	
29		4369																
30		4370															LIP—	
31		4333																
32		4334															LIP—	
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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	USGC	4401	X						X							X	LIP –	
2		4402	X						X							X	LIP –	
3		4403	X						X							X	LIP –	
4		4404	X						X							X	LIP –	
5		4405			X					X				X				
6		4406			X					X				X				
7		4407			X					X				X				
8		4408					X				BELG			X				
9		4409					X				BELG			X				
10		4410					X				BELG					X		
11		4411					X				BELG					X		
12		4412					X				BELG					X		
13		4413					X			X						X		
14		4414					X			X				X				
15		4415			X				X					X			LIP –	

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

SIGNATU[redacted] (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	4416	○										STD	○			BRAND →	
17		4417					○		○							○	LIP —	
18		4418			○				○					○			LIP —	
19		4419						BLUE ROAN	○					○			LIP —	
20		4420	○						○							○	LIP —	
21		4421		○					○					○			LIP —	
22		4422	○						○							○	LIP —	
23		4423					○		○							○	LIP —	
24		4424	○						○					○			LIP —	
25		4425	○						○							○	LIP —	
26		4426	○						○							○	LIP —	
27		4427	○						○							○	LIP —	
28		4428	○						○							○	LIP —	
29		4429	○						○						○		LIP —	
30		4430					○			○				○				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LaRue Ohio
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Bauer
CONSIGNOR (OWNER/SHIPPER) NAME: Fred E. Bauer	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu
STREET ADDRESS: 1849 Marion Hardin Road	STREET ADDRESS: 595 Rue Royale C.P. 101
CITY, STATE, ZIP CODE: LaRue Ohio 43332	CITY, STATE, ZIP CODE: Masseneville, Quebec J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4371	✓							✓				✓				
2		4372	✓						✓					✓			LIP—	
3		4373	✓							✓				✓				
4		4374					✓		✓					✓			LIP—	
5		4375					✓		✓					✓			LIP—	
6		4376	✓						✓							✓	LIP—	
7		4377	✓							✓				✓				
8		4378			Chestn Wht								Paint	✓				
9		4379	✓							✓				✓				
10		4380					✓		✓					✓			LIP—	
11		4381					✓		✓					✓			LIP—	
12		4382					✓						Saddle Bred	✓				
13		4383	✓							✓				✓				
14		4384			✓					✓				✓				
15		4385						Blue Roan		✓				✓				

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

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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	USGC	4386	✓							✓				✓				
17		4387	✓						✓	✓				✓		✓	LIP—	
18		4388	✓				✓			✓				✓				
19		4389			✓		✓			✓				✓				
20		4390					✓			✓				✓				
21		4391					✓			✓				✓				
22		4392			✓								STD	✓				
23		4393	✓						✓					✓			LIP—	
24		4394	✓							✓				✓				
25		4395	✓										STD	✓				
26		4396					✓						STD			✓		
27		4397	✓							✓				✓				
28		4398	✓						✓						✓		LIP—	
29		4399	✓										STD	✓			BRAND—	
30		4400			✓								STD	✓				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024829

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
1-3-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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.

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC4431	144	F	TH									BLACK STAR LR ANKLE RR ANKLE LIP?		
USGC4432	156	F	TH									BAY STAR LIP?		
USGC4433	120	N	TH									BAY STRIP LF ANKLE LIP?		
USGC4434	60	F	QH									CHESTNUT BLAZE RR CORNET		
USGC4435	108	F	QH									BAY NO OTHER MARKINGS		
USGC4436	120	F	QH									BAY STAR STRIP SNIP LR SOCK RF SOCK RR SOCK		
USGC4437	180	N	TH									BAY STAR LIP?		
USGC4438	96	N	TH									BAY STAR STRIP LIP?		
USGC4439	108	F	PAINT									BAY WHITE BLAZE		
USGC4440	120	F	QH									PALOMINO STAR STRIP SNIP LR SOCK RF ANKLE RR SOCK		
USGC4441	36	F	TH									BLACK STAR STRIP SNIP LF CORNET LR SOCK RF ANKLE RR SOCK LIP?		
USGC4442	60	F	QH									CHESTNUT STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK		
USGC4443	72	F	QH									CHESTNUT BLAZE LF SOCK LR ANKLE RF SOCK RR CORNET		
USGC4444	144	F	TB									CHESTNUT STAR LR SOCK LIP?		
USGC4445	120	N	QH									BLACK STAR LF CORNET LR ANKLE RF CORNET RR ANKLE		
USGC4446	180	F	QH									BAY STAR		
USGC4447	48	F	TH									BLACK LR SOCK RR ANKLE LIP?		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 03 2011	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR98) — Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024829

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC4448	144	F	TH	BAY STAR LR CORNET LIP?										
USGC4449	156	F	TH	BAY LIP?										
USGC4450	144	F	TH	CHESTNUT BLAZE LR SOCK RF SOCK RR SOCK LIP?										
USGC4451	36	F	QH	CHESTNUT NO OTHER MARKINGS										
USGC4452	60	N	QH	BAY RR CORNET BLIND R EYE										
USGC4453	72	N	TH	BLACK STAR LIP?										
USGC4454	96	F	TH	CHESTNUT BLAZE RR SOCK LIP?										
USGC4455	144	F	TH	BLACK STAR LR CORNET RR CORNET LIP?										
USGC4456	120	N	QH	CHESTNUT BLAZE										
USGC4457	60	F	TH	BAY LIP?										
USGC4458	72	N	TH	CHESTNUT STAR RR ANKLE LIP?										
USGC4459	72	N	QH	BAY STAR										
USGC4460	180	N	SN	BAY LIP?										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024838

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-3-11

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB)

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

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4461	168	F	QH	CHESTNUT STAR STRIP LF SOCK								LR SOCK	RR ANKLE	
USGC4462	120	N	SN	BAY STAR SNIP LIP?										
USGC4463	120	F	QH	PALOMINO BLAZE RF ANKLE										
USGC4464	84	F	SN	BLACK BRAND?										
USGC4465	120	F	QH	PALOMINO STAR LR SOCK RF CORNET								RR ANKLE		
USGC4466	204	F	AP	CHESTNUT WHITE BALD LF SOCK LR ANKLE RF ANKLE RR CORNET										
USGC4467	120	F	QH	CHESTNUT STAR STRIP SNIP RF ANKLE										
USGC4468	180	N	SN	BAY STAR RR ANKLE										
USGC4469	180	N	QH	CHESTNUT BLAZE LF SOCK LR SOCK RR SOCK								BLIND L EYE		
USGC4470	180	F	QH	CHESTNUT STAR										
USGC4471	216	F	QH	BLACK STAR										
USGC4472	48	F	QH	CHESTNUT STAR STRIP SNIP LR SCORNET								RR CORNET		
USGC4473	72	N	PAINT	DUN WHITE STAR STRIP SNIP										
USGC4474	120	N	QH	BAY BLAZE										
USGC4475	72	N	PAINT	CHESTNUT WHITE BLAZE										
USGC4476	120	N	QH	BLACK STAR										
USGC4477	84	N	QH	BAY NO OTHER MARKINGS										
USGC4478	96	F	QH	CHESTNUT STAR STRIP SNIP LR SOCK								RR ANKLE		

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: JAN 03 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: EDK KEARNS, ~~EARNEST~~ EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024838

3. PAGE NO.: 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, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC4479	48	N	QH	CHESTNUT STAR									
1849 MARION HARDIN RD.	USGC4480	96	F	SN	BLACK LR ANKLE BRANDS 2									
LA RUEM, OH 43332	USGC4481	144	F	SN	BAY STAR STRIP BRAND?									
	USGC4482	180	F	SN	BAY STAR									
	USGC4483	72	N	QH	BAY NO OTHER MARKINGS									
	USGC4484	120	N	SN	BLACK STAR STRIP SNIP LR SOCK RR SOCK									
	USGC4485	192	F	QH	BLACK STAR SNIP LR SOCK RR SOCK									
	USGC4486	144	N	SN	BAY STAR BRAND?									
	USGC4487	216	F	SN	BAY RR CORNET LIP?									
	USGC4488	168n	N	SN	BAY STAR LR ANKLE BRAND 3570 LIP?									
	USGC4489	144	F	SN	BAY STAR RR CORNET BRAND?									
	USGC4490	132	F	SN	BLACK STAR LF ANKLE									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024837

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-3-11

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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
USGC4491	48	F	TH											
USGC4492	60	N	TH											
USGC4493	48	N	TH											
USGC4494	48	F	TH											
USGC4495	144	F	SN											
USGC4496	180	F	SN											
USGC4497	120	F	SN											
USGC4498	180	F	SN											
USGC4499	120	N	SN											
USGC4500	108	N	SN											
USGC4501	180	N	SN											
USGC4502	192	N	SN											
USGC4503	144	F	QH											
USGC4504	84	N	TH											
USGC4505	48	F	TH											
USGC4506	48	F	TH											
USGC4507	72	N	TH											
USGC4508	192	F	BL											
USGC4509	144	F	PAINT											

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE,O H 43332

BAY WHITE STAR SNIP LF SOCK LR SOCK RF SOCK RR SOCK SCAR RR LEG

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: JAN 03 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024837

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC4510	120	F	PAINT BAY WHITE BALD LR ANLE										
1849 MARION HARDIN RD.	USGC4511	108	F	QH BAY STAR LR CORNET										
LA RUE, OH 43332	USGC4512	48	F	QH SOCHESTNUT BLAZE LR SOCK RR ANLE										
	USGC4300	180	F	SN BAY LIP?										
	USGC4301	180	F	SN BAY STAR SNIP LR SOCK LIP?										
	USGC4331	180	N	SN BLACK LF CORNET LR CORNET BRAND 209										
	USGC4332	108	F	QH BLACK BLAZE										
	USGC4358	120	N	QH CHESTNUT STAR STRIP SNIP										
	USGC4362	120	N	QH CHESTNUT STAR LR ANKLE										
	USGC4363	120	F	QH CHESTNUT STAR										
	USGC4408	216	F	BL CHESTNUT BLAZE										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. "Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 – FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARD IN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEC	4431			✓				✓					✓			LIP–	
2		4432	✓						✓					✓			LIP–	
3		4433	✓						✓							✓	LIP–	
4		4434					✓			✓				✓				
5		4435	✓							✓				✓				
6		4436	✓							✓				✓				
7		4437	✓						✓							✓	LIP–	
8		4438	✓						✓							✓	LIP–	
9		4439				BAY WHT							PAINT	✓				
10		4440						PAL		✓				✓				
11		4441			✓				✓					✓			LIP–	
12		4442					✓			✓				✓				
13		4443					✓			✓				✓				
14		4444					✓		✓					✓			LIP–	
15		4445			✓					✓						✓		

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

SIGNATU[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	4446	✓							✓				✓				
17		4447			✓				✓					✓			LIP–	
18		4448	✓						✓					✓			LIP–	
19		4449	✓						✓					✓			LIP–	
20		4450					✓		✓					✓			LIP–	
21		4451					✓			✓				✓				
22		4452	✓							✓						✓		BLIND RIGHT EYE
23		4453			✓				✓							✓	LIP–	
24		4454					✓		✓					✓			LIP–	
25		4455			✓				✓					✓			LIP–	
26		4456					✓			✓						✓		
27		4457	✓						✓					✓			LIP–	
28		4458					✓		✓							✓	LIP–	
29		4459	✓							✓						✓		
30		4460	✓									STD				✓	LIP–	
31																		
32																		
33																		
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45																		

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

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

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4461					✓			✓				✓				
2		4462	✓										STD			✓	LIP —	
3		4463						PAL		✓				✓				
4		4464			✓								STD	✓			BRAND —	
5		4465						PAL		✓				✓				
6		4466						CHESTN WHT					APP	✓				
7		4467					✓			✓				✓				
8		4468	✓										STD			✓		
9		4469					✓			✓						✓		BLIND LEFT EYE
10		4470					✓			✓				✓				
11		4471			✓					✓				✓				
12		4472					✓			✓				✓				
13		4473				DUN WHT							PAINT			✓		
14		4474	✓							✓						✓		
15		4475				CHESTN WHT							PAINT			✓		

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	4476			✓					✓						✓		
17		4477	✓							✓						✓		
18		4478					✓			✓				✓				
19		4479					✓			✓						✓		
20		4480			✓								STD	✓			BRANDS 2 —	
21		4481	✓										STD	✓			BRAND —	
22		4482	✓										STD	✓				
23		4483	✓							✓						✓		
24		4484			✓								STD			✓		
25		4485			✓					✓				✓				
26		4486	✓										STD			✓	BRAND —	
27		4487	✓										STD	✓			LIP —	
28		4488	✓										STD			✓	BRAND 3570 LIP —	
29		4489	✓										STD	✓			BRAND —	
30		4490			✓								STD	✓				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEVEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 4993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4491					✓		✓					✓			LIP—	
2		4492					✓		✓							✓	LIP—	
3		4493			✓				✓							✓	LIP—	
4		4494	✓						✓					✓			LIP—	
5		4495			✓								STD	✓				
6		4496	✓										STD	✓			LIP—	
7		4497	✓										STD	✓			BRAND—	
8		4498			✓								STD	✓			LIP—	
9		4499	✓										STD			✓	BRAND OA544	
10		4500	✓										STD			✓	BRAND 39	
11		4501	✓										STD			✓	LIP—	
12		4502	✓										STD			✓	LIP—	
13		4503			✓					✓				✓				
14		4504	✓						✓							✓	LIP—	
15		4505	✓						✓					✓			LIP—	

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

SIGNATURE (b) (6)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	4506	b						b					b			LIP—	
17		4507	b						b							b	LIP—	
18		4508					b				BEL6			b				
19		4509				BAY WHT							PAINT	b				SCAR RIGHT REAR LEG
20		4510				BAY WHT							PAINT	b				
21		4511	b							b				b				
22		4512					b			b				b				
23		4300	b										STD	b			LIP—	
24		4301	b										STD	b			LIP—	
25		4331			b								STD			b	BRAND 209	
26		4332			b					b				b				
27		4358					b			b						b		
28		4362					b			b						b		
29		4363					b			b				b				
30		4408					b				BEL6			b				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024814	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
12-2-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC3862	48	N	TH		chestnut,blaze,LF,LR,RR sock,RF cornet,UNRD lip									
USGC3863	72	N	TH		bay,blaze,LR,RR sock,UNRD lip									
USGC3864	36	F	TH		chestnut,blaze,LR,RF,RR sock,UNRD lip									
USGC3865	72	F	TH		bay,star,UNRD lip									
USGC3866	60	N	TH		bay,star,strip,snip, sock all 4 legs, UNRD lip									
USGC3867	36	F	TH		chestnut,star,LR cornet,RR sock,UNRD lip									
USGC3869	60	N	TH		bay,star,RR socornet,UNRD lip									
USGC3870	72	F	QH		bay EDK									
USGC3871	108	F	PAINT		chestnut/white									
USGC3872	120	N	QH		bay,star,snip,LR,RF,RR ankle									
USGC3873	132	F	QH		black,blaze									
USGC3874	144	F	SN		bay,star,UNRD lip									
USGC3875	144	F	QH		palomino,star,strip,snip									
USGC3876	180	F	BL		chestnut,blaze,LF ankle,LR,RF,RR sock, blind L eye									
USGC3877	120	F	BL		chestnut,star,strip,snip									
USGC3879	96	F	SN		bay,LR cornet									
USGC3881	84	N	TH		bay,star,LR,RR ankle,UNRD lip									
USGC3882	120	N	QH		black,LR cornet									
USGC3883	180	N	SN		bay,RR cornet									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
DEC 2 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	31

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024814

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.	USGC3884	60	N	TH	bay,star,strip,snip,RR sock,UNRD lip									
1849 MARION HARDIN RD.	USGC3885	72	N	TH	bay,star,snip,LF,RR ankle,UNRD lip									
LA RUE, OH 43332	USGC3886	96	N	SN	bay,star,brand NA853									
	USGC3887	120	F	SN	black,UNRD brand									
EDS	~~IS~~													
	USGC3888	144	N	QH	chestnut,star									
	USGC3889	108	M	QH	white									
	USGC3890	72	N	TH	chestnut,RR ankle,UNRD lip									
	~~USGC3705~~	~~48~~	~~F~~	~~TH~~	~~bay,star,strip,snip,LR sock,UNRD lip~~									
	~~USGC3706~~	~~264~~	~~N~~	~~QH~~	~~chestnut,blaze,LR,RR sock~~									
	~~USGC3707~~	~~228~~	~~N~~	~~QH~~	~~dun,star,LR cornet~~									
	~~USGC3716~~	~~120~~	~~F~~	~~QH~~	~~palomino,star,snip,brands 4 0~~									
	~~USGC3783~~	~~192~~	~~F~~	~~SN~~	~~bay,UNRD lip~~									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEN
STREET ADDRESS: 1849 MARION NARION ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7409993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	3862					b		b							b	LIP—	
2		3863	b						b							b	LIP—	
3		3864					b		b					b			LIP—	
4		3865	b						b					b			LIP—	
5		3866	b						b							b	LIP—	
6		3867					b		b					b			LIP—	
7		3869	b						b							b	LIP—	
8		3870	b							b				b				
9		3871			CHESTN WHT								PAINT	b				
10		3872	b							b						b		
11		3873			b					b				b				
12		3874	b										STD	b			LIP—	
13		3875						PAL		b				b				
14		3876					b				BELG			b				BLIND LEFT EYE
15		3877					b				BELG			b				

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

SIGNATURE (b) (6)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	3879	✓										STD	✓				
17		3881	✓						✓							✓	LIP—	
18		3882			✓					✓						✓		
19		3883	✓										STD			✓		
20		3884	✓						✓							✓	LIP—	
21		3885	✓						✓							✓	LIP—	
22		3886	✓										STD			✓	BRAND NA853	
23		3887			✓								STD	✓			BRAND —	
24		3888					✓			✓						✓		
25		3889						WHITE		✓					✓			
26		3890					✓		✓							✓	LIP—	
27		3705	✓						✓					✓			LIP—	
28		3706					✓			✓						✓		
29		3707						DUN		✓						✓		
30		3716						PAL		✓				✓			BRANDS 4 O	
31		3783	✓										STD	✓			LIP—	
32		/																
33																		
34		31																
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024813

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12-2-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
EDK 1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC3891	120	F	QH		dun,star,strip,snip,LF cornet,LR sock,RF ankle									
USGC3892	72	F	QH		chestnut,blaze,RR cornet									
USGC3893	144	F	QH		palomino,blaze,LR,RR cornet,brand diamond									
USGC3894	72	F	QH		chestnut,strip,LR cornet									
USGC3895	60	N	QH		cream									
USGC3896	72	F	PAINT		bay/white,star,strip,snip,LF,LR sock,RF ankle									
USGC3897	48	N	QH		chestnut,star,snip,LF,LR,RF sock,RR ankle,blind R eye									
USGC3898	72	F	QH		bay									
USGC3899	48	N	QH		chestnut,star									
USGC3900	36	N	QH		chestnut,									
USGC3901	60	N	QH		red roan,blaze,LF,LR,RR sock,RF knee,brand MHP									
USGC3902	156	N	AP		bay/white,star,LR,RR sock									
USGC3903	60	F	PAINT		bay/white,blaze									
USGC3904	48	F	QH		bay roan,star									
USGC3905	120	F	PAINT		chestnut/white,bald									
USGC3906	60	N	QH		dun,star,snip									
USGC3907	156	F	QH		black,star,LR,RR ankle									
USGC3908	48	F	QH		black,snip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Kellie A. Hough, DVM

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: DEC 2 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: EDK KEARNS, EARNESZT D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024813

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.	USGC3909	84	F	QH			black,star,LF cornet,LR,RR ankle,brand V half down &							
1849 MARION HARDIN RD.							to the right 1							
LA RUE, OH 43332	USGC3910	132	F	PAINT			bay/white,star,strip,snip,sock all 4 legs							
	USGC3911	120	F	QH			red roan,blaze,LF,LR,RR sock,RF cornet							
	USGC3912	144	F	QH			black,star,LR,RR sock,RF ankle							
	USGC3913	20	F	QH			chestnut,star,strip,snip,LR,RR sock							
	USGC3914	60	N	TH			bay,star,LR corner,UNRD lip							
	USGC3915	60	F	QH			palomino.,star							
	USGC3916	132	F	QH			chestnut,blaze,LR,RR sock							
	USGC3917	84	F	QH			chestnut,star,RR cornet							
	USGC3918	120	F	QH			chestnut,blaze,LR,RF cornet,brand 97							
	USGC3919	240	F	AP			black/white,star							
	USGC3920	72	N	QH			chestnut,star,ankle all 4 legs							

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

Kelly Young DVM

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

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LAKWE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LAKWE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	3891						DUN		X				X				
2		3892					X			X				X				
3		3893						PAL		X				X			BRAND ◇	
4		3894					X			X				X				
5		3895						CREAM		X						X		
6		3896				BAY WHT							PAINT	X				
7		3897					X			X						X		BLIND RIGHT EYE
8		3898	X							X				X				
9		3899					X			X						X		
10		3900					X			X						X		
11		3901						RED ROAN		X						X	BRAND MHP	
12		3902						BAY WHT					APP			X		
13		3903				BAY WHT							PAINT	X				
14		3904						BAY ROAN		X				X				
15		3905				CHESTN WHT							PAINT	X				

HOR[redacted] 6 CONSECUTIVE
HOU[redacted]

SIG[redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PAGE 1 OF 2

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3906						DUN		✓						✓		
17		3907			✓					✓				✓				
18		3908			✓					✓				✓				
19		3909			✓					✓				✓			BRAND V1	
20		3910				BAY WHT							PAINT	✓				
21		3911						RED ROAN		✓				✓				
22		3912			✓					✓				✓				
23		3913					✓			✓				✓				
24		3914	✓						✓							✓	LIP	
25		3915						PAL		✓				✓				
26		3916					✓			✓				✓				
27		3917					✓			✓				✓				
28		3918					✓			✓				✓			BRAND 97	
29		3919						BLK WHT					APP	✓				
30		3920					✓			✓						✓		
31																		
32		30																
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024812

3. PAGE NO.: 1 OF 2.

4. DATE ISSUED: 12-2-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIE U INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
USGC3921	180	N	AS		dark chestnut,star									
USGC3922	108	N	QH		chestnut,blaze									
USGC3923	48	F	TH		bay,UNRD lip									
USGC3924	84	N	PAINT		bay/white,bald									
USGC3925	120	F	AP		chestnut/white,star,strip									
USGC3926	144	N	QH		palomino,star,strip,snip,LF,RR ankle									
USGC3927	84	F	QH		bay									
USGC3928	180	F	QH		black									
USGC3929	132	F	QH		chestnut,blaze,RR sock									
USGC3930	60	N	QH		chestnut,star,LF ankle,LR,RR sock									
USGC3931	96	F	SN		bay,LR cornet,brand UNRD									
USGC3932	132	F	QH		chestnut,blaze,LR,RR ankle									
USGC3933	180	F	QH		black,star,LR ankle									
USGC3934	72	N	AP		chestnut,star,strip,snip,LR sock									
USGC3935	108	F	QH		chestnut,star,strip,LF,LR,RF ankle									
USGC3936	120	F	QH		chestnut,star									
USGC3937	96	N	QH		chestnut,blaze,sock all 4 legs									
USGC3938	120	F	QH		chestnut,star,strip,snip									
USGC3939	72	F	TH		chestnut,star,RR sock, UNRD lip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: DEC 2 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024812

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE,OH 43332

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
USGC3940	132	N	PAINT										black/white,star,strip,snip,sock all 4 legs	
USGC3941	120	N	QH										chestnut,blaze	
USGC3942	84	N	QH										bay,blaze,sock all 4 legs	
USGC3943	144	N	PAINT										black/white,bald	
USGC3944	120	N	QH										chestnut,LR,RR sock	
USGC3945	144	N	QH										chestnut,star,snip,LF cornet,LR ankle	
USGC3946	84	F	TH										bay,star,LR cornet,UNRD lip	
USGC3947	156	F	QH										chestnut,bald,LF,RF,RR sock,LR ankle	
USGC3948	60	F	TH										bay,star,UNRD lip	
USGC3949	108	N	TH										gray,UNRD lip	
USGC3950	132	N	PAINT										bay/white,bald	
USGC3858	84	N	TH										bay,star,snip,LF,RF ankle,LR,RR sock,UNRD lip	

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER | CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD | STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332 | CITY, STATE, ZIP CODE: MASSEUEVILLE QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995 | AREA CODE & TELEPHONE NO.: 450 7882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	3921					X						SADDLE BRED			X		
2		3922					X			X						X		
3		3923	X						X					X			LIP	
4		3924				BAY WHT							PAINT			X		
5		3925						CHSTN WHT					APP	X				
6		3926						PAL		X						X		
7		3927	X							X				X				
8		3928			X					X				X				
9		3929					X			X				X				
10		3930					X			X						X		
11		3931	X										STD	X			BRAND	
12		3932					X			X				X				
13		3933			X					X				X				
14		3934					X						APP			X		
15		3935					X			X				X				

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

SIGNATUR (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3936					✓			✓				✓				
17		3937					✓			✓						✓		
18		3938					✓			✓				✓				
19		3939					✓		✓					✓			LIP	
20		3940				BLK WHT			✓				PAINT			✓		
21		3941					✓			✓						✓		
22		3942	✓							✓						✓		
23		3943				BLK WHT							PAINT			✓		
24		3944					✓			✓						✓		
25		3945					✓			✓						✓		
26		3946	✓						✓					✓			LIP	
27		3947					✓			✓				✓				
28		3948	✓						✓					✓			LIP	
29		3949		✓					✓							✓	LIP	
30		3950				BAY WHT							PAINT			✓		
31		3858	✓						✓							✓	LIP	
32																		
33	31																	
34																		
35																		
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45																		

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

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

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024753

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
2-7-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE: OHIO — 13. STATE CODE: 39 — 14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE,OH 43332														
USGC5121	108	M	QH									PALOMINO STAR RF SOCK RR SOCK		
USGC5122	60	N	BL									CHESTNUT SNIP LR CORNET SCAR LR ANKLE		
USGC5123	264	N	SN									BAY LIP?		
USGC5124	96	N	QH									BAY NO OTHER MARKINGS		
USGC5125	204	N	BL									CHESTNUT BLAZE LR SOCK RR SOCK		
USGC5126	180	F	BL									CHESTNUT STAR STRIP SNIP		
USGC5127	72	N	MULE									BAY NO OTHER MARKINGS		
USGC5128	132	F	QH									DUN STAR		
USGC5129	84	N	QH									PALOMINO BLAZE		
USGC5130	96	F	QH									CHESTNUT STAR STRIP SNIP LR SOCK RR ANKLE		
USGC5131	240	N	QH									CHESTNUT BLAZE		
USGC5132	84	F	QH									CHESTNUT STAR STRIP RR CORNET		
USGC5133	180	F	QH									BAY STAR STRIP SNIP LR SOCK RR ANKLE		
USGC5134	192	N	TK									BAY STAR SNIP LR CORNET RR CORNET LIP?		
USGC5135	60	N	PAINT									BLACK WHITE STAR STRIP SNIP LR SOCK RR SOCK		
USGC5136	60	N	QH									CHESTNUT STAR SNIP		
USGC5137	60	F	PAINT									BAY WHITE BLAZE		
USGC5138	180	N	PE									GRAY SNIP		
USGC5139	36	N	BL									CHESTNUT BLAZE LR SOCK RR SOCK		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
FEB 07 2011	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

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

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

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	5121						PAL		✓					✓			
2		5122					✓				BELG					✓		SCARLEFT REAR ANKLE
3		5123	✓										STO			✓	LIP-	
4		5124	✓							✓						✓		
5		5125					✓				BELG					✓		
6		5126					✓				BELG			✓				
7		5127	✓										MULE			✓		
8		5128						DUN		✓				✓				
9		5129						PAL		✓						✓		
10		5130					✓			✓				✓				
11		5131					✓			✓						✓		
12		5132					✓			✓				✓				
13		5133	✓							✓				✓				
14		5134	✓						✓							✓	LIP-	
15		5135				BLK WHT							PAINT			✓		

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

SIGNATUR [redacted]

I HEREBY [redacted] RMATION IN IT AS COMPLET [redacted] M OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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	USGC	5136					✓			✓						✓		
17		5137				BAY WHT							PAINT	✓				
18		5138		✓							PERCH					✓		
19		5139					✓				BLG					✓		
20		5140				BAY WHT							PAINT	✓				
21		5141	✓									STD				✓	LIP—	BLIND LEFT EYE
22		5142	✓						✓							✓	LIP—	SCAR LEFT HOCK
23		5143	✓									STD		✓			LIP—	
24		5144	✓									STD		✓			BRAND—	
25		5145	✓									STD				✓	LIP—	
26		5146	✓									STD				✓	BRAND 28251	
27		5147					✓			✓						✓		
28		5148						DUN		✓				✓				
29		5149						DUN		✓						✓		
30		5150					✓			✓				✓				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024754

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2-9-11

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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.

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)*												DISEASE TYPE TEST	DISEASE TYPE TEST	DISEASE TYPE TEST
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
USGC5151	120	F	QH	CHESTNUT STAR										
USGC5152	108	F	QH	BAY BLAZE RF SOCK RR SOCK										
USGC5153	120	F	TH	BAY STAR STRIP SNIP LR SOCK RR ANKLE LIP?										
USGC5154	108	F	QH	CHESTNUT BLAZE LF CORNET LR ANKLE RF CORNET										
USGC5155	132	F	TH	CHESTNUT BLAZE LR SOCK RF SOCK RR SOCK LIP?										
USGC5156	132	F	TH	BAY LIP?										
USGC5157	120	F	TH	BAY STAR RF CORNET										
USGC5158	144	F	TH	BAY STAR STRIP SNIP LIP?										
USGC5159	84	F	PAINT	BAY WHITE LF SOCK LR SOCK RF SOCK RR ANKLE										
USGC5160	132	F	TH	BAY STAR RR SOCK LIP?										
USGC5161	180	F	TH	CHESTNUT BLAZE LR SOCK RR ANKLE LIP?										
USGC5162	120	F	QH	BAY STAR SNIP LR ANKLE										
USGC5163	132	F	TH	BAY LIP?										
USGC5164	108	F	TH	CHESTNUT STAR LR ANKLE RR CORNET LIP?										
USGC5165	60	N	TH	CHESTNUT STAR STRIP LR CORNET RF ANKLE RR CORNET LIP?										
USGC5166	60	F	QH	BAY STAR										
USGC5167	60	F	QH	BAY STAR										
USGC5168	144	F	TH	BAY LIP?										

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE,OH 43332

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: 0 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

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

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: C024754

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGC5169	180	F	QH	BAY STAR STRIP SNIP LF CORNET RR ANKLE										
USGC5170	132	F	TH	BAY LR CORNET RR ACORNET LIP?										
USGC5171	180	F	PAINT	CHESTNUT WHITE BLAZE										
~~USGC5171~~	~~E/V~~													
USGC5172	48	N	QH	BAY STAR SNIP RF ANKLE										
USGC5173	48	F	TH	BAY STAR STRIP SNIP LF ANKLE RR CORNET LIP?										
USGC5174	180	F	QH	BAY STAR										
USGC5175	132	F	QH	CHESTNUT STAR LR ANKLE										
USGC5176	180	F	QH	BAY NO OTHER MARKINGS										
~~USGC5177~~	~~120~~	~~F~~	~~QH~~	~~CHESTNUT NO OTHER MARKINGS~~										
~~USGC5178~~	~~156~~	~~N~~	~~PAINT~~	~~BLACK WHITE STAR LF SOCK LR SOCK RF SOCK RR SOCK~~										
~~USGC5179~~	~~72~~	~~N~~	~~QH~~	~~CHESTNUT STAR~~										
~~USGC5100~~	~~120~~	~~F~~	~~AB~~	~~BAY STAR SNIP LF SOCK LR SOCK RF ANKLE RR SOCK~~										
USGC5121	168	M	QH	PALOMINO STAR RF ANKLE RR ANKLE										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of ths inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

DVM

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

PART 4 - FIELD STATION

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

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

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	$151					✓			✓				✓				
2		$152	✓							✓				✓				
3		$153	✓						✓					✓			LIP—	
4		$154					✓			✓				✓				
5		$155					✓		✓					✓			LIP—	
6		$156	✓						✓					✓			LIP—	
7		$157	✓						✓					✓				
8		$158	✓						✓					✓			LIP—	
9		$159			BAY WHT								PAINT	✓				
10		$160	✓						✓					✓			LIP—	
11		$161					✓		✓					✓			LIP—	
12		$162	✓							✓				✓				
13		$163	✓						✓					✓			LIP—	
14		$164					✓		✓					✓			LIP—	
15		$165					✓		✓							✓	LIP—	

HORSES HAVE H… …SECUTIVE HOURS IMMEDIA…

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	5166	b							b				b				
17		5167	b							b				b				
18		5168	b						b					b			LIP—	
19		5169	b							b				b				
20		5176	b						b					b			LIP—	
21		5171				CHESTN WHT							PAINT	b				
22		5172	b							b						b		
23		5173	b						b					b			LIP—	
24		5174	b							b				b				
25		5175					b			b				b				
26		5176	b							b				b				
27		5177					b			b				b				
28		5178				BCK WHT							PAINT			b		
29		5179					b			b						b		
30		5180	b										NRNB	b				
31		5121						PAL		b					b			
32																		
33																		
34	31																	
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

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)*: BAUER, FREDE.

2. CERTIFICATE NO.: L024763

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2-9-11

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC5181	48	N	QH		bay,LR cornet									
USGC5182	108	F	QH		bay,star									
USGC5183	120	N	QH		bay,star									
USGC5184	72	N	QH		chestnut,blaze,LR ankle,RR cornet,scar L hock									
USGC5185	36	N	QH		bay,blaze,LR,RR sock,RF ankle									
USGC5186	48	N	QH		bay,star,RR ankle									
USGC5187	60	N	QH		black									
USGC5188	60	N	QH		chestnut,star									
USGC5189	120	F	QH		chestnut,star,snip,blind R eye									
USGC5190	132	N	QH		bay,star,snip,LR,RR ankle,blind R eye									
USGC5191	108	N	QH		black,star,LR cornet									
USGC5192	84	F	QH		chestnut,star,strip,snip,LR cornet									
USGC5193	84	F	TH		bay,blaze,LF,RF,RR ankle,UNRD lip									
USGC5194	72	F	TH		chestnut,blaze,LR,RR sock,RF ankle,UNRD lip									
USGC5195	60	F	TH		chestnut,star,LF ankle,LR cornet,RR sock,UNRD lip									
USGC5196	72	N	QH		chestnut,star,strip,snip,LF,LR,RF sock,RR cornet, blind L eye									
USGC5197	96	F	QH		black									
USGC5198	192	F	TH		bay,UNRD lip,brand circle inside a circle									

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: FEB 10 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024763

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC5199	120	N	OH										
11849 MARION HARDIN RD.	USGC5200	72	M	OH										
LA RUE, OH 43332	USGC5201	120	F	OH										
	USGC5202	180	N	BL										
	USGC5203	192	F	QH										
	USGC5204	108	N	QH										
	USGC5205	60	F	QH										
	USGC5206	96	F	QH										
	USGC5207	108	F	MULE										
	USGC5208	156	N	SN										
	USGC5145	180	N	SN										
	USGC5146	108	N	SN										

chestnut,star,strip,snip,LR cornet
chestnut,blaze,LF,LR,RR sock,RF ankle
chestnut,star,strip,snip,LF ankle,LR,RR sock,RF cornet large RR leg
chestnut,blaze,sock all 4 legs
dun,star,LR ankle,RF,RR cornet
chestnut,star
bay,star,strip,snip
palomino,star,snip,LR,RR sock
black
bay
bay,star,LR cornet
bay,star,LR,RR cornet,brand Z8251

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in Ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G 1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 450 882 4990

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	$181	✓							✓						✓		
2		$182	✓							✓				✓				
3		$183	✓							✓						✓		
4		$184					✓			✓						✓		SCAR LEFT HOCK
5		$185	✓							✓						✓		
6		$186	✓							✓						✓		
7		$187			✓					✓						✓		
8		$188					✓			✓						✓		
9		$189					✓			✓				✓				BLIND RIGHT EYE
10		$190	✓							✓						✓		BLIND RIGHT EYE
11		$191			✓					✓						✓		
12		$192					✓			✓				✓				
13		$193	✓						✓					✓			LIP—	
14		$194					✓		✓					✓			LIP—	
15		$195					✓		✓					✓			LIP—	

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	$196					✓			✓						✓		BLIND LEFT EYE
17		$197			✓					✓				✓				
18		$198	✓						✓					✓			LIP BRAND ⑧	
19		$199					✓			✓						✓		
20		$200					✓			✓					✓			
21		$201					✓			✓				✓				LARGE RIGHT REAR LEG
22		$202					✓				BELG					✓		
23		$203						QUN		✓				✓				
24		$204					✓			✓						✓		
25		$205	✓							✓				✓				
26		$206						PAL		✓				✓				
27		$207			✓							MULE		✓				
28		$208	✓									STD				✓		
29		$145	✓									STD				✓		
30		$146	✓									STD				✓	BRAND 2825	
31																		
32																		
33		30																
34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L0247755

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
1-27-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4941	84	N	QH		chestnut,LR sock,RR ankle									
USGC4942	60	F	QH		chestnut,star,snip									
USGC4943	60	F	QH		chestnut,star,strip,snip									
USGC4944	48	N	QH		bay,star,LR,RF,RR ankle									
USGC4945	120	N	QH		chestnut,star,strip,snip,LF cornet,LR ankle									
USGC4946	36	F	QH		palomino									
USGC4947	36	N	QH		black									
USGC4948	120	F	QH		chestnut,blaze,LR,RR sock									
USGC4949	30	F	QH		chestnut,blaze,LR ankle									
USGC4950	48	F	TH		chestnut,star,strip,snip,UNRD lip									
USGC4951	120	N	QH		chestnut,blaze,RR sock									
USGC4952	132	N	QH		chestnut,star,RR ankle									
USGC4953	48	F	TH		bay,star,strip,snip,LR,RR ankle,UNRD lip									
USGC4954	84	F	QH		black,star,strip,snip,LR,RR ankle									
USGC4955	144	N	QH		chestnut,star									
USGC4956	180	F	QH		palomino									
USGC4957	36	F	QH		palomino,star,strip,snip,RR sock									
USGC4958	24	N	QH		bay,star,strip,snip									
USGC4959	24	F	QH		palomino,star,strip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 27 2011	EDK KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	31

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

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024755

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED — MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4960	24	F	QH		palomino,blaze									
USGC4961	72	F	QH		red roan,blaze,LR,RR sock									
USGC4962	36	N	QH		bay,star,LR cornet									
USGC4963	84	M	TH		chestnut,star,strip,RR sock,UNRD lip									
USGC4964	120	F	QH		chestnut,star,strip,snip,LR ankle,RR sock									
USGC4965	144	N	QH		chestnut,star									
USGC4966	108	F	QH		red roan,blaze,LR sock,RR ankle									
USGC4967	60	F	QH		black,									
USGC4968	60	N	TH		bay,RR cornet,UNRD lip									
USGC4969	120	F	SN		bay,RR cornet									
USGC4970	180	F	QH		bay									
USGC4874	120	N	TH		bay,star,snip,LR ankle,RR cornet,UNRD lip									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4941					✓			✓						✓		
2		4942					✓			✓				✓				
3		4943					✓			✓				✓				
4		4944	✓							✓						✓		
5		4945					✓			✓						✓		
6		4946						PAL		✓				✓				
7		4947			✓					✓						✓		
8		4948					✓			✓				✓				
9		4949					✓			✓				✓				
10		4950					✓		✓					✓			LIP—	
11		4951					✓			✓						✓		
12		4952					✓			✓						✓		
13		4953	✓						✓					✓			LIP—	
14		4954			✓					✓				✓				
15		4955					✓			✓						✓		

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

SIGNATURE [redacted]

I HEREBY AUTH[redacted]MATION IN IT AS COMPLETED BY [redacted] OR KNOWINGLY USING A FALSIF[redacted]NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	4956						PAL		↓				↓				
17		4957						PAL		↓				↓				
18		4958	↓							↓						↓		
19		4959						PAL		↓				↓				
20		4960						PAL		↓				↓				
21		4961						RED ROAN		↓				↓				
22		4962	↓							↓						↓		
23		4963					↓		↓						↓	↓	LIP	
24		4964					↓			↓				↓				
25		4965					↓			↓						↓		
26		4966						RED ROAN		↓				↓				
27		4967			↓					↓				↓				
28		4968	↓						↓							↓	LIP	
29		4969	↓										STD	↓				
30		4970	↓							↓				↓				
31		4874	↓						↓							↓	LIP	
32																		
33																		
34		31																
35																		
36																		
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39																		
40																		
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42																		
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44																		
45																		

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

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L0247756	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1-27-11	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	VIANDE RICHELIEU INC. 595 RUE ROYAL, E. C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

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

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC4971	120	N	QH									chestnut,star,strip,snip,LF,RF,RR sock		
USGC4972	108	F	PAINT									black/white,star,snip,sock all 4 legs		
USGC4973	180	F	PAINT									chestnut/white,star,strip,snip,sock all 4 legs		
USGC4974	120	N	BL									chestnut,star,strip,snip		
USGC4975	180	F	QH									bay,LF,LR,RR ankle		
USGC4976	84	F	QH									red roan		
USGC4977	120	F	QH									bay,star,strip,snip,LR,RR ankle		
USGC4978	60	F	AP									white		
USGC4979	60	F	QH									black		
USGC4980	60	N	AP									white		
USGC4981	72	N	PAINT									chestnut/white,blaze		
USGC4982	36	F	QH									chestnut,star		
USGC4983	48	F	QH									bay,star		
USGC4984	48	F	QH									chestnut,star,strip,snip,LR,RR cornet		
USGC4985	48	F	QH									bay,star,snip		
USGC4986	48	F	QH									chestnut,LR cornet,brand box OR with AC inside and A6 underneath it		
USGC4987	48	F	QH									chestnut,brand box with AC inside and A6 under it		
USGC4988	48	F	QH									bay,star,LF cornet,LR,RR ankle		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 27 2011	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	31

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

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

PART A - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024756

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E. USGC4989	48	F	OH											
1849 MARION HARDIN RD.														
LA RUE, OH 43332 USGC4990	48	F	OH											
USGC4991	48	F	OH											
USGC4992	240	F	BL											
USGC4993	180	F	BL											
USGC4994	144	F	SN											
USGC4995	180	M	SN											
USGC4996	144	F	SN											
USGC4997	120	M	QH											
USGC4998	132	M	QH											
USGC4999	84	M	QH											
USGC5000	144	F	BL											
USGC4875	156	F	BL											

bay,star,snip,LR,RR ankle,brand box with AC inside and A6 underneath it
bay,snip,LF cornet
bay
chestnut,blaze
chestnut,blaze
chestnut,star,LR,RR ankle,UNRD brand
bay,star,brand 12,UNRD lip
bay,star,UNRD lip
chestnut,star,strip,snip,LF ankle,RR sock
chestnut,star,LR sock,RF cornet
chestnut,blaze,LF,RF cornet,LR,RR sock
chestnut,star,snip
chestnut,star

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

APPROVED

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

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 7882490

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: Bay	Grey	BLK.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4971					✓			✓						✓		
2		4972				BLK WHT							PAINT	✓				
3		4973				CHESTN WHT							PAINT	✓				
4		4974					✓				BELG					✓		
5		4975	✓							✓				✓				
6		4976						RED ROAN		✓				✓				
7		4977	✓							✓				✓				
8		4978						WHITE					APP	✓				
9		4979			✓					✓				✓				
10		4980						WHITE					APP			✓		
11		4981				CHESTN WHT							PAINT			✓		
12		4982					✓			✓				✓				
13		4983	✓							✓				✓				
14		4984					✓			✓				✓				
15		4985	✓							✓				✓				

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in Ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	4986					↓			↓				↓			BRAND G 6	
17		4987					↓			↓				↓			BRAND G 6	
18		4988	↓							↓				↓				
19		4989	↓							↓				↓			BRAND G 6	
20		4990	↓							↓				↓				
21		4991	↓							↓				↓				
22		4992					↓				BEL6			↓				
23		4993					↓				BEL6			↓				
24		4994					↓						STD	↓			BRAND —	
25		4995	↓										STD			↓	BRAND 12 LIP —	
26		4996	↓										STD	↓			LIP —	
27		4997					↓			↓						↓		
28		4998					↓			↓						↓		
29		4999					↓			↓					↓			
30		5000					↓				BEL6			↓				
31		4873					↓				BEL6			↓				
32																		
33	31																	
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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): BAUER, FRED E.

2. CERTIFICATE NO.: L024759

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1-31-11	PORT HURON , MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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): VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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.

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC5001	120	F	BL											
USGC5002	144	F	QH											
CHESTNUT STAR STRIP SNIP LR ANKLE RF CORNET RR SOCK														
USGC5003	108	N	QH											
BAY STAR LR SOCK RR SOCK														
USGC5004	120	F	HAFLINGER											
CHESTNUT BLAZE														
USGC5005	168	N	SN											
BAY STAR LR ANKLE RR ANKLE LIP?														
USGC5006	144	N	SN											
BAY STAR SNIP RR SOCK BRAND?														
USGC5007	168	N	SN											
BAY STAR LIP?														
USGC5008	216	N	SN											
BAY STAR LR ANKLE RF CORNET LIP?														
USGC5009	132	N	SN											
BLACK LIP?														
USGC5010	108	N	SN											
BLACK STAR LR ANKLE BRAND ZN195														
USGC5011	84	F	QH											
CHESTNUT BLAZE LR SOCK RR ANKLE														
USGC5012	48	F	SN											
BAY STAR														
USGC5013	84	F	QH											
PALOMINO STAR STRIP SNIP LR ANKLE														
USGC5014	60	N	QH											
CHESTNUT LR CORNET														
USGC5015	72	N	QH											
BAY STAR STRIP SNIP LR CORNET RR ANKLE														
USGC5016	108	F	QH											
CHESTNUT BLAZE LR SOCK RR SOCK														
USGC5017	144	F	QH											
CHESTNUT BLAZE LR SOCK														
USGC5018	84	F	QH											
CHESTNUT STAR SNIP														

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 31 2011	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	29

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough, DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024759

3. PAGE NO.: L024759-2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC5019	120	F	QH	BAY	NO		OTHER MARKINGS							
USGC5020	204	F	HAFLINGER	CHESTNUT	BLAZE									
USGC5021	60	N	PAINT	BAY	WHITE	BLAZE	LR SOCK	RR SOCK						
USGC5022	120	F	QH	CHESTNUT	BLAZE	LR	CORNET	RR ANKLE						
USGC5023	108	F	QH	BAY	STAR	SNIP	LR CORNET	RR ANKLE						
USGC5024	36	N	QH	CHESTNUT	BLAZE									
USGC5025	120	F	AP	RED ROAN	STRIP									
USGC5026	180	F	QH	BAY	STAR	LR CORNET	RR ANKLE							
USGC5027	144	F	AP	DUN ROAN	STAR	LR ANKLE	RR SOCK							
USGC5028	48	M	SN	BAY	STAR	BRAND?								
USGC5029	215	F	SN	BLACK	RR CORNET	LIP?								

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 – FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LAKE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LAKE ONIO 43332	CITY, STATE, ZIP CODE: MASSEVEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	S001					✓				BEL6			✓				
2		S002					✓			✓				✓				
3		S003	✓							✓						✓		
4		S004					✓						HAFL	✓				
5		S005	✓										STD			✓	LIP—	
6		S006	✓										STD			✓	BRAND—	
7		S007	✓										STD			✓	LIP—	
8		S008	✓										STD			✓	LIP—	
9		S009			✓								STD			✓	LIP—	
10		S010			✓								STD			✓	BRAND ZN195	
11		S011					✓			✓				✓				
12		S012	✓										STD	✓				
13		S013						PAL		✓				✓				
14		S014					✓			✓						✓		
15		S015	✓							✓						✓		

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	$016					↓			↓				↓				
17		$017					↓			↓				↓				
18		$018					↓			↓				↓				
19		$019	↓							↓				↓				
20		$020					↓						NAFC	↓				
21		$021				BAY WHT							PAINT			↓		
22		$022					↓			↓				↓				
23		$023	↓							↓				↓				
24		$024					↓			↓						↓		
25		$025						RED ROAN					APP	↓				
26		$026	↓							↓				↓				
27		$027						DUN ROAN					APP	↓				
28		$028	↓										STD			↓	BRAND —	
29		$029			↓								STD	↓			LIP —	
30																		
31																		
32																		
33		29																
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024758	1 OF 2.

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
1-31-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC5031	84	F	QH									BAY STAR SNIP RF ANKLE RR ANKLE		
USGC5032	132	F	TH									BAY LIP?		
USGC5033	96	F	TH									CHESTNUT STAR STRIP SNIP LF ANKLE LR SOCK RR SOCK LIP?		
~~USGC4~~														
USGC5034	240	F	PE									BLACK STAR RR ANKLE		
USGC5035	48	F	QH									CHESTNUT BLAZE LF SOCK LR SOCK RF SOCK RR ANKLE BLIND L EYE		
USGC5036	180	M	BL									CHESTNUT BLAZE LARGE LR LEG		
USGC5037	156	M	SN									BAY STAR LF ANKLE LR ANKLE RR ANKLE BRAND 2 LIP?		
USGC5038	120	M	SN									BLACK BRAND A4778		
USGC5039	132	F	SN									BAY STAR LR ANKLE RR ANKLE BRAND Z6333		
USGC5040	192	M	SN									BAY LR ANKLE RF ANKLE RR ANKLE BRAND?		
USGC5041	180	M	SN									BAY LR CORNET LIP?		
USGC5042	144	M	QH									CHESTNUT STAR SNIP		
USGC5043	120	F	QH									BAY STAR LR CORNET		
USGC5044	72	M	QH									BAY NO OTHER MARKINGS		
USGC5045	60	M	QH									BAY STAR LR CORNET		
USGC5046	96	F	QH									CHESTNUT STAR STRIP SNIP		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 31 2011	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	28

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024758

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC5047	240	N	QH	BAY	STAR STRIP SNIP LF ANKLE LR SOCK RR SOCK									
USGC5048	180	F	SN	BAY	LR ANKLE RR CORNET BRAND?									
USGC5049	144	F	SN	BAY	NO OTHER MARKINGS									
USGC5050	252	F	QH	CHESTNUT	BLAZE									
USGC5051	48	N	QH	BAY	BLAZE									
USGC5052	180	F	BL	CHESTNUT	BLAZE									
USGC5053	84	F	QH	BAY	STAR LF CORNET LR ANKLE									
USGC4992	240	F	BL	CHESTNUT	BLAZE									
USGC4994	144	F	SN	CHESTNUT	STAR LR ANKLE RR ANKLE BRAND?									
USGC4996	144	F	SN	BAY	STAR LIP?									
USGC4958	24	N	QH	BAY	BLAZE									
USGC4963	84	M	TH	CHESTNUT	STAR STRIP RR SOCK LIP?									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	S031	X							X				X				
2		S032	X						X					X			LIP	
3		S033					X		X					X			LIP	
4		S034			X						PERCH			X				
5		S035					X			X				X				BLIND LEFT EYE
6		S036					X				BELG					X		LARGE LEFT REAR LEG
7		S037	X										STD			X	BRAND 2 LIP	
8		S038			X								STD			X	BRAND A4778	
9		S039	X										STD	X			BRAND Z6333	
10		S040	X										STD			X	BRAND	
11		S041	X										STD			X	LIP	
12		S042					X			X						X		
13		S043	X							X				X				
14		S044	X							X						X		
15		S045	X							X						X		

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

SIGNATU[redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	5046					✓			✓				✓				
17		5047	✓							✓						✓		
18		5048	✓										STD	✓			BRAND —	
19		5049	✓										STD	✓				
20		5050					✓			✓				✓				
21		5051	✓							✓						✓		
22		5052					✓				BELG			✓				
23		5053	✓							✓				✓				
24		4992					✓				BELG			✓				
25		4994					✓						STD	✓			BRAND —	
26		4996	✓										STD	✓			LIP —	
27		4958	✓							✓						✓		
28		4963					✓		✓						✓		LIP —	
29																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024757

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-31-11

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DISEASE TYPE TEST / 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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC5061	240	F	QH	BAY STAR LF			CORNET	LR	ANKLE	RF	CORNET	RR ANKLE		
USGC5062	132	F	QH	BLACK STAR										
USGC5063	204	F	PAINT	BAY WHITE STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK										
USGC5064	132	F	PAINT	BLACK WHITE SNIP LF SOCK LR SOCK RF SOCK RR SOCK										
USGC5065	240	F	PAINT	BAY WHITE BLAZE LF SOCK LR SOCK RF SOCK RR SOCK										
USGC5066	144	F	PAINT	DFUN WHITE STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK										
USGC5067	120	N	PE	BLACK STAR SNIP RR CORNET										
USGC5068	60	F	QH	BAY STAR SNIP LF CORNET LR CORNET RF CORNET										
USGC5069	60	F	QH	BAY STAR SNIP LR CORNET										
USGC5070	72	F	QH	BAY STAR SNIP LR ANKLE BRAND JS										
USGC5071	84	N	QH	RED ROAN STAR										
USGC5072	48	F	QH	BAY STAR SNIP BRAND 2T										
USGC5073	240	F	QH	CHESTNUT STAR LR ANKLE RR ANKLE										
USGC5074	120	F	QH	CHESTNUT BLAZE LF SOCK BLIND R EYE										
USGC5075	240	N	AP	BLACK WHITE										
USGC5076	72	F	QH	BAY STAR LR ANKLE RR ANKLE										
USGC5077	48	N	QH	CHESTNUT STAR BLIND L EYE										

APPROVED

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough

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: JAN 31 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0024757

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USGC5078	240	F	QH	PALOMINO			STAR STRIP SNIP							
USGC5079	156	F	QH	PALOMINO			BLAZE							
USGC5080	48	N	QH	BLUE ROAN			STAR LF CORNET							
USGC5081	60	N	TH	BAY			STAR LF ANKLE LR ANKLE RF ANKLE RR ANKLE LIP?							
USGC5082	144	F	QH	PALOMINO			BLAZE LR ANKLE							
USGC5083	108	N	QH	BAY			LR ANKLE RR ANKLE							
USGC5084	60	N	QH	CHESTNUT			STAR STRIP SNIP LR ANKLE RR SOCK							
USGC5085	120	N	QH	CHESTNUT			BALD LF SOCK RR ANKLE							
USGC5086	60	N	QH	CHESTNUT			STAR STRIP SNIP LF ANKLE							
USGC5030	84	M	TH	BAY			STAR STRIP SNIP LF ANKLE LR SOCK LIP?							

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404933995	AREA CODE & TELEPHONE NO.: 4507882490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	LJSGC	$061	X							X				X				
2		$062			X					X				X				
3		$063				BAY WHT							PAINT	X				
4		$064				BLK WHT							PAINT	X				
5		$065				BAY WHT							PAINT	X				
6		$066				DUN WHT							PAINT	X				
7		$067			X						PERCH					X		
8		$068	X							X				X				
9		$069	X							X				X				
10		$070	X							X				X			BRAND JS	
11		$071						RED ROAN		X						X		
12		$072	X							X				X			BRAND 2T	
13		$073					X			X				X				
14		$074					X			X				X				BLIND RIGHT EYE
15		$075						BLK WHT					APP			X		

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	5076	✓							✓				✓				
17		5077					✓			✓						✓		BLIND LEFT EYE
18		5078						PAL		✓				✓				
19		5079						PAL		✓				✓				
20		5080						BLUE ROAN		✓						✓		
21		5081	✓						✓							✓	LIP—	
22		5082						PAL		✓				✓				
23		5083	✓							✓						✓		
24		5084					✓			✓						✓		
25		5085					✓			✓						✓		
26		5086					✓			✓						✓		
27		5030	✓						✓						✓		LIP—	
28																		
29																		
30																		
31																		
32																		
33		27																
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024752

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
2-2-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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.

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC5091	120	F	PN		Bay/White,star,snip,LF-ankle,LR,RF,RR-sock									
USGC5092	108	F	PN		Chestnut/White, bald									
USGC5093	60	F	Saddlebred,		Chestnut,Star,strip,LR,RR-sock									
USGC5094	60	F	Saddlebred,		Bay, Star									
USGC5095	48	N	QH		Chestnut, Star,strip, Blaze, LF,LR-ankle									
USGC5096	84	F	QH		chestnut, blaze, LR,RF-sock									
USGC5097	120	F	QH		chestnut, star,strip,snip, LR,RR-ankle									
USGC5098	132	F	QH		bay, star,snip,RR-roan ankle,scar left hock									
USGC5099	72	F	QH		chestnut, star,LF-coronet, LR-ankle									
USGC5100	96	F	QH		cream, no other markings									
USGC5101	144	M	TH		bay, star, unreadable lip tatoo									
USGC5102	84	F	QH		bay,no other markings									
USGC5103	72	F	QH		black, star, snip, LR-coronet									
USGC5104	156	F	SN		bay, star,LR,RR-coronet									
USGC5105	180	N	TH		bay, star,unreadable lip tatoo									
USGC5106	156	N	QH		chestnut, blaze, LR,RR-sock, RF-white knee									
USGC5107	36	F	SN		black, LR-coronet, unreadable brand									
USGC5108	192	F	SN		bay, unreadable lip tatoo									
USGC5109	72	F	QH		bay, star, RR-ankle									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
FEB 03 2011	KEARNS, EARNEST ED. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	29

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

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024752

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC5110	144	F	BL											
USGC5111	60	F	QH											
USGC5112	204	N	QH											
USGC5113	60	N	QH											
USGC5114	120	N	PN											
USGC5115	180	F	BL											
USGC5116	120	F	TH											
USGC5117	108	F	TH											
USGC5118	132	F	TH											
USGC5119	36	F	QH											

chestnut,star,strip,snip
bay,star,RR-coronet
chestnut,blaze,LF,RF,RR-sock
chestnut, star,strip,snip,LF-ankle, LR,RR-sock
black/white, blaze, all four-sock
chestnut, blaze, LR,RR-ankle
bay, star,snip, LR-ankle, unreadable lip tatoo
chestnut star,strip,snip,LR-sock,RF,RR-sockankle unreadable lip tatoo
chestnut, star, unreadable lip tatoo
chestnut, star,strip,snip,LR-sock

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	5091				BAY WHT							PAINT	X				
2		5092				CHESTN WHT							PAINT	X				
3		5093					X						SADDLE BRED	X				
4		5094	X										SADDLE BRED	X				
5		5095					X			X						X		
6		5096					X			X				X				
7		5097					X			X				X				
8		5098	X							X				X				SCAR LEFT HOCK
9		5099					X			X				X				
10		5100						CREAM		X				X				
11		5101	X						X						X		LIP	
12		5102	X							X				X				
13		5103			X					X				X				
14		5104	X										STD	X				
15		5105	X						X							X	LIP	

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	$106					✓			✓						✓		
17		$107			✓								STD	✓			BRAND —	
18		$108	✓										STD	✓			LIP —	
19		$109	✓							✓				✓				
20		$110					✓				BEL G			✓				
21		$111	✓							✓				✓				
22		$112					✓			✓						✓		
23		$113					✓			✓						✓		
24		$114			BLK GOT								PAINT			✓		
25		$115					✓				BEL G			✓				
26		$116	✓						✓					✓			LIP —	
27		$117					✓		✓					✓			LIP —	
28		$118					✓		✓					✓			LIP —	
29		$119					✓			✓				✓				
30		~~$120~~																
31		29																
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024849	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
1-24-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)
VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA ~~CANDA~~ — 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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC4911	132	F	QH PALOMINO BLAZE											
USGC4912	108	F	PAINT GRAY WHITE BLAZE LR SOCK											
USGC4913	96	F	PAINT CHESTNUT WHITE BLAZE LR SOCK											
USGC4914	120	N	QH CHESTNUT STAR STRIP SNIP RR ANKLE											
USGC4915	144	N	SN BAY LIP?											
USGC4916	132	F	PAINT BAY WHITE BLALD LR SOCK											
USGC4917	120	F	QH BLACK STAR											
USGC4918	36	F	PAINT CHESTNUT WHITE											
USGC4919	120	N	PAINT CHESTNUT WHKTE BLAZE LR SOCK											
USGC4920	168	N	QH CHESTNUT STAR SNIP											
USGC4921	36	N	QH CHESTNUT STAR STRIP SNIP LR SOCK											
USGC4922	180	N	QH CHESTNUT STAR STRIP RR CORNET											
USGC4923	120	F	PAINT CHESTNUT WHITE BLAZE											
USGC4924	72	N	QH BAY STAR LF CORNET LR CORNT RR ANKLE											
USGC4925	120	F	QH CHESTNUT BALD LF SOCK LR CORNET RF SOCK RR ANKLE											
USGC4926	132	N	QH BLACK STAR											
USGC4927	228	N	SN BLACK LR ANKLE RF CORNET LIP?											
USGC4928	144	N	SN BAY STAR STRIP LF CORNET LR CORNET LIP?											
USGC4929	120	F	QH BLACK NO OTHER MARKINGS											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 24 2011	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30

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

Previous edition may be used.

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(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	USGC	4926			✓					✓						✓		
17		4927			✓								STD			✓	LIP–	
18		4928	✓										STD			✓	LIP–	
19		4929			✓					✓				✓				
20		4930					✓			✓						✓		
21		4931	✓						✓					✓			LIP–	
22		4932	✓						✓							✓	LIP–	
23		4933					✓			✓						✓		
24		4934				CHESTN WHT							PAINT			✓		
25		4935					✓			✓				✓				
26		4936	✓						✓					✓			LIP–	
27		4937					✓		✓					✓			LIP–	
28		4938	✓										STD			✓	LIP–	
29		4939					✓			✓						✓		
30		4940	✓										STD			✓	LIP–	
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L0247511

3. PAGE NO.: 1 OF 2

APPROVED

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
1-19-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

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

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUÉBEC	CANADA	CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC4881	60	N	PAINT											
USGC4882	144	N	QH											
USGC4883	132	N	QH											
USGC4884	60	N	TH											
USGC4885	48	F	PAINT											
USGC4886	84	N	AP											
USGC4887	72	N	QH											
USGC4888	48	F	QH											
USGC4889	144	N	QH											
USGC4890	48	N	QH											
USGC4891	60	F	QH											
USGC4892	96	F	PAINT											
USGC4893	60	N	QH											
USGC4894	156	N	TH											
USGC4895	120	N	QH											
USGC4896	120	F	QH											
USGC4897	60	N	QH											
USGC4898	48	F	QH											
USGC4899	60	F	QH											

BLACK BLAZE LR SOCK RR SOCK
CHESTNUT STAR STRIP SNIP LF SOCK LR SOCK RR ANKLE
CHESTNUT STAR STRIP SNIP LF ANKLE
dun,star
dun,star

BLACK WHITE STAR SNIP LF SOCK LR SOCK RF SOCK RR SOCK
CHESTNUT STAR BRAND 3T
BAY LIP?

WHITE BLAZE
BLACK STAR
CHESTNUT STAR LR SOCK RR CORNET
CHESTNUT STAR LR CORNET LIP?
CHESTNUT WHITE STRIP SNIP EDK
DUN WHITE STRIP LF SOCK LR SODCK
BAY NO OTHER MARKINGS
CHESTNUT STAR
CHESTNUT STAR RR ANKLE
CHESTNUT STAR SCAR LF LEG
BAY BLAZE

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 20 2011	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	28

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

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024751

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4900	60	N	QH		chestnut,star,snip,LR sock,RR ankle									
USGC4901	144	F	QH		chestnut,blaze,RF cornet,RR ankle,blind L eye									
USGC4902	120	F	QH		bay,star,RR ankle									
USGC4903	60	F	QH		bay									
USGC4904	240	N	QH		palomino,blaze,RF ankle,RR sock									
USGC4905	60	F	TH		chestnut,star,strip,snip,LF,RR sock,RF cornet,UNRD lip									
USGC4906	96	F	QH		chestnut,blaze,LF cornet,LR sock									
USGC4907	96	F	QH		chestnut,blaze,LR,RR sock									
USGC4908	96	F	QH		chestnut,LR,RR ankle									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024800

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
1-19-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USGC4851	120	M	QH		bay,star									
	USGC4852	60	F	QH		chestnut,star,strip,LF sock,RR cornet									
	USGC4853	60	N	QH		black,star,RR cornet									
	USGC4854	60	F	QH		chestnut,star,strip,snip									
	USGC4855	60	F	QH		bay,star									
	USGC4856	60	F	QH		bay,star,strip,snip,LR cornet									
	USGC4857	60	N	QH		bay,star									
	USGC4858	84	N	QH		bay,star,snip,LF,RR cornet,RF ankle									
	USGC4859	144	N	SN		black,brands parallel lines going uphill									
	USGC4860	240	F	TH		chestnut,star,strip,snip,UNKD lip									
	USGC4861	60	F	QH		bay,LR,RR ankle									
	USGC4862	144	N	SN		black,LR,RR ankle, UNRD brand									
	USGC4863	132	N	SN		black,LR ankle									
	USGC4864	60	N	SN		bay,LR cornet									
	USGC4865	204	F	SN		bay,LR ankle,RR cornet,UNRD lip and brand									
	USGC4866	60	N	SN		bay,brand 98A90									
	USGC4867	120	N	QH		black,star,LR ankle,RR cornet									
	USGC4868	192	F	BL		chestnut,star,strip,snip									
	USGC4869	240	N	BL		chestnut,star,strip,snip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JAN 20 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024800

3. PAGE NO.: 2

APPROVED

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC4870	180	N	BL	chesthut,blaze										
USGC4871	144	N	BL	chesthut,blaze,sock all 4 legs										
USGC4872	240	F	PE	black,star										
USGC4873	120	F	BL	chesthut,star										
USGC4806	36	N	TH	bay,star,strip,snip,LF,LR,RR sock,UNRD lip										
USGC4789	84	N	SN	bay,brand 443										
USGC4765	216	N	SN	black,star,strip,snip,LR,RR cornet,UNRD lip										
USGC4846	180	F	SN	bay,star,brand Z4215										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: PL004839

3. PAGE NO.: 1 OF 2.

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
1-19-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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.

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4821	144	F	TH											
USGC4822	48	N	TH											
USGC4823	120	F	QH											
USGC4824	108	F	TH											
USGC4825	132	F	TH											
USGC4826	84	N	QH											
USGC4827	120	F	AP											
USGC4828	180	F	TH											
USGC4829	84	N	AP											
USGC4830	60	N	QH											
USGC4831	144	F	TH											
USGC4832	180	F	TH											
USGC4833	144	N	TH											
USGC4834	132	N	TH											
USGC4835	120	F	PAINT											
USGC4836	180	N	QH											

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

USGC4821: BAY STAR LIP?
USGC4822: BLUE ROAN BLAZE LR SOCK LIP?
USGC4823: BAY NO OTHER MARKINGS
USGC4824: BAY STAR STRIP SNIP LR ANKLE LIP?
USGC4825: CHESTNUT STAR STRIP LR CORNET RF CORNET RR ANKLE LIP?
USGC4826: GRAY NO OTHER MARKINGS
USGC4827: RED ROAN STAR STRIP SNIP LR ANKLE RR ANKLE
USGC4828: BAY LIP?
USGC4829: CHESTNUT WHITE
USGC4830: BLACK STAR STRIP SNIP LF SOCK LR SOCK RF CORNET RR SOCK
USGC4831: BAY STAR LR CORNET RR CORNET LIP?
USGC4832: CHESTNUT LR ANKLE LIP?
USGC4833: BAY STAR LR ANKLE LIP?
USGC4834: BAY STAR RF CORNET RR CORNET LIP?
USGC4835: PAINT CHESTNUT WHITE BLAZE
USGC4836: CHESTNUT BLAZE LF ANKLE LR SOCK BRANDS 02 3 O IN A CIRCLE OVER 1 W

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 20 2011	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	29

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

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0248390

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

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

BAUER, FRED E.
1849 ~~MATRONMARION~~ HARDIN RD.
LA RUE, OH 43332

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
USGC4837	144	F	SN BAY STAR LIP?											
USGC4838	144	F	SN BAY LF CORNET LIP?											
USGC4839	156	F	SN BAY RR ANKLE											
USGC4840	60	N	QH BLACK STAR											
USGC4841	120	F	SN BAY STAR BRAND?											
USGC4842	96	N	QH BAY STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK											
USGC4843	180	F	QH BLACK NO OTHER MARKINGS											
USGC4844	192	M	SN BAY LR ANKLE LIP?											
USGC4845	144	F	SN BAY LIP?											
USGC4847	60	N	SN BAY STAR BRAND?											
USGC4848	120	M	TH BAY STAR STRIP SNIP LIP?											
USGC4849	192	F	SN BLACK STAR LIP?											
USGC4850	144	F	SN BAY BRAND?											

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	
NAME OF AUCTION/MARKET: BAUER	
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARD/N ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4881				CHESTN WHT							PAINT			X		
2		4882			X					X						X		
3		4883					X			X						X		
4		4884					X		X							X	LIP—	
5		4885				CHESTN WHT							PAINT	X				
6		4886						DUN WHT					APP			X		
7		4887	X							X						X		
8		4888					X			X				X				
9		4889					X			X						X		
10		4890					X			X						X		SCAR LEFT FRONT LEG
11		4891	X							X				X				
12		4892				BLK WHT							PAINT	X				
13		4893					X			X						X	BRAND 3T	
14		4894	X						X							X	LIP—	
15		4895			X					X						X		

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

SIGNATURE: (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	LS6C	4896					○			○				○				
17		4897					○			○						○		
18		4898						DUN		○				○				
19		4899						DUN		○				○				
20		4900					○			○						○		
21		4901					○			○				○				BLIND LEFT EYE
22		4902	○							○				○				
23		4903	○							○				○				
24		4904						PRL		○						○		
25		4905					○		○					○			LIP—	
26		4906					○			○				○				
27		4907					○			○				○				
28		4908					○			○				○				
29																		
30																		
31		28																
32																		
33																		
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35																		
36																		
37																		
38																		
39																		
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44																		
45																		

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

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

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4851	✓							✓					✓			
2		4852					✓			✓				✓				
3		4853			✓					✓						✓		
4		4854					✓			✓				✓				
5		4855	✓							✓				✓				
6		4856	✓							✓				✓				
7		4857	✓							✓						✓		
8		4858	✓							✓						✓		
9		4859			✓								STD			✓	BRANDS —	
10		4860					✓		✓					✓			LIP —	
11		4861	✓							✓				✓				
12		4862			✓								STD			✓	BRAND —	
13		4863			✓								STD			✓		
14		4864	✓										STD			✓		
15		4865	✓										STD	✓			BRAND — LIP —	

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	4866	b										STD			b	BRAND 98A90	
17		4867			b					b						b		
18		4868					b				BEL6			b				
19		4869					b				BEL6					b		
20		4870					b				BEL6					b		
21		4871					b				BEL6					b		
22		4872			b						PERCH			b				
23		4873					b				BEL6			b				
24		4806	b						b							b	LIP—	
25		4789	b										STD			b	BRAND 443	
26		4765			b								STD			b	LIP—	
27		4846	b										STD	b			BRAND 24215	
28																		
29		27																
30																		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARD/N ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4821	✓						✓					✓			LIP	
2		4822						BLUE ROAN	✓							✓	LIP	
3		4823	✓							✓				✓				
4		4824	✓						✓					✓			LIP	
5		4825					✓		✓					✓			LIP	
6		4826		✓						✓						✓		
7		4827						RED ROAN					APP	✓				
8		4828	✓						✓					✓			LIP	
9		4829						CHESTN WHT					APP			✓		
10		4830			✓					✓						✓		
11		4831	✓						✓					✓			LIP	
12		4832					✓		✓					✓			LIP	
13		4833	✓						✓							✓	LIP	
14		4834	✓						✓							✓	LIP	
15		4835				CHESTN WHT							PAINT	✓				

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

SIGNATU [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	US6C	4836					b			b						b	BRANDS D O2	
17		4837	b										STD	b			LIP—	
18		4838	b										STD	b			LIP—	
19		4839	b										STD	b				
20		4840			b					b						b		
21		4841	b										STD	b			BRAND—	
22		4842	b							b						b		
23		4843			b					b				b				
24		4844	b										STD			b	LIP—	
25		4845	b										STD	b			LIP—	
26		[illegible]																
27		4847	b										STD			b	BRAND—	
28		4848	b						b							b	LIP—	
29		4849			b								STD	b			LIP—	
30		4850	b										STD	b			BRAND—	
31																		
32																		
33		29																
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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)

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

2. CERTIFICATE NO.: L024840

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-17-11

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43832

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4791	168	F	QH	BAY	STAR STRIP SNIP LF ANKLE RF CORNET							RR SOCK		
USGC4792	84	F	QH	BAY	STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK									
USGC4793	132	F	QH	CHESTNUT	STR SNIP LF CORNET RR ANKLE									
USGC4794	84	F	PAINT	BLACK WHITE BALD										
USGC4795	36	F	QH	BLUE ROAN	STAR									
USGC4796	180	F	TH	BAY	LIP?									
USGC4797	96	F	QH	BAY	STAR STRIP SNIP LR ANKLE RR CORNET									
USGC4798	48	M	TH	BAY	STAR LIP?									
USGC4799	168	F	QH	BAY	STAR SNIP LR ANKLE RF CORNET									
USGC4800	156	F	QH	BAY	STAR STRIP SNIP BRAND CF									
USGC4801	36	F	QH	CHESTNUT	STAR STRIP SNIP									
USGC4802	120	F	TH	BAY	STAR LR CORNET RR ANKLE LIP?									
USGC4803	24	F	TH	BAY	NO OTHER MARKINGS									
USGC4804	108	F	QH	PALOMINO	STAR STRIP SNIP LR ANKLE RF ANKLE RR SOCK									
USGC4805	144	F	QH	DUN	STAR STRIP SNIP LF SOCK LR SOCK									
USGC4806	36	M	TH	BAY	STAR STRIP SNIP LF SOCK LR SOCK RR SOCK LIP?									
USGC4807	72	F	TH	BAY	STAR LR CORNET LIP?									
USGC4808	108	F	QH	BAY	STAR STRIP SNIP LR SOCK RF ANKLE RR SOCK									

VALID ONLY IF USDA VETERINARIAN 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: JAN 18 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 7-140: 1024840

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC4809	168	F	QH		BAY STAR STRIP SNIP LF CORNET RF ANKLE RR ANKLE									
			BLIND L EYE											
USGC4810	48	F	QH		BAY BLAZE LR ANKLE RF ANKLE									
USGC4811	84	F	QH		CHESNUT STAR									
USGC4812	108	N	QH		CHESTNUT STAR SNIP BRAND D									
USGC4813	120	F	QH		BAY STAR SNIP LF ANKLE									
USGC4814	36	F	TH		BAY STAR LF CORNET LR ANKLE LIP?									
USGC4815	60	N	QH		CHESTNUT STAR STRIP SNIP LR SOCK RR CORNET									
USGC4816	132	F	QH		BLACK STAR STRIP SNIP LR CORNET									
USGC4817	180	N	AN		AP CHESTNUT WHITE									
USGC4818	144	F	QH		PALOMINO STAR STRIP SNIP LF CORNET LR ANKLE RR ANKLE									
USGC4819	192	N	SN		BAY STAR SNIP LR CORNET RR SOCK LIP?									
USGC4820	180	N	SN		BAY STAR LR ANKLE RF CORNET LIP?									
USGC4513	120	N	SN		BAY STAR STRIP SNIP LF ANKLE LR ANKLE RF ANKLE RR ANKLE BRAND?									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4791	☒							☒				☒				
2		4792	☒							☒				☒				
3		4793					☒			☒				☒				
4		4794				BLK WHT							PAINT	☒				
5		4795						BLUE ROAN		☒				☒				
6		4796	☒						☒					☒			LIP—	
7		4797	☒							☒				☒				
8		4798	☒						☒							☒	LIP—	
9		4799	☒							☒				☒				
10		4800	☒							☒				☒			BRAND G	
11		4801					☒			☒				☒				
12		4802	☒						☒					☒			LIP—	
13		4803	☒						☒					☒				
14		4804						PAL		☒				☒				
15		4805						DUN		☒				☒				

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

SIGNATURE (b) (6) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	4806	✓						✓						✓		LIP—	
17		4807	✓						✓					✓			LIP—	
18		4808	✓							✓				✓				
19		4809	✓							✓				✓				BLIND LEFT EYE
20		4816	✓							✓				✓				
21		4811					✓			✓				✓				
22		4812					✓			✓						✓	BRAND D	
23		4813	✓							✓				✓				
24		4814	✓						✓	✓				✓			LIP—	
25		4815					✓			✓						✓		
26		4816			✓					✓				✓				
27		4817						CHESTN WHITE					APP			✓		
28		4818						PAL		✓				✓				
29		4819	✓										STD			✓	LIP—	
30		4820	✓										STD			✓	LIP—	
31		4513	✓										STD			✓	BRAND—	
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024841

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-17-11

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY (or Town): LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4761	144	F	SN BAY BRAND?											
USGC4762	120	N	QH BLACK STAR STRIP SNIP LR SOCK RR ANKLE											
USGC4763	132	F	SN BLACK LR ANKLE RR ANKLE LIP?											
USGC4764	144	F	SN BAY BRAND WG883											
USGC4765	216	N	SN BLACK STAR STRIP SNIP LR CORNET RR CORNET LIP?											
USGC4766	60	F	PAINT BAY WHITE STAR STRIP LF SOCK LR SOCK RF SOCK RR SOCK											
USGC4767	96	F	TH BAY RF CORNET LIP?											
USGC4768	84	F	QH BLACK STAR LF CORNET LR CORNET RF CORNET											
USGC4769	168	F	SN BAY STAR STRIP RR CORNET BRAND T7136											
USGC4770	48	N	PAINT RED ROAN WHITE BLAZE											
USGC4771	264	F	SN BAY STAR LR SOCK LIP?											
USGC4772	204	N	SN BAY STAR LF SOCK LR SOCK RR SOCK LIP?											
USGC4773	132	N	SN BLACK STAR											
USGC4774	252	F	QH BAY STAR STRIP SNIP LF CORNET LR SOCK RR ANKLE											
USGC4775	144	F	QH CHESTNUT STAR SNIP											
USGC4776	120	F	QH CHESTNUT STAR											
USGC4777	240	F	QH BLACK RR CORNET											
USGC4778	84	N	QH CHESTNUT BALD LR CORNET											

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: JAN 18 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024841

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — 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
BAUER, FRED E.	USGC4779	84	N	PAINT	BLACK	WHITE	BALD							
1849 MARION HARDIN RD.	USGC4780	108	F	PAINT	CHESTNUT	WHITE	BALD							
LA RUE, OH 43332	USGC4781	180	F	QH	CHESTNUT	STAR	STRIP	SNIP	LF	SOCK	LR	SOCK	RF	SOCK
						RR	SOCK							
	USGC4782	144	F	QH	BLUE	ROAN	STAR							
	USGC4783	132	F	PAINT	CHESTNUT	WHITE	BLAZE							
	USGC4784	84	F	TH	BAY	STAR	LIP?							
	USGC4785	72	M	QH	BAY	STAR	STRIP	SNIP	LR	ANKLE	RR	ANKLE		
	USGC4786	144	F	SN	BAY	BRAND?								
	USGFC4787	84	F	SN	BAY	STAR	SNIP	LF	CORNET	RR	SOCK	BRAND	3AN00	
	USGC4788	144	N	SN	BLACK	STAR	LIP?							
	USGC4789	84	N	SN	BAY	BRAND	443							
	USGC4790	96	N	SN	BAY	LR	ANKLE	RR	ANKLE	BRAND?				
	USGC4514	120	F	SN	BAY	STAR								

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

...ERINARY INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

...are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7740499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4761	☒										STD	☒			BRAND —	
2		4762			☒					☒						☒		
3		4763			☒								STD	☒			LIP —	
4		4764	☒										STD	☒			BRAND WG883	
5		4765			☒								STD			☒	LIP —	
6		4766				BAY WHT							PAINT	☒				
7		4767	☒						☒					☒			LIP —	
8		4768			☒					☒				☒				
9		4769	☒										STD	☒			BRAND TT936	
10		4770				RED ROAN WHT							PAINT			☒		
11		4771	☒										STD	☒			LIP —	
12		4772	☒										STD			☒	LIP —	
13		4773			☒								STD			☒		
14		4774	☒							☒				☒				
15		4775					☒			☒				☒				

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

SIGNA[redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	LS6C	4776					○			○				○				
17		4777			○					○				○				
18		4778					○			○						○		
19		4779				BLK WHT							PAINT			○		
20		4780				CHESTN WHT							PAINT	○				
21		4781					○			○				○				
22		4782						BLUE ROAN		○				○				
23		4783				CHESTN WHT							PAINT	○				
24		4784	○						○					○			LIP—	
25		4785	○							○					○			
26		4786	○										STD	○			BRAND—	
27		4787	○										STD	○			BRAND 3 ANOO	
28		4788			○								STD			○	LIP—	
29		4789	○										STD			○	BRAND 443	
30		4790	○										STD			○	BRAND—	
31		4514	○										STD	○				
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
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44																		
45																		

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

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024223

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-14-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 Rue Royale C.P. 101
MASSUEVILLE, QUEBEC

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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2811	192	F	BL		chestnut,blaze									
USGC2812	240	F	BL FPK		chestnut,blaze									
USGC2813	240	F	BL		chestnut,blaze									
USGC2814	180	F	BL		chestnut,blaze,LR ankle,RR sock									
USGC2815	120	N	QH		bay,RR corner									
USGC2816	144	F	TH		bay,UNRD lip									
USGC2817	180	F	TH		bay,star,UNRD lip									
USGC2818	84	N	TH		chestnut,blaze,RF ankle,RR sock,UNRD lip									
USGC2819	132	F	TH		bay,star,LR heel,UNRD lip									
USGC2820	144	F	TH		chestnut,star,strip,snip,RF,RR ankle,UNRD lip									
USGC2821	84	N	TH		bay,UNRD lip									
USGC2822	72	N	QH		chestnut,star,strip,snip									
USGC2823	84	N	TH		bay,UNRD lip									
USGC2824	60	F	TH		bay,star,snip,UNRD lip									
USGC2825	72 FPK	F	TH		bay,star,UNRD lip									
USGC2826	1,708	F	TH		black,star,snip,LR ankle,UNRD lip									
USGC2827	60	F	QH		chestnut,star									
USGC2828	60	F	QH		chestnut,star,strip,snip,LF sock,LR corner									
USGC2829	180	N	SN		black,brand VL504									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 14 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0213

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)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: LD24823

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2830	108	F	PF		black,star									
USGC2831	96	F	RI		chestnut									
USGC2832	120	F	QH		bay,star									
USGC2833	120	F	QH		bay,star									
USGC2834	60	F	SH		black,star,LR ankle									
USGC2835	120	M	SN		bay,star,brand RN639									
USGC2836	180	F	SN		bay,star,LR,RR heel,UNRD lip									
USGC2837	192	F	SN		black,LR,RR ankle									
USGC2569	180	M	SN		bay,star,LF ankle,LR,RR sock,UNRD lip									
USGC2544	120	M	SN		bay,T5387									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. IF TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

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

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEU
STREET ADDRESS		STREET ADDRESS
1849 MARION WARDIN RD,		595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LARUE OHIO 43332		MASSEUEUILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
7404993995		4507882490

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	USGC	2811					b				BELG			b				
2		2812					b				BELG			b				
3		2813					b				BELG			b				
4		2814					b				BELG			b				
5		2815	b							b						b		
6		2816	b						b					b			LIP	
7		2817	b						b					b			LIP	
8		2818					b		b							b	LIP	
9		2819	b						b					b			LIP	
10		2820					b		b					b			LIP	
11		2821	b						b							b	LIP	
12		2822					b			b						b		
13		2823	b						b							b	LIP	
14		2824	b						b					b			LIP	
15		2825	b						b					b			LIP	

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	2826			✓				✓					✓			LIP	
17		2827					✓			✓				✓				
18		2828					✓			✓				✓				
19		2829			✓								STO			✓	BRAND VL504	
20		2830			✓						PERCH			✓				
21		2831					✓				BELG			✓				
22		2832	✓							✓				✓				
23		2833	✓							✓				✓				
24		2834			✓								STO	✓				
25		2835	✓										STO			✓	BRAND RN639	
26		2836	✓										STO	✓			LIP	
27		2837			✓								STO	✓				
28		2569	✓										STO			✓	LIP	
29		2544	✓										STO			✓	BRAND T5367	
30																		
31																		
32		29																
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: 1024219

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
EDK 10-14-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*	13. STATE CODE	14. ZIP CODE
1849 MARION HARDIN RD.	LA RUE	39	43332

12. CONSIGNOR'S STATE: OHIO

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC2781	168	F	QH		black,star,LR sock									
USGC2782	204	F	TH		bay,strip,UNRD lip									
USGC2783	204	F	TH		chestnut,star,LF cornet,LR,RR ankle,UNRD lip									
USGC2784	168	F	TH		bay,star,UNRD lip									
USGC2785	216	F	TH		bay,star,UNRD lip									
USGC2786	192	F	QH		chestnut,blaze,LF,LR sock									
USGC2787	180	N	QH		black,star,blind R eye									
USGC2788	192	F	TH		bay,star,strip,snip,RR ankle,UNRD lip									
USGC2789	180	F	TH		chestnut,blaze,RF,RR ankle,UNRD lip									
USGC2790	180	F	TH		chestnut,strip,LF cornet,LR ankle,UNRD lip									
USGC2791	180	N	QH		chestnut,snip,LF cornet,LR,RR ankle									
USGC2792	192	F	TH		bay,star,snip,LR ankle,UNRD lip									
USGC2793	204	F	TH		bay,strip,snip,LF,LR,RF ankle,RR sock,UNRD lip									
USGC2794	120	N	QH		chestnut,star,snip,LF ankle,LR,RR sock									
USGC2795	144	F	QH		dun,star,strip,snip,LR cornet,RR sock									
USGC2796	144	N	QH		chestnut,star,LR sock,RR ankle									
USGC2797	168	F	QH		chestnut,blaze,RF ankle,RR sock									
USGC2798	192	F	TH		chestnut,star,strip,snip,LR sock,UNRD lip									
USGC2799	216	F	TH		chestnut,blaze,sock all 4 legs,UNRD lip,blind R eye									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 14 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0179

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)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0242[illegible]

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E. USGC2800	216	F	TH		black,star,snip,LR heel,UNRD tip									
1849 MARION HARDIN RD. USGC2801	48	N	TH		bay,star,strip,snip,LF ankle,LR sock,UNRD tip									
LA RUE, OH 43332 USGC2802	216	F	TH		chestnut,star,UNRD tip									
USGC2803	132	F	TH		bay,star,strip,snip,RF,RR cornet,UNRD tip									
USGC2804	204	F	TH		black,star,LF cornet,LR,RF ankle,UNRD tip									
USGC2805	180	F	TH		bay,star,RF ankle,RR sock,UNRD tip									
USGC2806	180	F	QH		black									
USGC2807	156	F	QH		chestnut,star,strip,snip,LR ankle									
USGC2808	180	F	SN		bay,star,UNRD tip									
USGC2809	60	N	QH		chestnut,star,LF,RR ankle									
USGC2810	96	F	SN		bay									

1. THE ANIMALS WERE INSPECTED WITHIN 30 days PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

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

PART 4 - FIELD STATION

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LaRue Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
	Bauer

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
Fred E. Bauer	Viande Richelieu
STREET ADDRESS	STREET ADDRESS
1849 Marion Harding Rd.	595 Rue Royale C.P. 101
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
LaRue OH 43332	Masseneuville, Quebec J0G 1K0
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.
740 499 3995	450 788 2490

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	USGC	2781			✓					✓				✓				
2		2782	✓						✓					✓			LIP—	
3		2783					✓		✓					✓			LIP—	
4		2784	✓						✓					✓			LIP—	
5		2785	✓						✓					✓			LIP—	
6		2786					✓			✓				✓				
7		2787			✓					✓						✓		BLIND RIGHT EYE
8		2788	✓						✓					✓			LIP—	
9		2789					✓		✓					✓			LIP—	
10		2790					✓		✓					✓			LIP—	
11		2791					✓			✓						✓		
12		2792	✓						✓					✓			LIP—	
13		2793	✓						✓					✓			LIP—	
14		2794					✓			✓						✓		
15		2795						DUN		✓				✓				

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

SIGNATURE (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	2796					○			○						○		
17		2797					○			○				○				
18		2798					○		○					○			LIP—	
19		2799					○		○					○			LIP—	BLIND RIGHT EYE
20		2800			○				○					○			LIP—	
21		2801	○						○							○	LIP—	
22		2802					○		○					○			LIP—	
23		2803	○						○					○			LIP—	
24		2804			○				○					○			LIP—	
25		2805	○						○					○			LIP—	
26		2806			○					○				○				
27		2807					○			○				○				
28		2808	○										STD	○			LIP—	
29		2809					○			○						○		
30		2810	○										STD	○				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024220

PAGE NO. 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
10-14-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*: VIANDE RICHELIEU INC 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL

☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC2751	96	N	QH	bay,star,snip,LR cornet,brandright curve connected to L upside down and on side with a line though both vertically										
USGC2752	240	F	QH	chestnut,star,crooked L knee										
USGC2753	96	F	QH	chestnut,blaze,LR,RR ankle,RF cornet,brands two C'sone just under the other,1 over 2										
USGC2754	48	F	QH	chestnut,star										
USGC2755	240	F	QH	chestnut,blaze,RR sock,crooked L knee										
USGC2756	60	F	QH	dun,LR cornet,brand G										
USGC2757	132	F	QH	chestnut,blaze,LR,RF sock,RR ankle										
USGC2758	60	N	QH	chestnut										
USGC2759	132	F	QH	bay,star,LR cornet,RR heel,brands 39,GB over line										
USGC2760	168	N	QH	bay/white,sock all 4 legs										
USGC2761	60	F	QH	palomino,star										
USGC2762	144	N	PAINT	chestnut/white,star,strip,snip										
USGC2763	168	F	AP	red roan,star,strip,snip,LF,LR ankle										
USGC2764	120	F	QH	black,star,ankle all 4 legs										
USGC2765	96	F	PAINT	black/white,bald,LF,LR,RR ankle,RF sock										
USGC2766	120	F	QH	palomino,strip,RR cornet										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 14 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024220

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC2767	144	F	QH		bay,star,snip,brand 339									
USGC2768	84	N	QH		bay,star,LR,RR ankle									
USGC2769	96	F	QH		black,faint star,LR,RR sock									
USGC2770	84	F	PAINT		chestnut/white,star,strip,snip									
USGC2771	72	F	QH		chestnut									
USGC2772	120	N	QH		bay roan									
USGC2773	108	F	PAINT		black/white,star,strip,snip									
USGC2774	96	F	QH		black,star,LR,RR ankle									
USGC2775	48	F	QH		bay,blaze,LF corner									
USGC2776	60	F	QH		bay,star,LR,RR ankle									
USGC2777	36	F	QH		gray,star,snip,LF,LF corner									
USGC2778	48	F	QH		bay									
USGC2779	120	F	QH		bay									
USGC2780	96	F	QH		bay,star,snip,LR,RR ankle									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PRECEDING 21-DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED; CAUSE ANY ANIMAL TO SUFFER.

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

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEJEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7409993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2751	X							X						X	BRAND A	
2		2752					X			X				X				CROOKED LEFT KNEE
3		2753					X			X				X			BRANDS C 2 E	
4		2754					X			X				X				
5		2755					X			X				X				CROOKED LEFT KNEE
6		2756						DUN		X				X			BRAND G	
7		2757					X			X				X				
8		2758					X			X						X		
9		2759	X							X				X			BRANDS 39 GB	
10		2760						BAY WHT		X						X		
11		2761						PAL		X				X				
12		2762				CHESTN WHT							PAINT			X		
13		2763						RED ROAN					APP	X				
14		2764			X					X				X				
15		2765				BLK WHT							PAINT	X				

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	2766						PAL		✓				✓				
17		2767	✓							✓				✓			BRAND 339	
18		2768	✓							✓						✓		
19		2769			✓					✓				✓				
20		2776				CHSTN WHT							PAINT	✓				
21		2771					✓			✓				✓				
22		2772						BAY ROAN		✓						✓		
23		2773				BLK WHT							PAINT	✓				
24		2774			✓					✓				✓				
25		2775	✓							✓				✓				
26		2776	✓							✓				✓				
27		2777		✓						✓				✓				
28		2778	✓							✓				✓				
29		2779	✓							✓				✓				
30		2780	✓							✓				✓				
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024221

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-14-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB)

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

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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2721	240	F	AP	RED ROAN		BLAZE LF ANKLE LR CORNET RF SOCK								
USGC2722	108	F	QH	CHESTNUT		BLAZE LF SOCK LR SOCK RF SOCK RR SOCK								
USGC2723	120	F	QH	CHESTNUT		STAR SNIP LF ANKLE LR ANKLE RF ANKLE RR ANKLE								
USGC2724	180	N	AP	BLACK WHITE		STAR STRIP SNIP LF CORNET								
USGC2725	72	N	PAINT	CHESTNUT WHITE		BALD LR SOCK RF CORNET RR SOCK								
USGC2726	192	N	BL	CHESTNUT		BLAZE LF SOCK LR SOCK RF SOCK RR SOCK								
USGC2727	144	N	QH	BLACK RR		CORNET								
USGC2728	120	N	QH	BLACK LR		ANKLE								
USGC2729	72	N	PAINT	BAY WHITE		BLAZE LF SOCK LR SOCK RF SOCK RR SOCK								
USGC2730	60	N	PAINT	BLACK WHITE		STAR SNIP LF ANKLE LR SOCK RF SOCK RR SOCK								
USGC2731	84	N	QH	CHESTNUT		BLAZE LF SOCK LR SOCK RF CORNET RR SOCK								
USGC2732	108	N	PAINT	CHESTNUT WHITE		BLAZE LF SOCK LR SOCK RF SOCK RR SOCK								
USGC2733	144	F	QH	CHESTNUT		STAR STRIP SNIP LR SOCK RR SOCK								
USGC2734	120	N	QH	CHESTNUT		BLAZE								
USGC2735	240	N	AP	RED ROAN		BLAZE								
USGC2736	108	F	QH	BLACK		NO OTHER MARKINGS								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 14 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0028

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)*: BAUER, FED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0242210

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGC2737	12	0 N	QH	BAY	STAR		SNIP	LR	ANKLE		RF	ANKLE		
USGC2738	14	4 F	QH	BLACK	NO		OTHER	MARKINGS						
USGC2739	36	N	TH	BAY	STAR		SNIP	LF	ANKLE	RF	ANKLE	RR SOCK LIP?		
USGC2740	60	F	TH	BAY	STAR		SNIP	LIP?						
USGC2741	60	F	TH	BAY	STAR		LR	ANKLE	RR	HEEL	LIP?			
USGC2742	144	N	QH	BLACK	STAR		STRIP	SNIP	LR	ANKLE	RF	ANKLE RR ANKLE		
USGC2743	180	F	TH	BAY	STAR		STRIP	SNIP	LF	ANKLE	RF	ANKLE LIP?		
USGC2744	120	F	QH	BLACK	STAR		STRIP	SNIP						
USGC2745	72	N	QH	BLACK	LR		CORNET							
USGC2746	84	M	PAINT	CHESTNUT	WHITE		BALD	LF	SOCK	LR	SOCK	RF CORNET		
							RR	SOCK						
USGC2747	120	F	QH	DUN	STAR		RR	ANKLE						
USGC2748	60	F	PAINT	BLACK	WHITE		STAR	STRIP	SNIP	RR	ANKLE			
USGC2749	10	F	QH	BAY	LR		SOCK	RR	SOCK					
USGC2750	120	F	QH	CHESTNUT	STAR		STRIP	SNIP	LR	CORNET	RF	CORNET RR ANKLE		

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE CLINICALLY HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTHY OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS IN AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. OK

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2721						RED ROAN					APP	✓				
2		2722					✓			✓				✓				
3		2723					✓			✓				✓				
4		2724						BLK WHT					APP			✓		
5		2725				CHESTN WHT							PAINT			✓		
6		2726					✓				BELG					✓		
7		2727			✓					✓						✓		
8		2728			✓					✓						✓		
9		2729				BAY WHT							PAINT			✓		
10		2730				BLK WHT							PAINT			✓		
11		2731					✓			✓						✓		
12		2732				CHESTN WHT							PAINT			✓		
13		2733					✓			✓				✓				
14		2734					✓			✓						✓		
15		2735						RED ROAN					APP			✓		

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

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	2736			b					b				b				
17		2737	b							b						b		
18		2738			b					b				b				
19		2739	b						b							b	LIP—	
20		2740	b						b					b			LIP—	
21		2741	b						b					b			LIP—	
22		2742			b					b						b		
23		2743	b						b					b			LIP—	
24		2744			b					b				b				
25		2745			b					b						b		
26		2746				CHEST WNT							PAINT		b			
27		2747						OUN		b				b				
28		2748				BLE WNT							PAINT	b				
29		2749	b							b				b				
30		2750					b			b				b				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024234

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
10-28-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC3021	60	F	OH BAY		STAR		SNIP RR ANKLE							
USGC3022	252	F	OH BAY		STAR									
USGC3023	96	N	SN CHESTNUT		STAR									
USGC3024	48	F	OH BLUE ROAN		STAR		SNIP LR CORNET RR CORNET							
USGC3025	96	F	SN BLACK		STAR									
USGC3026	120	F	OH BAY		STAR		SNIP RF ANKLE RR ANKLE							
USGC3027	132	F	SN BAY		STAR		LR HEEL BRAND S7988							
USGC3028	180	N	SN BLACK		RR ANKLE		BRAND W0572							
USGC3029	144	N	SN BLACK		FAINT STAR									
USGC3030	192	N	SN BAY		BRAND VA171									
USGC3031	132	N	SN BAY		STAR		LR ANKLE BRAND SE855							
USGC3032	120	N	SN BAY		STAR		STRIP LR CORNET BRAND WS502							
USGC3033	132	F	SN BAY		STAR									
USGC3034	108	F	SN BAY		STAR		LR ANKLE							
USGC3035	216	N	SN BAY		LIP?									
USGC3036	276	N	TH BAY		STAR		LR CORNET RR CORNET							
USGC3037	48	F	OH CHESTNUT		STAR		SNIP LR ANKLE RR ANKLE							
USGC3038	168	N	SN BAY		STAR		SNIP							
USGC3039	60	N	PE BLACK		STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 28 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024234

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGC3040	144	F	BL	CHESTNUT BLAZE										
USGC3041	120	F	BL	CHESTNUT STRIP			SNIP		RR	ANKLE				
USGC3042	180	N	BL	CHESTNUT STAR										
USGC3043	120	F	OH	BAY STAR STRIP			SNIP		LF	SOCK	RF CORNET			
USGC3044	108	F	PAINT	CHESTNUT WHITE BLAZE										
USGC3045	180	F	PAINT	BLACK WHITE BLAZE			LF SOCK	LR SOCK	RF SOCK	RR SOCK				
USGC3046	96	N	QH	BAY STAR			LF ANKLE	RF ANKLE						
USGC3047	132	F	AP	BAY WHITE STAR										
USGC3048	144	N	SH	CHESTNUT STAR STRIP SNIP LR SOCK RF SOCK RR ANKLE BRAND Z0342										
USGC3049	72	F	QH	BLACK NO OTHER MARKINGS										
USGC3050	72	F	TH	CHESTNUT BLAZE LIP?										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. ANY TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

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

PART 4 - FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024232

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-28-10

5. U.S. PORT OF EMBARKATION *(City and State)*: port huron, michigan

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC3051	156	N	QH				BLACK LR CORNET SCAR RR ANKLE							
USGC3052	132	N	QH				CHESTNUT BLAZE LF SOCK LR CORNET RR SOCK							
							BRAND 272							
USGC3053	120	N	QH				BAY BRAND 28 WITH THREE CIRCLES SHAPED IN TRIANGLE							
USGC3054	132	N	QH				CHESTNUT STAR STRIP SNIP LR SOCK RR ANKLE							
USGC3055	120	N	QH				BAY STAR SNIP RR CORNET BRAND THREE CIRCLES							
							SHAPED IN A TRIANGLE							
USGC3056	144	N	QH				BLACK STAR RR ANKLE							
USGC3057	84	F	QH				CHESTNUT STAR SNIP LF SOCK LR SOCK RR ANKLE							
							BRAND 345							
USGC3058	180	F	QH				CHESTNUT STAR BRAND 180							
USGC3059	84	F	QH				CHESTNUT BLAZE LR SOCK RF SOCK RR SOCK							
							BRAND 370							
USGC3060	84	F	QH				BAY LR CORNET BRAND 385							
USGC3061	84	F	QH				CHESTNUT STAR SNIP LF ANKLE LR ANKLE RR SOCK							
							BRAND 190							
USGC3062	96	F	QH				CHESTNUT BLAZE LF CORNET RR ANKE BRAND 300							
							BLIND R EYE							
USGC3063	108	F	QH				BLUE ROAN BRAND 265							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 28 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024232

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
	USGC3064	120	F	PAINT	BAY		WHITE BLAZE LF SOCK					LR SOCK	RF SOCK	
					RR SOCK		BRAND 432							
	USGC3065	120	F	AP	RED ROAN		BLAZE LF ANKLE LR					ANKLE RR	ANKLE BRAND 67	
	USGC3066	96	F	PAINT	BLACK WHITE		BLAZE LF SOCK LR SOCK RF SOCK RR SOCK							
							BRAND 371							
	USGC3067	240	F	PAINT	RED ROAN		STAR STRIP SNIP LR SOCK					RR ANKLE	BRAND 430	
	USGC3068	72	F	QH	CHESTNUT		STAR STRIP SNIP LF CORNET					RF SOCK	BRAND 676	
	USGC3069	240	F	QH	BAY		FAINT STAR							
	USGC3070	96	N	QH	CHESTNUT		STAR STRIP SNIP RF CORNET					RR ANKLE		
	USGC3071	120	F	QH	CHESTNUT		STAR STRIP SNIP LR CORNET					BRAND 102		
	USGC3072	72	F	QH	BAY		STAR SNIP							
	USGC3073	180	F	QH	BAY		STAR STRIP SNIP LR SOCK RF CORNET RR SOCK							
							BRAND 405							
	USGC3074	108	F	QH	CHESTNUT		STAR BRAND 639							
	USGC3075	168	F	QH	PALOMINO		STAR							
	USGC3076	60	F	QH	CHESTNUT		STAR BRANDS 258 UA over 258							
	USGC3077	120	F	QH	BAY		RR CORNET							
	USGC3078	108	F	QH	BAY		STAR RR ANKLE							
	USGC3079	144	F	QH	BAY		NO OTHER MARKINGS							
	USGC3080	120	F	QH	BAY		NO OTHER MARKINGS							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL WAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMAL UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

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

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024237

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-28-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

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

10. NO. DOSES OF SEMEN:

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC3081	144	N	PAINT		chestnut/white,blaze									
USGC3082	84	F	QH		chestnut,star,strip,snip,LR sock									
USGC3083	84	N	PAINT		chestnut/white,blaze									
USGC3084	144	F	TH		bay,strip,RR cornet,UNRD lip									
USGC3085	156	F	QH		bay,star,LR cornet									
USGC3086	156	N	QH		chestnut,star									
USGC3087	144	N	QH		chestnut,blaze									
USGC3088	180	F	TH		chestnut,star,UNRD lip,no L eye									
USGC3089	120	F	QH		black									
USGC3090	84	F	SN		bay,star,brand Z2588									
USGC3091	144	F	SN		bay,star,brand T3571									
USGC3092	228	F	AP		gray,star									
USGC3093	120	F	QH		dun,star,strip,snip,LR cornet									
USGC3094	228	N	QH		chestnut,strip,snip,RR ankle									
USGC3095	144	F	QH		bay									
USGC3096	84	N	QH		black,snip,LR ankle									
USGC3097	144	F	QH		black,star									
USGC3098	108	F	QH		chestnut,star,strip,snip,LR,RR ankle,brand5									
USGC3099	84	F	QH		bay,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: OCT 28 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024237

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC3100	168	F	QH		chestnut,blaze,RR cornet									
USGC3101	204	F	PAINT		chestnut/white,bald									
USGC3102	228	N	AS		dark chestnut,RR cornet									
USGC3103	84	N	SN		bay,star,strip,snip,brand 2CC65									
USGC3104	144	F	QH		black,star,strip,snip									
USGC3105	180	F	SN		bay,star,LR cornet,UNRD lip									
USGC3106	228	F	QH		chestnut,star,strip,snip									
USGC3107	180	F	QH		chestnut,blaze,LR,RF sock									
USGC3108	108	F	QH		black,star,LR cornet,RR ankle									
USGC3109	72	N	QH		chestnut,blaze,LF ankle,LR,RR sock									
USGC3110	144	F	QH		chestnut,blaze,LR,RF,RR sock									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

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

PART 4 – FIELD STATION

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER		CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD		STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332		CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995		AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	3021	X							X				X				
2		3022	X							X				X				
3		3023					X						SIB			X		
4		3024						BLUE ROAN		X				X				
5		3025			X								STD	X				
6		3026	X							X				X				
7		3027	X										STD	X			BRAND S7988	
8		3028			X								STD			X	BRAND W D572	
9		3029			X								STD			X		
10		3030	X										STD			X	BRAND VA171	
11		3031	X										STD			X	BRAND SE855	
12		3032	X										STD			X	BRAND WS502	
13		3033	X										STD	X				
14		3034	X										STD	X				
15		3035	X										STD			X	CLIP—	

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

SIGNATUR [redacted]

I HEREBY [redacted] NFORMATION IN IT AS COMPLET [redacted] ORM OR KNOWINGLY USING A [redacted] E OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3036	✓						✓							✓		
17		3037					✓			✓				✓				
18		3038	✓										STD			✓		
19		3039			✓						PERCH					✓		
20		3040					✓				BELG			✓				
21		3041					✓				BELG			✓				
22		3042					✓				BELG					✓		
23		3043	✓							✓				✓				
24		3044				CHESTN WHT						PAINT		✓				
25		3045				BLK WHT						PAINT		✓				
26		3046	✓							✓						✓		
27		3047						BAY WHT				APP		✓				
28		3048					✓						STD			✓	BRAND 20342	
29		3049			✓					✓				✓				
30		3050					✓		✓					✓			LIP—	
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45																		

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

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

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEN
STREET ADDRESS		STREET ADDRESS
1849 MARION HARDIN RD.		595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LARUE OHIO 43332		MASSELEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
7409993995		4507882490

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	USGC	3051			X					✓						✓		SCAR RIGHT REAR ANKLE
2		3052					✓			✓						✓	BRAND 272	
3		3053	✓							✓						✓	BRAND 28 08	
4		3054					✓			✓						✓		
5		3055	✓							✓						✓	BRAND 08	
6		3056			✓					✓						✓		
7		3057					✓			✓				✓			BRAND 345	
8		3058					✓			✓				✓			BRAND 180	
9		3059					✓			✓				✓			BRAND 370	
10		3060	✓							✓				✓			BRAND 385	
11		3061					✓			✓				✓			BRAND 190	
12		3062					✓			✓				✓			BRAND 306	BLIND RIGHT EYE
13		3063						BLUE ROAN		✓				✓			BRAND 265	
14		3064				BAY WHT							PAINT	✓			BRAND 432	
15		3065						RED ROAN					APP	✓			BRAND 67	

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete PAGE 1 OF 2

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3066				BLK WHT							PAINT	✓			BRAND 371	
17		3067						RED ROAN					PAINT	✓			BRAND 430	
18		3068					✓			✓				✓			BRAND 676	
19		3069	✓							✓				✓				
20		3070					✓			✓						✓		
21		3071					✓			✓				✓			BRAND 102	
22		3072	✓							✓				✓				
23		3073	✓							✓				✓			BRAND 405	
24		3074					✓			✓				✓			BRAND 639	
25		3075						PAL		✓				✓				
26		3076					✓			✓				✓			BRANDS U A 25B 23B	
27		3077	✓							✓				✓				
28		3078	✓							✓				✓				
29		3079	✓							✓				✓				
30		3080	✓							✓				✓				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LAKE ONIO

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
	BAUER

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER	VIANDE RICNELIEU
STREET ADDRESS: 1849 MARION WAROIN ROAD	STREET ADDRESS: 595 RUE ROYALE C. P. 101
CITY, STATE, ZIP CODE: LAKE ONIO 43332	CITY, STATE, ZIP CODE: MASSELIEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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	USGC	3081				CHESTN WHT							PAINT			☒		
2		3082					☒			☒				☒				
3		3083				CHESTN WHT							PAINT			☒		
4		3084	☒						☒					☒			LIP—	
5		3085	☒							☒				☒				
6		3086					☒			☒						☒		
7		3087					☒			☒						☒		
8		3088					☒		☒					☒			LIP—	NO LEFT EYE
9		3089			☒					☒				☒				
10		3090	☒										STD	☒			BRAND Z2588	
11		3091	☒										STD	☒			BRAND T3571	
12		3092		☒									APP	☒				
13		3093						DUN		☒				☒				
14		3094					☒			☒						☒		
15		308	☒							☒				☒				

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

SIGNATURE (b) (6) [redacted]

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 2

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3096			✓					✓						✓		
17		3097			✓					✓				✓				
18		3098					✓			✓				✓			BRAND 5	
19		3099	✓							✓				✓				
20		3100					✓			✓				✓				
21		3101				CHESTN WHT							PAINT	✓				
22		3102					BARE CHESTN						SB			✓		
23		3103	✓										STD			✓	BRAND 2CC65	
24		3104			✓					✓				✓				
25		3105	✓										STD	✓			LIP	
26		3106					✓			✓				✓				
27		3107					✓			✓				✓				
28		3108			✓					✓				✓				
29		3109					✓			✓						✓		
30		3110					✓			✓				✓				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: LC02427

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
10-25-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*: VIANDE RICHELIEU INC. 5095 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USGC2961	168	N	OH BAY STAR											
	USGC2962	180	N	SN BAY LIP?											
	USGC2963	120	N	SN BLACK STAR RR ANKLE BRAND?											
	USGC2964	144	N	SN BAY LR CORNET BRAND TH111											
	USGC2965	180	F	BL CHESTNUT BLAZE											
	USGC2966	84	N	SN BAY BRAND BA505											
	USGC2967	312	F	BL CHESTNUT BLAZE											
	USGC2968	144	N	OH CHESTNUT STAR STRIP SNIP RR ANKLE											
	USGC2969	216	N	BL CHESTNUT STAR STRIP SNIP LR SOCK RR SOCK											
	USGC2970	72	N	PAINT BAY WHITE BALD											
	USGC2971	120	N	SN BLACK LR CORNET RR CORNET BRAND ZD724											
	USGC2972	144	N	SN BAY STAR SNIP LF ANKLE LR ANKLE BRAND SM576											
	USGC2973	84	F	PAINT BLACK WHITE BLAZE LR SOCK RR SOCK											
	USGC2974	192	N	SN BAY STAR LR CORNET											
	USGC2975	108	F	OH BAY STAR STRIP SNIP											
	USGC2976	72	N	OH DUN NO OTHER MARKINGS											
	USGC2977	84	N	PAINT BLACK WHITE STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK											
	USGC2978	10	F	OH CHESTNUT STAR STRIP SNIP LF ANKEL LR SOCK RF SOKC											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN R CORNET SCAR LR LEG

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT. 25, 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

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

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L02227

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC2979	12	0 F	AP	DDUN	WH		ITE STA	R LR	ANK	LE RR	ANKLE		SCAR L HOCK	
USGC2980	18	0 F	TH	BAY	STA	R	STRIP	SN	IP	LR	SOCK RR SOCK		LIP? SCAR L EYE	
USGC2981	60	M	QH	CHE	STNU	T	STAR	STH	IP	SN	IP LF ANKE LR SOCK RR CORNET			
USGC2982	132	F	SN	BAY	STA	R	LR ANKLE		RF	CORNET	RR ANKLE		BRAND X6045	
USGC2983	108	F	HA	FLIN	GER	CH	ESTNU	T	BLAZE					
USGC2984	180	F	QH	CHE	STNU	T	BLAZE	RR	CORNET					
USGC2985	120	N	SN	BAY	STA	R	LR ANKLE		RF	CORNET	RR ANKLE			
USGC2986	84	N	QH	BAY	STA	R	LF CORNET		LR	ANKE	RF ANKLE			
~~USGC29~~														
USGC2531	84	M	PE	GRAY	NO	OTHER	MARKINGS							
USGC2709	48	N	QH	BAY	STA	R	STRIP	SN	IP	LR	SOCK RR SOCK			
~~USGC2847~~	~~72~~	~~F~~	~~TH~~	~~BAY~~	~~LIP?~~									
~~USGC2848~~	~~216~~	~~F~~	~~SN~~	~~BLACK~~	~~STAR~~	~~BRAND~~	~~A9993~~							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION HARDIN RD.

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 7604993995

AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2961	X							X						X		
2		2962	X										STD			X	LIP—	
3		2963			X								STD			X	BRAND—	
4		2964	X										STD			X	BRAND THILL	
5		2965					X				BEL6			X				
6		2966	X										STD			X	BRAND BASS	
7		2967					X				BEL6			X				
8		2968					X			X						X		
9		2969					X				BEL6					X		
10		2970				BAY WHT							PAINT			X		
11		2971			X								STD			X	BRAND ZD724	
12		2972	X										STD			X	BRAND SM576	
13		2973				BLK WHT							PAINT	X				
14		2974	X										STD			X		
15		2975	X							X				X				

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

SIGNA (b) (6)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2976						DUN		✓						✓		
17		2977				BLK WHT							PAINT			✓		
18		2978					✓			✓				✓				SCAR LEFT REAR LEG
19		2979						DUN WHT					APP	✓				SCAR LEFT HOCK
20		2980	✓						✓					✓			LIP—	SCAR LEFT EYE
21		2981					✓			✓					✓			
22		2982	✓										STD	✓			BRAND X6045	
23		2983					✓						HAFL	✓				
24		2984					✓			✓				✓				
25		2985	✓										STD			✓		
26		2986	✓							✓						✓		
27		2531		✓							PERCH					✓		
28		2789	✓							✓						✓		
29		2847	✓						✓					✓			LIP—	
30		2848			✓								STD	✓			BRAND A9993	
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024231

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-25-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: canada

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)* ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USGC2991	36	F	TH				BAY STAR STRIP SNIP LR SOCK RF CORNET RR SOCK LIP?							
	USGC2992	72	F	TH				BAY STAR RF CORNET RR ANKEL LIP?							
	USGC2993	36	F	TH				BAY STAR SNIP LR SOCK RF ANKLE RR SOCK LIP?							
								NO LEFT EYE							
	USGC2994	72	F	TH				CHESTNUT STAR STRIP SNIP LR ANKLE LIP?							
	USGC2995	36	F	TH				CHESTNUT STAR STRIP LF CORNET LR SOCK LIP?							
	USGC2996	36	F	TH				BAY STAR LIP?							
	USGC2997	84	N	TH				BAY STAR LIP?							
	USGC2998	72	N	TH				BAY STAR STRIP LF CORNET LIP?							
	USGC2999	72	N	TH				BLACK STAR STRIP SNIP LR ANKLE LIP?							
	USGC3000	36	N	TH				BLACK LIP?							
	USGC3001	48	F	TH				GRAY STRIP SNIP LR ANKLE LIP?							
	USGC3002	168	F	QH				PALOMINO SNIP							
	USGC3003	60	N	TH				BAY STAR LR ANKLE LIP?							
	USGC3004	60	N	TH				BAY STAR LIP?							
	USGC3005	144	N	QH				CHESTNUT STAR							
	USGC3006	48	N	TH				CHESTNUT STAR STRIP SNIP LR SOCK RR SOCK LIP?							
	USGC3007	144	F	SN				BAY STAR LR ANKLE RR ANKLE BRAND X0642							
	USGC3008	36	N	TH				BLACK STAR STRIP SNIP LR CORNET RR ANKLE LIP?							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT. 25, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: LP 2311

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC3009	60	F	TH	BAY	STAR		STRIP	SNIP			LR ANKLE	RR ANKLE LIP?		
USGC3010	84	F	QH	CHESTNUT	STAR		STRIP	SNIP			LR SOCK	RF CORNET		
USGC3011	180	F	QH	BLACK	NO OTHER MARKINGS									
USGC3012	240	M	SN	BLACK	STAR		LR ANKLE							
USGC3013	132	F	PAINT	BLACK WHITE	STAR		STRIP	SNIP			LF HEEL	BLIND L EYE		
USGC3014	288	M	BL	CHESTNUT	BLAZE		LARGE	RR LEG						
USGC3015	84	F	QH	GRAY	STAR		STRIP	SNIP						
USGC3016	180	M	SN	BAY	LR CORNET LIP?									
USGC3017	144	F	QH	BLACK	NO OTHER MARKINGS									
USGC3018	36	M	QH	GRAY	BLAZE									
USGC3019	48	M	TH	CHESTNUT	BLAZE		LR SOCK	LIP?						
USGC3020	36	M	TH	BAY	STAR		LF CORNET	LR CORNET	LIP?					

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFECTIOUS, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED CAUSING THE ANIMAL TO SUFFER.

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

PART 4 - FIELD STATION

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LaRue OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER		CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEN
STREET ADDRESS: 1849 MARION WARD IN RD.		STREET ADDRESS: 595 RUE ROYALE C.P.107
CITY, STATE, ZIP CODE: LaRue OHIO 43332		CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995		AREA CODE & TELEPHONE NO.: 4507882490

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	USGC	2991	✓						✓					✓			LIP	
2		2992	✓						✓					✓			LIP	
3		2993	✓						✓					✓			LIP	NO LEFT EYE
4		2994					✓		✓					✓			LIP	
5		2995					✓		✓					✓			LIP	
6		2996	✓						✓					✓			LIP	
7		2997	✓						✓							✓	LIP	
8		2998	✓						✓							✓	LIP	
9		2999			✓				✓							✓	LIP	
10		3000			✓				✓							✓	LIP	
11		3001		✓					✓					✓			LIP	
12		3002						PAL		✓				✓				
13		3003	✓						✓							✓	LIP	
14		3004	✓						✓							✓	LIP	
15		3005					✓			✓						✓		

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 2

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3006					✓		✓							✓	LIP—	
17		3007	✓										STD	✓			BRAND X0642	
18		3008			✓				✓							✓	LIP—	
19		3009	✓						✓					✓			LIP—	
20		3010					✓			✓				✓				
21		3011			✓					✓				✓				
22		3012			✓								STD			✓		
23		3013				BLK WHT							PAINT	✓				BLIND LEFT EYE
24		3014					✓			—	BEL6					✓		LARGE RIGHT REAR LEG
25		3015		✓						✓				✓				
26		3016	✓										STD			✓	LIP—	
27		3017			✓					✓				✓				
28		3018		✓						✓						✓		
29		3019					✓		✓							✓	LIP—	
30		3020	✓						✓						✓		LIP—	
31																		
32																		
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45																		

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

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

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024229-12

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-20-21-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC2931	108	F	QH		bay,star,strip,snip,LF ankle,RR sock									
USGC2932	120	N	PAINT		bay/white,star,sock all 4 legs									
USGC2933	84	F	QH		bay,star,strip,LF ankle									
USGC2934	72	F	QH		palomino,star,scar L eye									
USGC2935	48	F	TH		dark chestnut,star,UNRD lip									
USGC2936	60	F	PAINT		chestnut/white,blaze									
USGC2937	60	F	TH		bay,star,strip,LR ankle									
USGC2938	48	N	TH		bay,star,LR cornet,RR heel									
USGC2939	84	F	QH		chestnut,star,RF cornet									
USGC2940	60	F	PAINT		chestnut/white,blaze									
USGC2941	120	F	QH		bay,star,strip,snip,RR sock									
USGC2942	108	F	QH		chestnut,star,RR sock									
USGC2943	120	F	QH		chestnut,blaze,RR ankle									
USGC2944	72	F	QH		bay,star,LR cornet,RR ankle									
USGC2945	72	F	QH		bay,star									
USGC2946	60	F	PAINT		palomino/white,star,strip,snip									
USGC2947	60	N	PAINT		chestnut/white,star,snip									
USGC2948	10	N	QH		chestnut,star,strip,snip,LR sock,RF,RR cornet									
USGC2949	108	F	PAINT		chestnut/white,bald,LR,RR sock									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 21 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: LD24229

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USGC2950	180	F	QH		bay,blaze,LR,RF ankle									
USGC2951	144	F	QH		chestnut,star,strip,snip									
USGC2952	156	N	QH		chestnut,blaze,sock all 4 legs									
USGC2953	180	F	TH		bay,star,LR corket,URRD lip									
USGC2954	72	F	PAINT		chestnut/white,bald,LF,RF sock,LR,RR corket									
USGC2955	84	F	QH		chestnut,star,strip,snip,LF corket,LR ankle									
USGC2956	120	F	QH		chestnut,star,strip,snip,LF ankle									
USGC2957	144	N	QH		bay,star,snip,RR ankle DUN									
USGC2958	120	F	QH		bay,star,strip,snip,LF,LR corket,LR RF heel,RR ankle lower D									
USGC2959	84	N	QH		dun,star,strip,snip,LF ankle									
USGC2960	96	N	AP		blackwhite,blaze sock all 4 legs									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR EXPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

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

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LaRue ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LaRUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2931	6							6				6				
2		2932				BAY WHT							PAINT			6		
3		2933	6							6				6				
4		2934						PAL		6				6				SCAR LEFT EYE
5		2935					DARK 6		6					6			LIP—	
6		2936				CHESTN WHT							PAINT	6				
7		2937	6						6					6				
8		2938	6						6							6		
9		2939					6			6				6				
10		2940				CHESTN WHT							PAINT	6				
11		2941	6							6				6				
12		2942					6			6				6				
13		2943					6			6				6				
14		2944	6							6				6				
15		2945	6							6				6				

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2946				PAL WHT							PAINT	✓				
17		2947				CHESTN WHT							PAINT			✓		
18		2948					✓			✓						✓		
19		2949				CHESTN WHT							PAINT	✓				
20		2950	✓							✓				✓				
21		2951					✓			✓				✓				
22		2952					✓			✓						✓		
23		2953	✓						✓					✓			LIP—	
24		2954				CHESTN WHT							PAINT	✓				
25		2955					✓			✓				✓				
26		2956					✓			✓				✓				
27		2957						ROAN		✓						✓		
28		2958	✓							✓				✓			BRAND ID	
29		2959						ROAN		✓						✓		
30		2960						BLK WHT					APP			✓		
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024236 — 1 OF 2

3. PAGE NO.

4. DATE ISSUED: 10-21-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2901	84	F	QH		chestnut,star,strip,snip,LR sock									
USGC2902	132	F	QH		dun,star,LF,RR cornet,brand T circled									
USGC2903	60	F	QH		bay,blaze,LR,RF,RR sock									
USGC2904	84	F	QH		dun,RR ankle									
USGC2905	60	F	QH		palomino,blaze,LR sock,RR ankle,brand 5									
USGC2906	48	N	QH		palomino,blaze									
USGC2907	60	N	QH		chestnut,strip									
USGC2908	48	F	QH	W	black,star,strip,LR,RR ankle,brand open hill over									
USGC2909	84	F	QH		blue roan,LR cornet									
USGC2910	60	F	PAINT		palomino/white,blaze									
USGC2911	60	N	QH		palomino,blaze,LR ankle,RR sock,brands 1,2over 1 over 0,low curve over horizontal line over high curve									
USGC2912	60	F	QH		dun,strip,snip									
USGC2913	84	F	QH		chestnut,blaze									
USGC2914	108	F	AP		dun/white									
USGC2915	180	F	QH		dark chestnut,star									
USGC2916	48	F	QH		chestnut,blaze,LF ankle,RF sock									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 21 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 024230 / L024236

3. PAGE NO.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USGC2917	120	F	QH									chestnut,star		
USGC2918	96	N	QH									chestnut,blaze,LF ankle,LR,RR sock,brand DC		
USGC2919	240	F	QH									red roan,star,strip		
USGC2920	120	F	PAINT									chestnut/white,blaze,sock all 4 legs		
USGC2921	96	F	QH									chestnut,star,strip,snip		
USGC2922	72	N	QH									chestnut,star,strip,snip,RR ankle		
USGC2923	84	F	QH									palomino,star,strip,snip		
USGC2924	72	F	QH									bay,star,snip		
USGC2925	180	N	QH									chestnut,RR ankle		
USGC2926	72	N	QH									chestnut,star,strip,snip,RR ankle		
USGC2927	84	N	QH									chestnut,star,strip,snip,RF corhet,RR sock		
USGC2928	48	N	QH									chestnut,star,snip,LR ankle		
USGC2929	60	N	QH									bay,star,LR cornet,blind L eye		
USGC2930	96	N	QH									palomino,blaze		

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

11/3/14

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

PART 4 – FIELD STATION

(Please type or print in ink)

collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LaRue OH 6
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEU
STREET ADDRESS		STREET ADDRESS
1849 MARION WARD IN RD.		595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LaRue OHIO 43332		MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
7404993995		4507882490

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	USEC	2901					6			6				6				
2		2902						DUN		6				6			BRAND (T)	
3		2903	6							6				6				
4		2904						DUN		6				6				
5		2905						PAL		6				6			BRAND 5	
6		2906						PAL		6						6		
7		2907					6			6						6		
8		2908			6					6				6			BRAND W	
9		2909						BLUE ROAN		6				6				
10		2910				PAL WHT							PAINT	6				
11		2911						PAL		6						6	BRANDS	
12		2912						DUN		6				6				
13		2913					6			6				6				
14		2914				DUN WHT							APP	6				
15		2915					BRK			6				6				

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

SIGNATURE (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	2916					✓			✓				✓				
17		2917					✓			✓				✓				
18		2918					✓			✓						✓	BRAND D E	
19		2919						RED ROAN		✓				✓				
20		2920				CHSTN WHT							PAINT	✓				
21		2921					✓			✓				✓				
22		2922					✓			✓						✓		
23		2923						PAL		✓				✓				
24		2924	✓							✓				✓				
25		2925					✓			✓						✓		
26		2926					✓			✓						✓		
27		2927					✓			✓						✓		
28		2928					✓			✓						✓		
29		2929	✓							✓						✓		BLIND L EYE
30		2930						PAL		✓						✓		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024224

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-11-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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
USGC2691	252	F	SN		bay,star,LF ankle,LR,RF cornet,UNRD lip									
USGC2692	48	F	SN		bay,star									
USGC2693	96	M	SN		bay,brand 2006,UNRD lip									
USGC2694	156	F	OH		red roan,star,blind L eye									
USGC2695	132	F	SN		bay,star,brand VB826									
USGC2696	144	M	SN		bay,star,snip,LR,RR sock,RF cornet,UNRD lip									
USGC2697	36	M	SN		bay,blaze,RR ankle									
USGC2698	180	M	SN		bay,star,brand ZE218									
USGC2699	132	M	SN		chestnut,star,strip,LR sock,RR cornet									
USGC2700	168	M	SN		bay,star,UNRD lip									
USGC2701	36	F	SN		black,star,LF,LR,RR ankle									
USGC2702	168	M	SN		black,star,strip,snip,LR,RR ankle,brand 412,UNRD lip									
USGC2703	144	M	SN		bay,star,LR cornet,UNRD lip									
USGC2704	180	F	SN		bay,UNRD lip									
USGC2705	60	M	SN		bay,star,RR ankle,brand 3CA79,blind RL eye									
USGC2706	84	F	SN		bay									
USGC2707	120	F	SN		bay,star,brand 07,UNRD lip									
USGC2708	132	F	SN		bay,star,brand V7214									
USGC2709	48	M	OH		bay,star,strip,snip,LR,RR sock									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 12 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024224

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2710	144	N	SN		bay,star,brand TC123									
USGC2711	60	N	TH		chestnut,star,strip,snip,UNRD 11p									
USGC2712	72	N	TH		red roan,blaze,LF,LR sock,UNRD 11p									
USGC2713	36	N	TH		chestnut,blaze,RF,RR ankle,UNRD 11p									
USGC2714	48	N	TH		black,star,snip,LR,RR sock,UNRD 11p									
USGC2715	48	N	TH		bay,star,RR ankle,UNRD 11p									
USGC2716	60	N	TH		black,faint star,LR sock,RR coronet,UNRD 11p									
USGC2717	48	N	TH		chestnut,star,strip,snip,LR coronet,RR ankle,UNRD 11p									
USGC2718	72	F	TH		bay,star,snip,LR,RR ankle,UNRD 11p									
USGC2531	84	N	PE		gray									
USGC2516	144	N	SN		bay,brand VD376									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF ~~COMMUNCAB~~ COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS DURING TRANSIT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

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

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEDEVILLE QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2691	X										STD	X			LIP—	
2		2692	X										STD	X				
3		2693	X										STD			X	BRAND 2066 LIP—	
4		2694						RED ROAN		X				X				BLIND LEFT EYE
5		2695	X										STD	X			BRAND VYB826	
6		2696	X										STD			X	LIP—	
7		2697	X										STD			X		
8		2698	X										STD			X	BRAND ZE218	
9		2699					X						STD			X		
10		2700	X										STD			X	LIP—	
11		2701			X								STD	X				
12		2702			X								STD			X	BRAND 412 LIP—	
13		2703	X										STD			X	LIP—	
14		2704	X										STD	X			LIP—	
15		2705	X										STD			X	BRAND 3CA77	BLIND LEFT EYE

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	2706	✓										STD	✓				
17		2707	✓										STD	✓			BRAND 67 LIP—	
18		2708	✓										STD	✓			BRAND V7214	
19		2709	✓							✓						✓		
20		2710	✓										STD			✓	BRAND TC123	
21		2711					✓		✓							✓	LIP—	
22		2712						RED ROAN	✓							✓	LIP—	
23		2713					✓		✓							✓	LIP—	
24		2714			✓				✓							✓	LIP—	
25		2715	✓						✓							✓	LIP—	
26		2716			✓				✓							✓	LIP—	
27		2717					✓		✓							✓	LIP—	
28		2718	✓						✓					✓			LIP—	
29		2531		✓							PERCH					✓		
30		2516	✓										STD			✓	BRAND VD376	
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024225

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
10-11-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*	13. STATE CODE	14. ZIP CODE
1849 MARION HARDIN RD.	LA RUE	OH39	43332

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

12. CONSIGNOR'S STATE: OHIO

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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.

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
USGC2661	36	F	QH		red roan,star,strip,snip,LR ankle,RR sock									
USGC2662	120	N	QH		chestnut,blaze,LR ankle,LF,RF,RR sock									
USGC2663	180	F	SN		bay,star,LR heel,UNRD lip									
USGC2664	120	F	QH		bay,star									
USGC2665	72	F	QH		bay,star,strip,snip									
USGC2666	132	F	QH		chestnut,star,strip,snip,LF cornet,LR,RR sock									
USGC2667	132	F	AP		red roan,bald									
USGC2668	96	F	QH		bay,star									
USGC2669	180	N	SN		black,brand 71,UNRD lip									
USGC2670	240	F	QH		palomino,star,strip,snip									
USGC2671	96	F	PAINT		bay/white,star,strip,snip									
USGC2672	96	F	QH		chestnut,star,strip,snip									
USGC2673	84	F	QH		chestnut,star									
USGC2674	180	F	TH		black,star,LF ankle,UNRD lip									
USGC2675	108	F	SN		black,star,LR cornet									
USGC2676	72	N	SN		bay,UNRD lip									
USGC2677	60	F	QH		chestnut,faint star									
USGC2678	36	N	SN		bay,RR cornet,UNRD lip									
USGC2679	132	F	QH		chestnut,RR cornet									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 12 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L02-225

3. PAGE NO.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USGC2680	144	F	QH	bay,faint star,LF cornet,LR,RR sock,RF ankle										
USGC2681	108	F	TW	black,star										
USGC2682	168	M	QH	chestnut,star										
USGC2683	180	F	SN	bay,faint star,UNRD lip										
USGC2684	144	M	SN	black,brand T2685										
USGC2685	156	F	HAFLINGER	chestnut,blaze										
USGC2686	168	F	QH	chestnut,RF corpet										
USGC2687	144	F	HAFLINGER	chestnut,blaze										
USGC2688	120	F	QH	chestnut,star,strip,snip										
USGC2689	240	M	HAFLINGER	chestnut,blaze,LR sock,RR ankle										
USGC2690	144	F	PAINT	bay/white,blaze										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS ANY INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

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

PART 4 - FIELD STATION

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEU
STREET ADDRESS		STREET ADDRESS
1849 MARION WARDIN RD.		595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LARUE OHIO 43332		MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
740 4993995		4507882490

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	USGC	2661						RED ROAN		✓				✓				
2		2662					✓			✓						✓		
3		2663	✓										STD	✓			LIP–	
4		2664	✓							✓				✓				
5		2665	✓							✓				✓				
6		2666					✓			✓				✓				
7		2667						RED ROAN					APP	✓				
8		2668	✓							✓				✓				
9		2669			✓								STD			✓	BRAND 71 LIP–	
10		2670						PAL		✓				✓				
11		2671				BAY WHT							PAINT	✓				
12		2672					✓			✓				✓				
13		2673					✓			✓				✓				
14		2674			✓				✓					✓			LIP–	
15		2675			✓								STD	✓				

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2676	b										STD			b	LIP	
17		2677					b			b				b				
18		2678	b										STD			b	LIP	
19		2679					b			b				b				
20		2680	b							b				b				
21		2681			b								TWH	b				
22		2682					b			b						b		
23		2683	b										STD	b			LIP	
24		2684			b								STD			b	BRAND T2685	
25		2685					b						HAFL	b				
26		2686					b			b				b				
27		2687					b						HAFL	b				
28		2688					b			b				b				
29		2689					b						HAFL			b		
30		2690				BAY WHT							PAINT	b				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024226

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-18-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2841	144	N	OH		bay,star,LR,RR sock									
USGC2842	180	F	SN		bay,star,LR,RR ankle,UNRD lip									
USGC2843	132	F	OH		black,star,strip,snip,RF heel									
USGC2844	168	F	SN		bay,RF ankle,brand UNRD									
USGC2845	132	N	SN		bay,RR cornet,brand TF316									
USGC2846	36	F	OH		chestnut,star,strip,snip,LR,RR sock									
USGC2847	72	F	TH		bay,UNRD lip									
USGC2848	216	F	SN		black,star,brand A9993									
USGC2849	84	N	OH		bay,star,strip,snip,LF,LR,RR sock,brand 8									
USGC2850	108	F	OH		chestnut,star,strip,snip,									
USGC2851	120	F	SN		bay,RR ankle,brand 48933									
USGC2852	156	N	SN		bay,star,UNRD lip									
USGC2853	180	N	SN		bay,star,LR heel,UNRD lip									
USGC2854	204	N	SN		bay,star,snip,LR sock,RR ankle,UNRD lip									
USGC2855	180	N	SN		bay,LF heel,RR ankle,brand 272,UNRD lip									
USGC2856	120	F	SN		bay,star,LR ankle,UNRD lip									
USGC2857	132	F	TH		bay,star,UNRD lip									
USGC2858	168	F	PAINT		chestnut/white,bald									
USGC2859	96	F	OH		bay,blaze,RF ankle									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT 18 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024226

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGC2860	156	F	QH	chestnut,star,strip,snip,LR sock										
USGC2861	144	N	SN	bay,star,strip,LR corner,RR ankle,brand R7940										
USGC2862	192	F	BL	chestnut,star										
USGC2863	26	N	PE	black,star										
USGC2864	192	N	SN	bay,star,strip,snip,LR,RF,RR sock,UNRD lip										
USGC2865	48	N	SN	bay										
USGC2866	72	F	TH	black,star,strip,snip,LF ankle,LR,RR sock,UNRD lip										
USGC2867	36	F	TH	bay,star,LR corner,UNRD lip										
USGC2868	48	F	TH	chestnut,blaze,UNRD lip										
USGC2869	36	N	TH	chestnut,star,strip,snip,UNRD lip										
USGC2870	48	F	TH	black,star,LF,RF corner,UNRD lip										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2841	✓							✓						✓		
2		2842	✓										STO	✓			LIP–	
3		2843			✓					✓				✓				
4		2844	✓										STO	✓			BRAND –	
5		2845	✓										STO			✓	BRAND TF316	
6		2846					✓			✓				✓				
7		2847	✓						✓					✓			LIP–	
8		2848			✓								STO	✓			BRAND A9993	
9		2849	✓							✓						✓	BRAND 8	
10		2850					✓			✓				✓				
11		2851	✓										STO	✓			BRAND 4B933	
12		2852	✓										STO			✓	LIP–	
13		2853	✓										STO			✓	LIP–	
14		2854	✓										STO			✓	LIP–	
15		2855	✓										STO			✓	LIP– BRAND 272	

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USDA	2856	✓										STD	✓			LIP	
17		2857	✓						✓					✓			LIP	
18		2858				CHESTN WHT							PAINT	✓				
19		2859	✓							✓				✓				
20		2860					✓			✓				✓				
21		2861	✓										STD			✓	BRAND R7940	
22		2862					✓				BEL G			✓				
23		2863			✓						PERCH					✓		
24		2864	✓										STD			✓	LIP	
25		2865	✓										STD			✓		
26		2866			✓				✓					✓			LIP	
27		2867	✓						✓					✓			LIP	
28		2868					✓		✓					✓			LIP	
29		2869					✓		✓							✓	LIP	
30		2870			✓				✓					✓			LIP	
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024228	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
10-18-10	PORT HURON ,MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

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

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

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USGC2871	108	F	BL	chestnut,blaze,LR,RR ankle									
	USGC2872	132	F	SN	black,RR cornet,brand W8765									
	USGC2873	168	F	QH	bay									
	USGC2874	72	F	SN	bay,star,brand WD335									
	USGC2875	108	F	SN	bay,star,brand XN241									
	USGC2876	96	M	QH	chestnut,star,strip,snip,LF,LR cornet									
	USGC2877	84	F	QH	gray,star,strip,snip,RR sock									
	USGC2878	144	F	SN	black,brand ZJ101									
	USGC2879	192	F	SN	bay,star,strip,snip,LR ankle									
	USGC2880	132	M	SN	black,LR heel,brand VU549									
	USGC2881	144	M	BL	chestnut,star,strip,snip									
	USGC2882	216	M	BL	chestnut,blaze									
	USGC2883	108	F	QH	blue roan,star,RR sock									
	USGC2884	240	F	SN	black,star									
	USGC2885	144	F	SN	bay,brand ZA404									
	USGC2886	108	F	SN	black,LF heel,LR cornet,brand B7841									
	USGC2887	168	F	PAINT	chestnut/white									
	USGC2888	84	F	QH	chestnut,blaze,LR sock,RR ankle									
	USGC2889	60	F	TH	black,LF heel,LR cornet,UNRD lip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 18 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024228

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E. USGC2890	192	F	SN	bay,star,LR ankle,UNRD lip										
1849 MARION HARDIN RD. USGC2891	144	N	SN	bay,brand T5412										
LA RUE, OH 43332 USGC2892	180	F	SN	black,										
USGC2893	192	F	SN	bay										
USGC2894	120	N	SN	bay,brand M8012										
USGC2895	180	F	SN	bay,star,UNRD lip										
USGC2896	120	F	SN	bay,brand WC658										
USGC2897	204	N	SN	bay,star,LR ankle,brand 2,UNRD lip										
USGC2898	120	F	SN	bay,star,										
USGC2899	72	F	SN	bay,star,LR ankle										
USGC2900	84	N	SN	bay,RR cornet,brand CE575										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

[signature] DVM

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

PART 4 – FIELD STATION

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEU
STREET ADDRESS		STREET ADDRESS
1849 MARION WARDIN RD.		595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LARUE OHIO 43332		MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
7404993995		4507882490

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	USGC	2871					✓				BELG			✓				
2		2872			✓								STD	✓			BRAND W8765	
3		2873	✓							✓				✓				
4		2874	✓										STD	✓			BRAND WD335	
5		2875	✓										STD	✓			BRAND XN241	
6		2876					✓			✓						✓		
7		2877		✓						✓				✓				
8		2878			✓								STD	✓			BRAND ZJ101	
9		2879	✓										STD	✓				
10		2880			✓								STD			✓	BRAND VJ549	
11		2881					✓				BELG					✓		
12		2882					✓				BELG					✓		
13		2883						BLUE ROAN		✓				✓				
14		2884			✓								STD	✓				
15		2885	✓										STD	✓			BRAND ZA404	

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

SIGNATURE (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	2886			✓								STO	✓			BRAND B7841	
17		2887				CHESTN WHT							PRINT	✓				
18		2888					✓			✓				✓				
19		2889			✓				✓					✓			LIP—	
20		2890	✓										STO	✓			LIP—	
21		2891	✓										STO			✓	BRAND T5412	
22		2892			✓								STO	✓				
23		2893	✓										STO	✓				
24		2894	✓										STO			✓	BRAND M8012	
25		2895	✓										STO	✓			LIP—	
26		2896	✓										STO	✓			BRAND WC658	
27		2897	✓										STO			✓	BRAND 2 LIP—	
28		2898	✓										STO	✓				
29		2899	✓										STO	✓				
30		2900	✓										STO			✓	BRAND 6E375	
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024238

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11-1-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332
EDK

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
USGC3111	84	N	TH	BAY LIP?										
USGC3112	24	F	TH	BAY STAR STRIP SNIP LF CORNET LR ANKLE RR CORNET										
USGC3113	72	F	TH	BLACK STAR LR ANKLE LILP? EDK										
USGC3114	60	N	TH	BLACK LR CORNET RR CORNET LIP?										
USGC3115	84	F	TH	BLACK LR CORNET RR ANKLE LIP?										
USGC3116	48	F	TH	BAY STAR SNIP LIP?										
USGC3117	96	N	TH	BLACK STAR STRIP SNIP LIP?										
USGC3118	36	N	TH	BAY LIP?										
USGC3119	48	N	TH	CHESTNUT BLAZE LR CORNET RR SOCK LIP?										
USGC31120	72	F	TH	BAY RR ANKLE LIP?										
USGC3121	60	N	TH	CHESTNUT STAR STRIP SNIP LIP?										
USGC3122	72	F	TH	BAY STAR LR CORNET LIP?										
USGC3123	120	N	PAINT	BLACK WHITE STAR STRIP SNIP										
USGC3124	240	N	QH	BAY LF ANKLE LR SOCK RF ANKLE RR SOCK										
USGC3125	120	N	QH	CHESTNUT STAR STRIP SNIP LR SOCK RR ANKLE										
USGC3126	108	F	TH	BAY RF ANKLE RR ANKLE LIP?										
USGC3127	132	F	QH	CHESTNUT STAR										
USGC3128	72	F	QH	BAY STRIP										
USGC3129	108	F	PAINT	BLACK WHITE STAR LF SOCK RF SOCK										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Kellie A. Hough, DVM

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: NOV 1 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024238

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC3130	108	F	TH BAY		LIP?									
USGC3131	144	F	TH BAY		STAR LIP?									
USGC3132	120	F	QH BAY		STAR SNIP									
USGC3133	132	N	PAINT CHESTNUT WHITE		BLAZE									
USGC3134	180	N	QH CHESTNUT		BLAZE LR SOCK RR SOCK BLIND L EYE									
USGC3135	96	F	PAINT CHESTNUT WHITE		BLAZE									
USGC3136	132	N	PAINT BLACK WHITE		BLAZE									
USGC3137	144	N	PAINT BAY WHITE		BLAZE LF SOCK LR SOCK RF SOCK RR SOCK									
USGC3138	72	F	QH BLACK		STAR SNIP									
USGC3139	120	F	QH CHESTNUT		STAR STRIP SNIP LR ANKLE RF SOCK RR SOCK									
USGC3140	108	M	QH BLACK		STAR STRIP SNIP LR ANKLE									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD,	STREET ADDRESS: 395 RUE ROYALE C.P.107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7449939 95	AREA CODE & TELEPHONE NO.: 4507882490

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	USGC	3111	✓						✓							✓	LIP	
2		3112	✓						✓					✓				
3		3113			✓				✓					✓			LIP	
4		3114			✓				✓							✓	LIP	
5		3115			✓				✓					✓			LIP	
6		3116	✓						✓					✓			LIP	
7		3117			✓				✓							✓	LIP	
8		3118	✓						✓							✓	LIP	
9		3119					✓		✓							✓	LIP	
10		3120	✓						✓					✓			LIP	
11		3121					✓		✓							✓	LIP	
12		3122	✓						✓					✓			LIP	
13		3123				BLK WHT						PAINT				✓		
14		3124	✓							✓						✓		
15		3125					✓			✓						✓		

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3126	✓						✓					✓			LIP—	
17		3127					✓			✓				✓				
18		3128	✓							✓				✓				
19		3129				BLK WHT							PAINT	✓				
20		3130	✓						✓					✓			LIP—	
21		3131	✓						✓					✓			LIP—	
22		3132	✓							✓				✓				
23		3133				CHESTN WHT							PAINT			✓		
24		3134					✓			✓						✓		BLIND LEFT EYE
25		3135				CHESTN WHT							PAINT	✓				
26		3136				BLK WHT							PAINT			✓		
27		3137				BAY WHT							PAINT			✓		
28		3138			✓					✓				✓				
29		3139					✓			✓				✓				
30		3140			✓					✓					✓			
31																		
32																		
33		30																
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024241	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
11-1-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	OHIO	39	43332

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

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

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE / TYPE TEST	DISEASE / TYPE TEST	DISEASE / TYPE TEST

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

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	DATE M	DATE N	DATE O
USGC3141	84	N	QH				CHESTNUT LR ANKLE RR ANKLE							
USGC3142	180	F	SN				BAY NO OTHER MARKINGS							
USGC3143	180	N	SN				BAY STAR LR CORNET RF CORNET RR ANKLE BRAND TG091							
USGC3144	84	N	SN				BLACK STAR LR ANKLE RR ANKLE							
USGC3145	300	N	TH				BLACK STAR LIP?							
USGC3146	108	F	QH				CHESTNUT NO OTHER MARKINGS							
USGC3147	72	N	SN				BAY STAR RR ANKLE BRAND 4E631							
USGC3148	144	N	SN				BAY STAR LR SOCK RR CORNET BRAND W7657							
USGC3149	108	N	SN				BLACK STAR LF ANKLE LR SOCK RR ANKLE BRAND Z3669							
USGC3151	216	N	SN				BAY STAR RR CORNET BLIND L EYE							
USGC3152	108	N	SN				BAY LF ANKLE LR ANKLE RF ANKLE RR ANKLE BRAND? LIP?							
USGC3153	252	F	AP				BAY ROAN NO OTHER MARKINGS							
USGC3154	132	F	SN				BAY LR CORNET BRANDS V0462 41							
USGC3155	144	F	SN				BAY STAR LR SOCK RR SOCK							
USGC3156	180	N	AP				CHESTNUT WHITE BLAZE LR SOCK RR SOCK							
USGC3157	120	F	SN				BAY BRAND R7014							
USGC3158	192	N	SN				BAY STAR BRAND X7663							
USGC3159	192	F	SN				BAY STAR BRAND R8646							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
NOV 1 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

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

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024241

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

Bauer, Fred E.
1849 Marion Hardin Rd.
La Rue, OH 43332

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
USGC3160	48	N	TH	GRAY STAR			LIP?							
USGC3161	60	F	TH	CHESTNUT BLAZE			LIP?							
USGC3162	60	F	QH	CHESTNUT STAR										
USGC3163	204	N	SN	BAY BRAND 5										
USGC3164	144	N	AB	BAY STAR STRIP SNIP LR ANKLE RR CORNET										
USGC3165	240	N	BL	CHESTNUT BLAZE LF SOCK LR ANKLE RRF SOCK RR ANKLE										
USGC2972	144	N	SN	BAY STAR SNIP LF ANKLE LR ANKLE BRAND SM576										
USGC2974	192	N	SN	BAY STAR LR CORNET										
USGC3084	144	F	TH	BAY STRIP RR CORNET LIP?										
USGC3085	156	F	QH	BAY STAR LR CORNET										
USGC3110	144	F	QH	CHESTNUT BLAZE LR SOCK RF SOCK RR SOCK										
USGC2975	108	F	QH	BAY STAR STRIP SNIP										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, not animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEN
STREET ADDRESS: 1849 MARION WARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEJEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	3141					✓			✓						✓		
2		3142	✓										STD	✓				
3		3143	✓										STD			✓	BRAND TG091	
4		3144			✓								STD			✓		
5		3145			✓				✓							✓	LIP —	
6		3146					✓			✓				✓				
7		3147	✓										STD			✓	BRAND 4E631	
8		3148	✓										STD			✓	BRAND W7657	
9		3149			✓								STD			✓	BRAND Z3669	
10		3150																
11		3151	✓										STD			✓		BLIND LEFT EYE
12		3152	✓										STD			✓	BRAND — LIP —	
13		3153						BAY ROAN					APP	✓				
14		3154	✓										STD	✓			BRANDS V0462 41	
15		3155	✓										STD	✓				

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3156						CHESTN WHT					APP			✓		
17		3157	✓										STD	✓			BRAND E7014	
18		3158	✓										STD			✓	BRAND X7663	
19		3159	✓										STD	✓			BRAND R8646	
20		3160		✓					✓							✓	LIP—	
21		3161					✓		✓					✓			LIP—	
22		3162					✓			✓				✓				
23		3163	✓										STD			✓	BRAND 5	
24		3164	✓										ARAB			✓		
25		3165					✓				BEL6					✓		
26		2972	✓										STD			✓	BRAND SM576	
27		2974	✓										STD			✓		
28		3084	✓						✓					✓			LIP—	
29		3085	✓							✓				✓				
30		3110					✓			✓				✓				
31		2975	✓							✓				✓				
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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)*: Steve Landfair

2. CERTIFICATE NO: J 3464

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/27/2010

5. U.S. PORT OF EMBARKATION *(City and State)*: Port Huron,Mich

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 8466 Millbrook Rd

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

12. CONSIGNOR'S STATE: Ohio

13. STATE CODE: 39

14. ZIP CODE: 44676

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: Cavel Canada Export, Inc. c/oShelli Oxtoby P.O.Box 442 Whitewood, Sk. S0G 5C0

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

Steve Landfair
8466 Millbrook Rd.
Shreve, Ohio 44676
(39)

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
USEY 3131	84	M	QH		Star,Stripe,LH,RH-stockings,Sorrell									
USEY 3132	180	F	BL		Star,Snip,LH,RH-socks,Black									
USEY 3133	180	N	SN		Few white hairs on forehead,Bay									
USEY 3134	144	N	QH		Star,RH,LH-coronet,Bay									
USEY 3135	120	N	SN		RH-pastern,Bay									
USEY 3136	168	F	BL		Blaze, Chestnut									
USEY 3137	120	N	SN		WWhorls on forehead and both hipsBay									
USEY 3138	144	N	SN		Star, LH-sock,Bay									
USEY 3139	180	N	BL		Stripe, Chestnut									
USEY 3140	192	N	BL		Star,Snip on nose,RH-coronet,Black									
USEY 3141	144	N	BL		Stripe,LH,RH_stockings,Chestnut									
USEY 3142	144	N	SN		Whorls on forehead and both hips,Black									
USEY 3143	144	F	BL		Star,Stripe,RH-stocking,Sorrell									
USEY 3144	180	F	BL		Few white hairs on forehead,Black									
USEY 3145	144	F	BL		Star, Black									
USEY 3146	180	N	BL		Stripe,White spot on both sides of neck,Chestnut									
USEY 3147	168	F	BL		Star,Black									
USEY 3148	192	F	SN		Star,Rh-socks,Bay									

24 Mixed Horses
Back Tags. 3131-3154
VS Form 10-13 Accompanies Shipment

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: NOV 29 2010

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

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN: Joseph J Varga DVM

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

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

16. CONSIGNEE'S NAME: Cavel Canada Export,Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3464

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
Steve Landfair USEY 3148	168	F	BL	Blaze,White Muzzle,Sorrell										
8466 Millbrook Rd. USEY 3150	168	F	BL	Stripe, Sorrell										
Shreve, Ohio 44676 USEY 3151	192	N	BL	Stripe,White Muzzle, Sorrell										
(39) USEY 3152	192	N	SN	Whorls on forehead and both hips, Bay										
USEY 3153	84	BL	BL	Stripe,LF,RF-stockings,Chestnut										
USEY 3154	96	F	BL	Stripe,LF,RF,LH-stockings Chestntu										

1.The animals were inspecyed within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2.The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3.The animal has resided in the United States or Canada since birth.
4.The animals, at the time of the inspection, were found healty and in a physical condition fit to be transported.
5.The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
6.During the previous twenty-one(21) days, the animal(s) in this shipment has/have not been in the state of Texas,New Mexico,or Arizona,
Fit to be transported means that, on the day of inspection, no animal has an infirmity,illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

Joseph J Vanzin

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

PART 4 - FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SHREVE, OH.
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: STEVE LANDFAIR	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT, INC.
STREET ADDRESS: 8466 MILLBROOK Rd.	STREET ADDRESS: 517, RANG ST-JULIE EST
CITY, STATE, ZIP CODE: SHREVE, OH. 44676	CITY, STATE, ZIP CODE: ST-ANDRE-AVELLIN, QC, JOV 1W0
AREA CODE & TELEPHONE NO.: 330-465-5141	AREA CODE & TELEPHONE NO.: 819-983-7941

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	USEY	3131						SORREL		✓					✓			
2		3132			✓						✓			✓				
3		3133	✓										SN			✓		CUT ON RIGHT HIND LEG
4		3134	✓							✓						✓		
5		3135	✓										SN			✓		
6		3136					✓				✓			✓				
7		3137	✓										SN			✓		
8		3138	✓										SN			✓		
9		3139					✓				✓					✓		
10		3140			✓						✓					✓		
11		3141			✓		✓				✓					✓		
12		3142			✓								SN			✓		
13		3143						SORREL			✓			✓				
14		3144			✓						✓			✓				
15		3145			✓						✓			✓				

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(b) (6) [redacted]

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	USEY	3146					✓				✓					✓		
17		3147			✓						✓			✓				
18		3148	✓										SN	✓				
19		3149						SORREL			✓			✓				
20		3150						SORREL			✓			✓				
21		3151						SORREL			✓					✓		
22		3152	✓										SN			✓		
23		3153					✓				✓			✓				
24		3154					✓				✓			✓				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b) (6)

(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(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	USGC	3756					✓			✓				✓				
17		3757	✓										STD	✓			LIP—	
18		3758				GRAY WHT CHSTN WHT							PAINT	✓				
19		3759											PAINT			✓		
20		3760	✓										STD			✓	LIP—	
21		3761	✓										STD	✓				
22		3762	✓										STD			✓	BRAND 7E719	
23		3763	✓										STD	✓			BRAND VL238	
24		3764	✓										STD			✓	BRAND 15158	
25		3765	✓										STD			✓		
26		3766	✓										STD	✓				
27		3767			✓								STD	✓			BRAND XF486	
28		3768	✓										STD			✓	BRAND —	
29		3769			✓								STD	✓			LIP—	
30		3770	✓										STD	✓			BRAND —	
31																		
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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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024802

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11-15-10

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARIONHARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC3441	36	M	TH CHESTNUT STAR SNIP LR ANKLE LIP?											
USGC3442	36	F	TH CHESTNUT LIP?											
USGC3443	36	F	TH BAY STAR LIP?											
USGC3444	132	N	TH BAY STAR LR CORNET RF ANKLE LILP?											
USGC3445	36	F	TH CHESTNUT BLAZE LF SOCK LR SOCK RR SOCK LIP?											
USGC3446	36	F	TH CHESTNUT STAR STRIP SNIP LIP?											
USGC3447	60	N	TH CHESTNUT STAR STRIP SNIP LF SOCK RR CORNET LIP?											
USGC3448	72	F	QH BAY STAR LR ANKLE											
USGC3449	144	N	PAINT RED ROAN WHITE BALD											
USGC3450	96	N	TH BAY STAR STRIP LR SOCK LIP?											
USGC3451	72	F	TH BAY STAR SNIP LF CORNET LR ANKLE RR CORNET LIP?											
USGC3452	204	F	QH CHESTNUT STAR STRIP LF ANKLE LR Ankle rr ankle CROOKED RF LEG BLIND L EYE											
USGC3453	144	N	SN BAY LIP? BLIND L EYE											
USGC3454	108	N	SN BAY LR CORNET BRAND 7E214											
USGC3455	180	F	SN BAY BRAND 46											
USGC3456	120	N	SN BAY LR CORNET BRAND GHA11											
USGC3457	204	F	SN BAY ROAN CHEEK SNIP											
USGC3458	120	F	PAINT DUN WHITE STAR SNIP											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: NOV 15 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART A - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. (FROM VS FORM 17-140): L024802

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC3459	144	N	SN									CHESTNUT STAR LR ANKLE RR SOCK BRAND J4534		
USGC3460	120	F	SN									BLACK STAR LF ANKLE RF CORNET RR CORNET BRAND A7133		
USGC3461	180	F	SN									BAY STAR LR SOCK RR SOCK BRAND?		
USGC3462	108	N	SN									BAY BRAND?		
USGC3463	132	F	QH									CHESTNUT STRIP SNIP RR CORNET		
USGC3464	132	N	SN									BAY STAR BRAND?		
USGC3465	96	F	SN									BAY LR ANKLE RR ANKLE BRAND 11 LIP?		
USGC3466	144	F	SN									BAY STAR LR ANKLE RR ANKLE BRAND?		
USGC3467	180	F	SN									BLACK NO OTHER MARKINGS		
USGC3468	108	N	QH									CHESTNUT STAR		
USGC3469	156	N	HA									FLINGER CHESTNUT STAR STRIP		
USGC3470	108	N	TW									BLACK STAR SNIP RR SOCK		

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	3441					✓		✓						✓		LIP—	
2		3442					✓		✓					✓			LIP—	
3		3443	✓						✓					✓			LIP—	
4		3444	✓						✓							✓	LIP—	
5		3445					✓		✓					✓			LIP—	
6		3446					✓		✓					✓			LIP—	
7		3447					✓		✓							✓	LIP—	
8		3448	✓							✓				✓				
9		3449				RED ROAN WHT							PAINT			✓		
10		3450	✓						✓							✓	LIP—	
11		3451	✓						✓					✓			LIP—	
12		3452					✓			✓				✓				CROOKED RIGHT FRONT LEG - BLIND LEFT EY
13		3453	✓										STD			✓	LIP—	BLIND LEFT EYE
14		3454	✓										STD			✓	BRAND 7E214	
15		3455	✓										STD	✓			BRAND 46	

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

SIGNATURE: (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	3456	b										STD			b	BRAND 6WA11	
17		3457	b										STD	b				
18		3458				DUN CUNT							PAINT	b				
19		3459					b						STD			b	BRAND J4534	
20		3460			b								STD	b			BRAND A7133	
21		3461	b										STD	b			BRAND	
22		3462	b										STD			b	BRAND	
23		3463					b			b				b				
24		3464	b										STD			b	BRAND	
25		3465	b										STD	b			BRAND 11 LIP	
26		3466	b										STD	b			BRAND	
27		3467			b								STD	b				
28		3468					b			b						b		
29		3469					b						HAFL			b		
30		3470			b								TWH			b		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024249

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
11-15-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

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

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC3411	60	F	HAFLINGER								
USGC3412	84	F	HAFLINGER								
USGC3413	180	F	BL								
USGC3414	180	N	QH								
USGC3415	96	F	QH								
USGC3416	108	N	QH								
USGC3417	240	N	SN								
USGC3418	252	N	SN								
USGC3419	132	N	QH								
USGC3420	96	N	QH								
USGC3421	120	N	TH								
USGC3422	108	F	BL								
USGC3423	84	F	QH								
USGC3424	168	N	SN								
USGC3425	180	F	PAINT								
USGC3426	228	N	SN								
USGC3427	96	F	QH								
USGC3428	108	F	PAINT								
USGC3429	36	F	TH								
USGC3430	36	F	TH								

DATE M	DATE N	DATE O

LR CORNET
LR SOCK RR SOCK LIP?
LIP?
LR ANKLE
RF SOCK RR SOCK
BRAND S8273
RR ANKLE
RF SOCK
RR CORNET LIP?

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
NOV 15 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

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

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024249

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN Owner's name *(Last name, two initials, & business name)* Owner's street address Owner's city/town, state code & zip code	MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	CERTIFIED BRUCELLOSIS FREE AREA DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USGC3431	60	N	TH	BAY	STAR		STRIP	SNIP	LR	ANKLE	RF	ANKLE	RR ANKLE	LIP?
1849 MARION HARDIN RD.	USGC3432	72	N	TH	BAY	STAR		STRIP	SNIP	LR	SOCK	RR	ANKLE	LIP?	
LA RUE, OH 43332	USGC3433	84	N	TH	BLACK	LR		HEEL	RR	CORNET	LIP?				
	USGC3434	36	F	TH	BLACK	STAR		LR	ANKLE	LIP?					
	USGC3435	48	N	TH	BAY	STAR		STRIP	SNIP	LR	SOCK	LILP?			
	USGC3436	120	F	TH	BAY	STAR		STRIP	SNIP	LIP?					
	USGC3437	36	F	TH	CHESTNUT	STAR		STRIP	SNIP	LR	SOCK	RR	SOCK	LIP?	
~~USG~~	USGC3438	108	N	TH	BAY	STAR		LIP?							
	USGC3439	60	M	TH	BAY	LIP?									
	USGC3028	180	N	SN	BLACK	RR		SOCK	BRAND	WD572					

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEU
STREET ADDRESS		STREET ADDRESS
1849 MARION WARDIN ROAD		595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LARUE OHIO 43332		MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
7409993995		4507882490

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	USGC	3411					✓						HAFL	✓				
2		3412					✓						HAFL	✓				
3		3413					✓				BELG			✓				
4		3414					✓			✓						✓		
5		3415					✓			✓				✓				
6		3416	✓							✓						✓		
7		3417	✓										STD			✓	LIP–	
8		3418					✓						STD			✓	LIP–	
9		3419						PAL		✓						✓		
10		3420	✓							✓						✓		
11		3421			✓				✓							✓	LIP–	
12		3422					✓				BELG			✓				
13		3423					✓			✓				✓				
14		3424			✓								STD			✓	BRAND S8273	
15		3425				CHESTN WHT							PAINT	✓				

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

SIGNATURE (b) (6) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USDC	3426	✓										STD			✓	LIP	
17		3427					✓			✓				✓				
18		3428				BLK WHT							PAINT	✓				
19		3429	✓						✓					✓			LIP	
20		3430			✓				✓					✓			LIP	
21		3431	✓						✓							✓	LIP	
22		3432	✓						✓							✓	LIP	
23		3433			✓				✓							✓	LIP	
24		3434			✓				✓					✓			LIP	
25		3435	✓						✓							✓	LIP	
26		3436	✓						✓					✓			LIP	
27		3437					✓		✓					✓			LIP	
28		3438	✓						✓							✓	LIP	
29		3439	✓						✓						✓		LIP	
30		3028			✓								STD			✓	BRAND WD 572	
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L048857

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-25-11

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB)

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

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USHA7691	144	F	QH		gray									
USHA7692	120	F	QH		bay,star,snip,LR sock									
USHA7693	108	N	PAINT		chestnut/white,blaze									
USHA7694	120	F	QH		white EDK nzw									
USHA7695	144	F	QH		black									
USHA7696	144	F	TH		gray,UNRD lip									
USHA7697	108	F	QH		white									
USHA7698	60	F	QH		bay,star,snip,LF,RR ankle									
USHA7699	108	F	QH		chestnut,star,strip									
USHA7700	120	F	QH		palomino,star									
USHA7701	144	F	QH		gray									
USHA7702	60	F	TH		black,LR,RF cornet,UNRD lip									
USHA7703	132	N	PAINT		bay/white,blaze									
USHA7704	120	F	PAINT		bay/white,star,strip,snip									
USHA7705	180	F	BL		chestnut,blaze									
USHA7706	144	F	QH		chestnut,star,LR ankle									
USHA7707	156	N	QH		chestnut,star									
USHA7708	120	N	QH		chestnut,star,snip									
USHA7709	156	N	PAINT		bay/white,star,LR 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: MAY 26 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L048857

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USHA7710	144	N	OH		dun,star,strip,snip,LF,LR sock,RR ankle									
USHA7711	120	F	OH		chestnut,star,strip,LF,LR,RR sock									
USHA7712	72	F	PAINT		chestnut/white,strip,LF,RF,RR sock,LR corner									
USHA7713	108	F	OH		bay,star,strip,LR sock,RF,RR ankle									
USHA7714	120	F	OH		black,star,strip,LF ankle,LR,RR sock									
USHA7715	72	F	PAINT		bay/white,bald									
USHA7716	120	F	OH		dun									
USHA7717	180	N	PAINT		black/white, strip,snip									
USHA7718	144	F	SN		bay,brand 2C766									
USHA7719	180	N	OH		chestnut,star									
USHA7454	96	F	QH		red roan,star,brand WHA96 arrow pointing right									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 – FIELD STATION

(Please type or print in ink)

collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEU
STREET ADDRESS		STREET ADDRESS
1849 MARION WARD IN ROAD		595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LARUE OHIO 43332		MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
740 499 3995		450 788 2490

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	USNA	7691		X						X				X				
2		7692	X							X				X				
3		7693				CHESTN WHT							PAINT			X		
4		7694						WHT		X				X				
5		7695			X					X				X				
6		7696		X					X					X			LIP—	
7		7697						WHT		X				X				
8		7698	X							X				X				
9		7699					X			X				X				
10		7700						PAL		X				X				
11		7701		X						X				X				
12		7702			X				X					X			LIP—	
13		7703				BAY WHT							PAINT			X		
14		7704				BAY WHT							PAINT	X				
15		7705					X				BEL.G			X				

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 2

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USHA	7706					↓			↓				↓				
17		7707					↓			↓						↓		
18		7708					↓			↓						↓		
19		7709				BAY WHT							PAINT			↓		
20		7710						DUN		↓						↓		
21		7711					↓			↓				↓				
22		7712				CHSTN WHT							PAINT	↓				
23		7713	↓							↓				↓				
24		7714			↓					↓				↓				
25		7715				BAY WHT							PAINT	↓				
26		7716						DUN		↓				↓				
27		7717				BLK WHT							PAINT			↓		
28		7718	↓										STK	↓			BRAND 2C766	
29		7719					↓			↓						↓		
30		7454						RED ROAN		↓				↓			BRAND WH	
31																		
32																		
33																		
34		30																
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L048859

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-25-11

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USHA7661	36	MN	TH											black,star,strip,snip,LF,LR sock,RR ankle,UNRD lip
USHA7662	48	F	TH											bay,star,snip,RR sock,UNRD lip
USHA7663	48	F	TH											chestnut,star,LFcornet,RF,RR sock,UNRD lip
USHA7664	60	N	TH											black,blaze,LR sock,UNRD lip
USHA7665	72	N	TH											bay,star,strip,snip,LR ankle,UNRD lip
USHA7666	36	F	QH											chestnut,star
USHA7667	84	N	TH											chestnut,star,LR sock,UNRD lip
USHA7668	84	N	TH											bay,star,UNRD lip
USHA7669	36	N	QH											bay,LF,LR,RR cornet
USHA7670	72	F	TH											bay,star,LR ankle,UNRD lip
USHA7671	48	F	TH											bay,star,strip,snip,LR,RR sock,UNRD lip
USHA7672	96	F	TH											bay,star,strip,snip,RF,RR ankle,UNRD lip
USHA7673	180	F	TH											bay,star,snip,LR ankle,RF cornet,UNRD lip
USHA7674	132	F	TH											bay,UNRD lip
USHA7675	72	N	TH											balck,star,RR cornet,UNRD lip,black
USHA7676	72	N	TH											bay,star,UNRD lip
USHA7677	120	N	QH											bay,star
USHA7678	144	N	SN											bay,star,RR cornet,brand 7 D766
USHA7679	72	N	TH											bay,LR,RR cornet,UNRD lip

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: MAY 26 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: EARNEST D. KEARNS, EANREST EDK 7713

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

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

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1046859

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USHA7680	48	F	TH		bay,star,UNRD lip									
USHA7681	96	N	TH		bay,star,UNRD lip									
USHA7682	60	F	TH		gray,snip,UNRD lip									
USHA7683	60	F	TH		chestnut,star,strip,snip,LR cornet,UNRD lip									
USHA7684	60	N	TH		chestnut,LR,RR ankle,UNRD lip									
USHA7685	48	N	TH		bay,star,LF,RR ankle,UNRD lip									
USHA7686	72	F	TH		chestnut,star,LR sock,UNRD lip									
USHA7687	60	N	TH		bay,star,snip,LR ankle,RF,RR cornet,UNRD lip									
USHA7688	60	F	TH		chestnut,star,strip,snip,LR,RR sock,UNRD lip									
USHA7689	72	F	TH		bay,LR cornet,RR ankle,UNRD lip									
USHA7690	48	F	TH		bay,star,strip,snip,LR,RF ankle,RR sock									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSELUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USHA	7661			✓				✓						✓		LIP	
2		7662	✓						✓					✓			LIP	
3		7663					✓		✓					✓			LIP	
4		7664			✓				✓							✓	LIP	
5		7665	✓						✓							✓	LIP	
6		7666					✓			✓				✓				
7		7667					✓		✓							✓	LIP	
8		7668	✓						✓							✓	LIP	
9		7669	✓							✓						✓		
10		7670	✓						✓					✓			LIP	
11		7671	✓						✓					✓			LIP	
12		7672	✓						✓					✓			LIP	
13		7673	✓						✓					✓			LIP	
14		7674	✓						✓					✓			LIP	
15		7675			✓				✓							✓	LIP	

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

SIGNATURE (b) (6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHA	7676	✓						✓							✓	LIP—	
17		7677	✓							✓						✓		
18		7678	✓										STD			✓	BRAND 70766	
19		7679	✓						✓							✓	LIP—	
20		7680	✓						✓					✓			LIP—	
21		7681	✓						✓							✓	LIP—	
22		7682		✓					✓					✓			LIP—	
23		7683					✓		✓					✓			LIP—	
24		7684					✓		✓							✓	LIP—	
25		7685	✓						✓							✓	LIP—	
26		7686					✓		✓					✓			LIP—	
27		7687	✓						✓							✓	LIP—	
28		7688					✓		✓					✓			LIP—	
29		7689	✓						✓					✓			LIP—	
30		7690	✓						✓					✓				
31			✓															
32																		
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45																		

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

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

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L048843

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-25-11

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

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USHA7571	60	M	TH											
USHA7572	192	N	PAINT											
USHA7573	132	F	QH											
USHA7574	60	F	QH											
USHA7575	180	F	QH											
USHA7576	180	F	PAINT											
USHA7577	144	N	QH											
USHA7578	72	N	QH											
USHA7579	48	F	PAINT											
USHA7580	60	F	QH											
USHA7581	72	F	QH											
USHA7582	120	F	QH											
USHA7583	96	F	QH											
USHA7584	120	F	PAINT											
USHA7585	240	F	QH											
USHA7586	108	N	QH											
USHA7587	120	F	QH											

black,star,UNRD lip
red roan,blaze,LF ankle,RF sock
palomino,blaze,LR,RF,RR sock
dun,star,strip,snip,brands 5,D2
chestnut,star,strip,RR ankle,brands 54,D2,convex horizontal line over H
dun/white,blaze
chestnut,RR ankle
chestnut,star
chestnut/white,star,strip,snip
black,star
chestnut,star,strip,snip,LR ankle,RR sock
dun,star,strip,snip,brand vertical line with arrow pointing left,blind L eye
black,star,strip,snip
chestnut/white,star,strip,snip,strip
chestnut,star
dun
red roan,star,snip,LF,RF cornet,LR,RR ankle

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: MAY 26 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

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

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L048843

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USHA7588	240	F	QH		black,star,strip,snip,LR sock,RF								cornet	
USHA7589	72	N	QH		bay,star,blind L eye									
USHA7590	48	N	QH		black,star,LR cornet									
USHA7591	108	F	PAINT		red roan/white									
USHA7592	72	N	QH		chestnut,star,RR cornet									
USHA7593	120	F	QH		chestnut,star,strip,snip,LF ankle									
USHA7594	84	F	QH		palomino,blaze,LR cornet									
USHA7595	48	F	QH		chestnut,blaze									
USHA7596	132	F	QH		dun,star									
USHA7597	108	N	QH		chestnut,blaze,LR,RR sock									
USHA7598	72	N	QH		chestnut,star,strip									
USHA7599	144	F	QH		dun,star,LR cornet,RF,RR ankle									
USHA7600	72	F	QH		chestnut,star,strip,LF,LR,RF cornet									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEJEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USHA	7571			X				X						X		CLIP	
2		7572				RED ROAN							PAINT			X		
3		7573						PAL		X				X				
4		7574						DUN		X				X			BRANDS 02 5	
5		7575					X			X				X			BRANDS # 02 5	
6		7576				DUN WHT							PAINT	X				
7		7577					X			X						X		
8		7578					X			X						X		
9		7579				CHESTN WHT							PAINT	X				
10		7580			X					X				X				
11		7581					X			X				X				
12		7582						DUN		X				X			BRAND 4	BLIND LEFT EYE
13		7583			X					X				X				
14		7584				CHESTN WHT							PAINT	X				
15		7585					X			X				X				

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

SIGNATURE [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHA	7586						DUN		✓						✓		
17		7587						RED ROAN		✓				✓				
18		7588			✓					✓				✓				
19		7589	✓							✓						✓		BLIND LEFT EYE
20		7590			✓					✓						✓		
21		7591				RED ROAN W/ HD						PAINT		✓				
22		7592					✓			✓						✓		
23		7593					✓			✓				✓				
24		7594						PAL		✓				✓				
25		7595					✓			✓				✓				
26		7596						DUN		✓				✓				
27		7597					✓			✓						✓		
28		7598					✓			✓						✓		
29		7599						DUN		✓				✓				
30		7600					✓			✓				✓				
31																		
32																		
33		30																
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L048840	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
5-25-11	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	OHIO	39	43332

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	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

CERTIFIED BRUCELLOSIS FREE AREA

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DISEASE TYPE TEST 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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USHA7631	60	M	TH		chestnut,star,snip,LR,RR sock,UNRD lip									
USHA7632	108	N	QH		bay,star,strip,snip,ankle all 4 legs									
USHA7633	120	F	QH		black,LR ankle									
USHA7634	72	F	QH		black,star,LR ankle									
USHA7635	144	N	PAINT		bay/white,star,strip,snip,sock all 4 legs									
USHA7636	180	F	QH		chestnut,star									
USHA7637	108	F	QH		chestnut,star,strip,snip,RR ankle									
USHA7638	72	F	TH		bay,star,UNRD lip									
USHA7639	120	F	AP		gray,strip,RR ankle									
USHA7640	108	F	QH		chestnut,star									
USHA7641	120	F	QH		chestnut,blaze									
USHA7642	60	F	QH		bay,star									
USHA7643	120	N	QH		chestnut,star,strip,LF sock,LR ankle,RR cornet									
USHA7644	48	F	QH		bay									
USHA7645	84	F	QH		chestnut,star,strip,snip,RR ankle									
USHA7646	144	F	PAINT		dun/white,star,snip									
USHA7647	180	F	TH		bay,UNRD lip									
USHA7648	144	F	QH		palomino,star,RR sock									
USHA7649	180	F	QH		bay,star,LR,RR ankle									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
MAY 26 2011	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved, OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 0048840

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.
~~1849 MARION HARDIN RD.~~

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USHA7650	144	F	QH	chestnut,star,strip,snip									
1849 MARION HARDIN RD.	USHA7651	120	F	QH	chestnut,blaze									
LA RUE, OH 43332	USHA7652	60	N	QH	bay,star,LF ankle,RR sock									
	USHA7653	72	F	QH	bay,star,LR cornet									
	USHA7654	60	N	QH	chestnut,blaze,LF,LR,RR sock									
	USHA7655	120	N	QH	chestnut,LF,LR sock,blind L eye									
	USHA7656	180	N	QH	black,star,strip,snip									
	USHA7657	180	F	QH	chestnut,blaze,sock all 4 legs									
	USHA7658	120	N	QH	dun,star									
	USHA7659	108	N	QH	chestnut,RR ankle									
	USHA7660	96	F	QH	chestnut,blaze,LR,RF,RR sock									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, the animal has no infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
	BAUER

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER	VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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	USHA	7631					✓		✓						✓		LIP	
2		7632	✓							✓						✓		
3		7633			✓					✓				✓				
4		7634			✓					✓				✓				
5		7635				BAY WHT							PAINT			✓		
6		7636					✓			✓				✓				
7		7637					✓			✓				✓				
8		7638	✓						✓					✓			LIP	
9		7639		✓									APP	✓				
10		7640					✓			✓				✓				
11		7641					✓			✓				✓				
12		7642	✓							✓				✓				
13		7643					✓			✓						✓		
14		7644	✓							✓				✓				
15		7645					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME

SIGNATURE (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USHA	7646				BLW WHT							PRINT	✓				
17		7647	✓						✓					✓			LIP —	
18		7648						PAL		✓				✓				
19		7649	✓							✓				✓				
20		7650					✓			✓				✓				
21		7651					✓			✓				✓				
22		7652	✓							✓						✓		
23		7653	✓							✓				✓				
24		7654					✓			✓						✓		
25		7655					✓			✓						✓		BLIND LEFT EYE
26		7656			✓					✓						✓		
27		7657					✓			✓				✓				
28		7658						OWN		✓						✓		
29		7659					✓			✓						✓		
30		7660					✓			✓				✓				
31		/																
32		/																
33		30																
34																		
35																		
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42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L048842	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
5-25-11	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	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

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USHA7601	120	N	QH		chestnut,star									
USHA7602	96	F	QH		palomino,star									
USHA7603	144	F	QH		bay,star,LR cornet									
USHA7604	132	F	PAINT		black/white,star,strip,snip									
USHA7605	84	F	QH		bay,blaze,LF,LR,RR sock									
USHA7606	72	F	QH		dun,star,LR,RR ankle									
USHA7607	72	F	QH		bay									
USHA7608	60	N	QH		chestnut,star,strip									
USHA7609	72	N	QH		dun									
USHA7610	60	F	PAINT		bay/white,star,strip,snip,LF,RF sock									
USHA7611	72	F	QH		chestnut,star,strip,snip,LR sock									
USHA7612	60	N	QH		red roan,star,strip,snip,LF,LR,RR sock									
USHA7613	120	N	QH		bay,star									
USHA7614	144	F	QH		bay,star									
USHA7615	180	F	PAINT		chestnut/white,star,snip,LF sock									
USHA7616	108	N	PAINT		bay/white,star,strip									
USHA7617	180	F	BL		chestnut,star,strip,snip,large LR leg									
USHA7618	192	F	BL		chestnut,blaze,LR,RR sock,blind R eye									
USHA7619	108	F	QH		black,star									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
MAY 26 2011	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 0048842

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST	DISEASE TYPE TEST	DISEASE TYPE TEST
												DATE M	DATE N	DATE O
USHA7620	96	N	QH											
USHA7621	96	N	TH											
USHA7622	72	N	QH											
USHA7623	120	F	QH											
USHA7624	60	F	QH											
USHA7625	60	F	QH											
USHA7626	72	N	QH											
USHA7627	132	F	QH											
USHA7628	120	F	QH											
USHA7629	192	F	BL											
USHA7630	204	N	BL											

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

chestnut,star,snip,LR sock
chestnut,star,LR sock,UNRD lip
black,star,strip,snip,LR,RF cornet
chestnut,star,LR ankle,RR cornet
bay,star,RR ankle
bay,star,strip,snip,LR sock,RF ankle
bay,blaze,LF,LR,RR sock,RF ankle
dunn,star,strip,snip,LR,RF,RR ankle,blind R eye
chestnut,star,LF ankle,LR,RR cornet
chestnut,strip
chestnut,strip,LR,RR sock

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSELIEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USHA	7601					✓			✓						✓		
2		7602						PAL		✓				✓				
3		7603	✓							✓				✓				
4		7604				BLK WHT							PAINT	✓				
5		7605	✓							✓				✓				
6		7606						DUN		✓				✓				
7		7607	✓							✓				✓				
8		7608					✓			✓						✓		
9		7609						DUN		✓						✓		
10		7610				BLK WHT							PAINT	✓				
11		7611					✓			✓				✓				
12		7612						RED ROAN		✓						✓		
13		7613	✓							✓						✓		
14		7614	✓							✓				✓				
15		7615				CHSTN WHT							PAINT	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHOR[redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHA	7616				BAY WHT							PAINT			✓		
17		7617					✓				BELG			✓				LARGE LEFT REAR LEG
18		7618					✓				BELG			✓				BLIND RIGHT EYE
19		7619			✓					✓				✓				
20		7620					✓			✓						✓		
21		7621					✓		✓							✓	LIP	
22		7622			✓					✓						✓		
23		7623					✓			✓				✓				
24		7624	✓							✓				✓				
25		7625	✓							✓				✓				
26		7626	✓							✓						✓		
27		7627						DUN		✓				✓				BLIND RIGHT EYE
28		7628					✓			✓				✓				
29		7629					✓				BELG			✓				
30		7630					✓				BELG					✓		
31																		
32																		
33		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/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FORM APPROVED - OMB NO. 0579-0020 and 0101

DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	048844	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
5-25-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town. State code (FIPS code on reverse) & zip code

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USHA7541	60	N	QH											
USHA7542	204	F	PAINT											
USHA7543	84	N	QH											
USHA7544	108	F	QH											
USHA7545	156	F	PAINT											
USHA7546	84	N	TH											
USHA7547	72	F	QH											
USHA7548	192	F	QH											
USHA7549	120	F	PAINT											
USHA7550	96	N	QH											
USHA7551	120	F	QH											
USHA7552	108	F	QH											
USHA7553	144	F	AP											
USHA7554	144	F	AP											
USHA7555	120	F	AP											
USHA7556	84	F	PAINT											
USHA7557	132	F	AP											
USHA7558	96	F	PAINT											
USHA7559	84	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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
MAY 26 2011	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to resporid, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 0048844

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USHA7560	96	N	OH		red roan,star									
USHA7561	72	F	OH		bay									
USHA7562	156	N	OH		chestnut,star,strip,snip									
USHA7563	144	N	PAINT		chestnut/white,blaze									
USHA7564	156	F	OH		bay									
USHA7565	120	N	OH		chestnut,star,strip,snip,LR cornet									
USHA7566	120	F	OH		bay,star,strip,snip,LR cornet,sock,LF,RF,RR cornet									
USHA7567	132	F	OH		chestnut,star,strip,snip,RF,RR ankle									
USHA7568	72	F	OH		chestnut,star,strip,snip,LR ankle,RF cornet									
USHA7569	96	N	OH		chestnut									
USHA7570	168	N	TH		chestnut,blaze,RR cornet,UNRD lip									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

12 H

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0020. The time required to complete this information collection is estimated to average .50 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USHA	7541					✓			✓						✓		
2		7542				CHESTN WHT							PAINT	✓				
3		7543	✓							✓						✓		
4		7544	✓							✓				✓				
5		7545				CHESTN WHT							PAINT	✓				
6		7546	✓						✓							✓	LIP—	
7		7547		✓						✓				✓				
8		7548		✓						✓				✓				
9		7549				BLK WHT							PAINT	✓				
10		7550					✓			✓						✓		
11		7551						DUN		✓				✓				
12		7552					✓			✓				✓				
13		7553						CHESTN WHT					APP	✓				
14		7554						BLK WHT					APP	✗				
15		7555						CHESTN WHT					APP	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHA	7556				BAY WHT							PAINT	✓				
17		7557						BAY WHT					APP	✓				
18		7558				CHESTN WHT							PAINT	✓				
19		7559	✓							✓				✓				
20		7560						RED ROAN		✓						✓		
21		7561	✓							✓				✓				
22		7562					✓			✓						✓		
23		7563				CHESTN WHT							PAINT			✓		
24		7564	✓							✓				✓				
25		7565					✓			✓						✓		
26		7566	✓							✓				✓				
27		7567					✓			✓				✓				
28		7568					✓			✓				✓				
29		7569					✓			✓						✓		
30		7570					✓		✓							✓	LIP	
31																		
32																		
33		30																
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

This 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

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)*: BAUER, FRED E.

2. CERTIFICATE: FL024244

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
11-4-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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

CERTIFIED BRUCELLOSIS FREE AREA

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGC3231	48	N	TH											
USGC3232	120	F	PAINT											
USGC3233	144	F	QH											
USGC3234	108	F	QH											
USGC3235	144	F	QH											
USGC3236	132	F	QH											
USGC3237	48	F	TH											
USGC3238	144	F	QH											
USGC3239	120	F	QH											
USGC3240	84	N	TH											
USGC3241	48	N	TH											
USGC3242	108	N	PAINT											
USGC3243	132	F	QH											
USGC3244	168	F	QH											
USGC3245	48	N	TH											
USGC3246	36	F	TH											
USGC3247	132	N	QH											
USGC3248	156	F	QH											
USGC3249	36	N	TH											

chestnut,star,strip,UNRD lip														
bay/white,snip,sock all 4 legs														
bay,star,LR,RR ankle														
bay,star,RF cornet														
dun,star,snip														
dun,star,snip														
chestnut,star,LR sock,RF ankle,RR cornet														
palomino,blaze														
bay,star,strip,snip,RF cornet,RR ankle														
black,star,UNRD lip														
black,star,strip,snip,RF,RR ankle,UNRD lip														
red roan/white,bald														
black,star														
black,star,LR cornet,RR ankle														
bay,star,strip,snip,UNRD lip														
bay,star,UNRD lip														
black,star,strip,snip														
black,star														
black,star,strip,snip,ankle all 4,UNRD lip														

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
NOV 4 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L021242

PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USGC3250	96	N	OH	bay,star									
1849 MARION HARDIN RD.	USGC3251	36	F	TH	bay,star,snip,RR sock,UNRD lip									
LA RUE, OH 43332	USGC3252	48	F	TH	bay,star,UNRD lip									
	USGC3253	96	N	OH	chestnut,star,LR cornet									
	USGC3254	84	N	TH	black,star,LR,RR ankle,RF heel,UNRD lip									
	USGC3255	72	N	TH	chestnut,star,strip,snip,LR sock,RR ankle,UNRD lip									
	USGC3256	132	N	OH	chestnut,star,strip,LF cornet,LR,RR ankle									
	USGC3257	72	N	TH	gray,blaze,snip,LF ankle,LR cornet,RF,RR sock,UNRD lip									
	USGC3258	96	F	OH	chestnut,star									
	USGC3259	60	N	TH	bay,star,strip,snip,LF cornet,LR ankle,UNRD lip									
	USGC3260	48	N	TH	chestnut,star,strip,snip,UNRD lip blind L eye									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF ~~INSPECTIO~~ INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER		CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN RD.		STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332		CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7604993995		AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	3231					✓		✓							✓	LIP—	
2		3232				BAY WHT							PAINT	✓				
3		3233	✓							✓				✓				
4		3234	✓							✓				✓				
5		3235						DUN		✓				✓				
6		3236						DUN		✓				✓				
7		3237					✓		✓					✓				
8		3238						PAL		✓				✓				
9		3239	✓							✓				✓				
10		3240			✓				✓							✓	LIP—	
11		3241			✓				✓							✓	LIP—	
12		3242				RED ROAN WHT							PAINT			✓		
13		3243			✓					✓				✓				
14		3244			✓					✓				✓				
15		3245	✓						✓							✓	LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3246	✓						✓					✓			LIP	
17		3247			✓					✓						✓		
18		3248			✓					✓				✓				
19		3249			✓				✓							✓	LIP	
20		3250	✓							✓						✓		
21		3251	✓						✓					✓			LIP	
22		3252	✓						✓					✓			LIP	
23		3253					✓			✓						✓		
24		3254			✓				✓							✓	LIP	
25		3255					✓		✓							✓	LIP	
26		3256					✓			✓						✓		
27		3257		✓					✓							✓	LIP	
28		3258					✓			✓				✓				
29		3259	✓						✓							✓	LIP	
30		3260					✓		✓							✓	LIP	BLIND LEFT EYE
31																		
32																		
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34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

This 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

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)

EDK

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024244

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
11-4-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
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)*

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
BAUER, FRED E.											
1849 MARION HARDIN RD.											
LA RUE, OH ~~$##~~43332											
EDK											
USGC3201	96	F	TH		bay,star,UNRD lip						
USGC3202	144	F	TH		bay,star,strip,snip,LF,RF ankle,UNRD						
USGC3203	180	F	TH		black,star,LR ankle,RR						
USGC3204	48	F	TH		bay,star,strip,snip,LR ankle,RF,heel,RR ankle,						
USGC3205	120	M	TH		UNRD lip						
USGC3206					bay,star,LR ankle,UNRD lip						
USGC3207	36	F	TH		bay,RR ankle,UNRD lip						
USGC3208	180	M	TH		black,star,snip,LR,RF,RR ankle,UNRD lip						
USGC3209	60	M	TH		black,star,LF,LR ankle						
USGC3210	36	F	TH		black,star,RR ankle,UNRD lip						
USGC3211	48	F	TH		chestnut,UNRD lip						
USGC3212	192	M	TH		chestnut,blaze,LF,LR,RF sock,UNRD lip						
USGC3213	180	M	TH		gray						
USGC3214	180	F	AP		chestnut,star,snip						
USGC3215	96	M	QH		chestnut/white,bald						
USGC3216	120	M	PAINT		black,star,UNRD lip						
USGC3217	60	M	TH		bay,blaze,sock all 4 legs						
USGC3218	144	M	QH								

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
NOV 4 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L010244

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USGC3219	180	F	QH	bay,star,LR cornet,RR sock										
USGC3220	108	F	QH	chestnut,blaze,LR,RF,RR sock										
USGC3221	180	M	QH	bay,star,strip,snip,LF,LR cornet,RR ankle										
USGC3222	144	F	QH	chestnut,blaze,LR,RR sock										
USGC3223	156	F	QH	black,star										
USGC3224	108	M	QH	black										
USGC3225	180	F	PAINT	red roan/white,blaze,sock all 4 legs,blind L eye										
USGC3226	120	M	QH	chestnut,blaze,LR,RF,RR sock										
USGC3227	132	F	QH	chestnut,blaze,LF,LR sock,RR ankle										
USGC3228	60	F	QH	bay,star,LR,RR sock										
USGC3229	72	F	QH	red roan,star,strip,snip,LF,LR ankle										
USGC3230	144	F	QH	bay,star										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LAKE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEN
STREET ADDRESS		STREET ADDRESS
1849 MARION WARDIN RD,		595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LAKE ONIO 43332		MASSENEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
7404993995		4507882490

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	USGC	3201	✓						✓					✓			LIP—	
2		3202	✓						✓					✓			LIP—	
3		3203			✓				✓					✓			LIP—	
4		3204	✓						✓					✓			LIP—	
5		3205					✓		✓							✓	LIP—	
6		3206	✓						✓							✓	LIP—	
7		3207	✓						✓					✓			LIP—	
8		3208	✓						✓							✓	LIP—	
9		3209			✓				✓							✓	LIP—	
10		3210			✓				✓					✓				
11		3211			✓				✓					✓			LIP—	
12		3212					✓		✓							✓	LIP—	
13		3213					✓		✓							✓	LIP—	
14		3214		✓									APP	✓				
15		3215					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AU[redacted]MATION IN IT AS COMPLETED [redacted]OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3216				CHESTN WHT							PAINT			✓		
17		3217			✓				✓							✓	LIP—	
18		3218	✓							✓						✓		
19		3219	✓							✓				✓				
20		3220					✓			✓				✓				
21		3221	✓							✓						✓		
22		3222					✓			✓				✓				
23		3223			✓					✓				✓				
24		3224			✓					✓						✓		
25		3225				RED ROAN WHT							PAINT	✓				BLIND LEFT EYE
26		3226					✓			✓						✓		
27		3227					✓			✓				✓				
28		3228	✓							✓				✓				
29		3229						RED ROAN		✓				✓				
30		3230	✓							✓				✓				
31																		
32																		
33																		
34																		
35																		
36																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)

FORM APPROVED - OMB NO. 0579-0212 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	024240	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
11-4-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
☐ 48 HRS ☐ 72 HRS		DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC3171	84	N	SN		black,star,LR ankle,UNRD lip									
USGC3172	240	N	PAINT		chestnut/white,blaze,sock all 4 legs									
USGC3173	72	N	PAINT		chestnut/white,star,strip,snip									
USGC3174	72	N	PAINT		chestnut/white,blaze									
USGC3175	60	N	QH		bay,LR,RR ankle									
USGC3176	120	N	QH		bay,star,snip,LR ankle									
USGC3177	84	F	PAINT		bay/white,blaze									
USGC3178	36	F	QH		chestnut,blaze,LF,RR sock,LR cornet,blind L eye									
USGC3179	120	F	QH		black,blaze,sock all 4 legs,brand open diamond									FAK
USGC3180	180	F	QH		chestnut,star,strip,snip									
USGC3181	240	F	QH		black,star,snip,LR cornet									
USGC3182	180	F	QH		chestnut,star,strip,snip,LR ankle									
USGC3183	60	F	QH		black									
USGC3184	144	F	QH		black,snip,LF cornet,LR,RR sock									
USGC3185	48	F	QH		palomino,star,strip									
USGC3186	180	F	QH		red roan,blaze									
USGC3187	120	F	QH		bay,blaze,LF cornet,LR,RF ankle,RR sock,brand open diamond									FAK
USGC3188	120	F	QH		chestnut,star									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
NOV 4 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEDEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	3171			☒								STD			☒	CIP—	
2		3172				CHESTN WHT							PAINT			☒		
3		3173				CHESTN WHT							PAINT			☒		
4		3174				CHESTN WHT							PAINT			☒		
5		3175	☒							☒						☒		
6		3176	☒							☒						☒		
7		3177				BAY WHT							PAINT	☒				
8		3178					☒			☒				☒				BLIND LEFT EYE
9		3179			☒					☒				☒			BRAND ◇	
10		3180					☒			☒				☒				
11		3181			☒					☒				☒				
12		3182					☒			☒				☒				
13		3183			☒					☒				☒				
14		3184			☒					☒				☒				
15		3185						PAL		☒				☒				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6)

I HEREBY … D THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	3186						RED ROAN		✓				✓				
17		3187	✓							✓				✓			BRAND ◇	
18		3188					✓			✓				✓				
19		3189					✓			✓						✓		
20		3190				BLK WHT							PAINT			✓		
21		3191					✓			✓						✓		
22		3192						PAL		✓						✓		
23		3193					✓			✓						✓		
24		3194					✓			✓						✓		
25		3195			✓					✓						✓		
26		3196						RED ROAN		✓						✓	BRAND 2	
27		3197	✓							✓						✓		BLIND RIGHT EYE
28		3198			✓					✓						✓		
29		3199					✓			✓						✓		
30		3200					✓			✓						✓		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024835

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-6-11

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4551	84	N	QH		bay,star,LR cornet,blind L eye									
USGC4552	60	F	QH		chestnut,blaze									
USGC4553	72	F	QH		black									
USGC4554	180	F	TH		bay,UNRD lip									
USGC4555	72	F	QH		bay,star,snip,RF ankle,RR sock									
USGC4556	84	F	PAINT		bay/white,star,strip,snip									
USGC4557	84	N	TH		bay,star,strip,snip,LF cornet,LR sock,RR ankle, UNRD lip									
USGC4558	96	F	TH		bay,star,strip,snip,LF,RF,RR ankle,UNRD lip									
USGC4559	120	F	QH		chestnut,blaze,LR ankle,RR sock									
USGC4560	84	N	TH		chestnut,blaze,LR sock,UNRD lip									
USGC4561	60	F	TH		chestnut,star,strip,snip,LR cornet,UNRD lip									
USGC4562	144	N	QH		bay,star,strip,snip									
USGC4563	120	F	QH		bay,star,strip,LF cornet,LR ankle									
USGC4564	96	F	PAINT		chestnut/white,bald,LR,RR sock									
USGC4565	96	N	QH		chestnut,strip,LF,RR sock									
USGC4566	84	F	SN		bay,UNRD brand									
USGC4567	120	N	QH		chestnut,star,strip,snip									
USGC4568	120	F	SN		bay,star,brand V5381									

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: JAN 6 2011 EDK

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0248335

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4569	144	F	QH		black,star									
USGC4570	120	F	QH		black,									
USGC4571	180	N	QH		chestnut,star									
USGC4572	120	F	TH		bay,UNRD lip									
USGC4573	180	F	QH		bay,star,RR cornet									
USGC4574	132	N	TH		black,star,UNRD lip									
USGC4575	96	N	TH		bay,star,strip,snip,LR ankle,UNRD lip									
USGC4576	120	F	QH		gray									
USGC4577	48	M	TH		bay,blaze,LR,RR sock,UNRD lip									
USGC4578	120	N	TH		bay,star,LF cornet,LR ankle,RR sock,UNRD lip									
USGC4579	72	F	TH		bay,star,snip,RR cornet,UNRD lip									
USGC4580	120	F	QH		black,star,strip,LR,RR ankle									
USGC4336	180	F	QH		chestnut,blaze,LF cornet,RR sock									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
	BAUER

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER	VIANDE RICHELIEU
STREET ADDRESS	STREET ADDRESS
1849 MARION MARION ROAD	595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
LARUE OHIO 43332	MASSEDEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.
7404999995	4507882490

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	USGC	4551	✓							✓						✓		BLIND LEFT EYE
2		4552					✓			✓				✓				
3		4553			✓					✓				✓				
4		4554	✓						✓					✓			LIP—	
5		4555	✓							✓				✓				
6		4556				BAY WHT							PAINT	✓				
7		4557	✓						✓							✓	LIP—	
8		4558	✓						✓					✓			LIP—	
9		4559					✓			✓				✓				
10		4560					✓		✓							✓	LIP—	
11		4561					✓		✓					✓			LIP—	
12		4562	✓							✓						✓		
13		4563	✓							✓				✓				
14		4564				CHESTN WHT							PAINT	✓				
15		4565					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6)

I HEREBY [redacted] NFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	4566	b										STD	b			BRAND —	
17		4567					b			b						b		
18		4568	b										STD	b			BRAND V5381	
19		4569			b					b				b				
20		4570			b					b				b				
21		4571					b			b						b		
22		4572	b						b					b			LIP—	
23		4573	b							b				b				
24		4574			b				b							b	LIP—	
25		4575	b						b							b	LIP—	
26		4576		b						b				b				
27		4577	b						b						b		LIP—	
28		4578	b						b							b	LIP—	
29		4579	b						b					b			LIP—	
30		4580			b					b				b				
31		4336					b			b				b				
32																		
33																		
34		31																
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024834

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-6-11

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON , MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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
BAUER, FRED E.	USGC4521	120	F	QH	black,star,strip,snip,LR sock,RR ankle,brand 630									
1849 MARION HARDIN RD.	USGC4522	84	F	QH	chestnut,star,strip,snip,LR,RR ankle,RF cornet,									
LA RUE, OH 43332					brand 254									
	USGC4523	108	F	QH	chestnut,star,LR ankle,RR cornet,brand 155									
	USGC4524	108	F	QH	bay,brand 221									
	USGC4525	48	F	QH	chestnut,star,snip,brand 307									
	USGC4526	84	F	QH	chestnut,star,strip,snip,LF,LR sock,RF cornet,									
					brand 458									
	USGC4527	72	F	QH	blue roan,star,brand 674									
	USGC4528	72	F	QH	palomino,blaze,LR ankle,RR cornet,brand 234									
	USGC4529	72	F	QH	chestnut,star,strip,snip,LR ankle,RF cornet,RR sock,									
					brand 578									
	USGC4530	84	F	QH	black,star,strip,snip,RF cornet,brand 734									
	USGC4531	72	F	QH	chestnut,blaze,LR,RR sock,brand 546									
	USGC4532	96	F	PAINT	chestnut/white,blaze,brand 505									
	USGC4533	240	F	QH	chestnut,star,strip,snip,LR sock,scar RF leg									
	USGC4534	240	F	QH	chestnut,star,snip,RR ankle,brand 12									
	USGC4535	84	F	QH	chestnut,star,RR ankle,brand 607									
	USGC4536	60	F	QH	chestnut,star,strip,snip,LR cornet,brand 2T L.H.									

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: JAN 6 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024834

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION							DISEASE	DISEASE	DISEASE
							TYPE TEST	TYPE TEST	TYPE TEST
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
BAUER, FRED E.	USGC4537	108	F	QH			dun,star,snip,LR ankle,brand 564							
1849 MARION HARDIN RD.	USGC4538	120	F	PAINT			bay/white,blaze,brand 99							
LA RUE,OH 43332	USGC4539	108	F	QH			dun,star,snip,brand 213							
	USGC4540	120	F	QH			chestnut,star,strip,snip,LR,RR sock,RF cornet,brand 537							
	USGC4541	120	F	QH			chestnut,blaze,LR,RR sock,brand 431							
	USGC4542	72	F	QH			chestnut,star,LR ankle							
	USGC4543	144	F	QH			palomino,star,brand 79							
	USGC4544	72	F	QH			chestnut,star,snip,LR,RR cornet,brand 417							
	USGC4545	240	F	QH			bay							
	USGC4546	60	F	QH			chestnut,star,strip,snip							
	USGC4547	84	F	QH			bay,star,strip,snip,LR,RF,RR ankle,brand 683							
	USGC4548	108	F	QH			bay,star,brand 665							
	USGC4549	48	F	QH			chestnut,blaze,LR cornet							
	USGC4550	60	F	QH			chestnut,star,brand 272							

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4521			6					6				6			BRAND 630	
2		4522					6			6				6			BRAND 254	
3		4523					6			6				6			BRAND 155	
4		4524	6							6				6			BRAND 221	
5		4525					6			6				6			BRAND 367	
6		4526					6			6				6			BRAND 458	
7		4527						BLUE ROAN		6				6			BRAND 674	
8		4528						PAL		6				6			BRAND 234	
9		4529					6			6				6			BRAND 578	
10		4530			6					6				6			BRAND 734	
11		4531					6			6				6			BRAND 546	
12		4532				CHESTN WHT							PAINT	6			BRAND 505	
13		4533					6			6				6				SCAR RIGHT FRONT LEG
14		4534					6			6				6			BRAND 12	
15		4535					6			6				6			BRAND 607	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

I HEREBY AUTH[redacted]TION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	4536					↓			↓				↓			BRAND 2T	
17		4537						DUN		↓				↓			BRAND 564	
18		4538				BAY WHT							PAINT	↓			BRAND 99	
19		4539						DUN		↓				↓			BRAND 213	
20		4540					↓			↓				↓			BRAND 537	
21		4541					↓			↓				↓			BRAND 431	
22		4542					↓			↓				↓				
23		4543						PAL		↓				↓			BRAND 79	
24		4544					↓			↓				↓			BRAND 417	
25		4545	↓							↓				↓				
26		4546					↓			↓				↓				
27		4547	↓							↓				↓			BRAND 683	
28		4548	↓							↓				↓			BRAND 665	
29		4549					↓			↓				↓				
30		4550					↓			↓				↓			BRAND 272	
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FORM APPROVED - OMB NO. 0579-0028 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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024836

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
1-6-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*:
VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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

CERTIFIED BRUCELLOSIS FREE AREA

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4581	120	N	PAINT		chestnut/white,blaze									
USGC4582	180	F	QH		black									
USGC4583	72	F	QH		bay,star,snip,LF cornet,LR ankle									
USGC4584	144	N	QH		bay,star,RR cornet									
USGC4585	180	N	QH		palomino,star,strip,snip,LR ankle									
USGC4586	120	F	QH		chestnut,star,strip,snip,LR ankle									
USGC4587	144	F	QH		chestnut,blaze,LR sock,RR ankle									
USGC4588	120	N	QH		chestnut									
USGC4589	108	N	PAINT		chestnut/white,bald									
USGC4590	120	F	QH		chestnut,star,LR cornet									
USGC4591	120	F	SN		black,LR cornet,brands 3, UNRD									
USGC4592	144	N	QH		chestnut,star,RR cornet									
USGC4593	180	N	SN		bay,star,UNRD lip									
USGC4594	144	N	PAINT		black/white,star,scar RR									
USGC4595	144	F	AP		red roan,bald,LR sock,RR ankle									
USGC4596	156	F	AP		red roan, bald									
USGC4597	120	F	AP		bay roan,star,LR,RR cornet									
USGC4598	72	N	AP		bay/white,star,snip,LF,RR sock									
USGC4599	72	N	AP		chestnut/white,blaze,LF,LR sock,RF cornet									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS
JAN 6 2011	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 32

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. / FROM VS FORM 17-140: 0024836

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC4600	48	N	AR		dun/white,star,LR,RR ankle									
USGC4601	180	F	AR		red roan,bald									
USGC4602	168	F	AR		chestnut/white,star,strip,snip,LF,RR sock,LF ankle									
USGC4603	36	F	QH		chestnut,star,strip,snip,LR cornet,RR ankle									
USGC4604	180	F	SN		bay,UNRD lip									
USGC4605	72	N	SN		bay,star,RR ankle									
USGC4606	120	N	SN		bay,LR ankle,RR sock,UNRD brand									
USGC4607	120	F	QH		bay									
USGC4608	180	F	SN		bay,LR,RR cornet,UNRD lip									
USGC4609	60	N	BL		chestnut,blaze,LR,RR sock									
USGC4610	180	F	AR		black/white									
USGC4509	144	F	PAINT		bay/white,star,snip,sock all 4 legs,scar LR									
USGC4510	120	F	PAINT		bay/white,blaze,LR ankle									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARON ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEVEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7406993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4581				CHESTN WHT							PAINT			6		
2		4582			6					6				6				
3		4583	6							6				6				
4		4584	6							6						6		
5		4585						PAL		6						6		
6		4586					6			6				6				
7		4587					6			6				6				
8		4588					6			6						6		
9		4589				CHESTN WHT							PAINT			6		
10		4590					6			6				6				
11		4591			6								STD	6			BRANDS → 3	
12		4592					6			6						6		
13		4593	6										STD			6	CLIP	
14		4594				BLK WHT							PAINT			6		SCAR RIGHT REAR LEG
15		4595						RED ROAN					APP	6				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: Fred E Bauer

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	4596						RED ROAN					APP	✓				
17		4597						BAY ROAN					APP	✓				
18		4598						BAY WHT					APP			✓		
19		4599						CHESTN WHT					APP			✓		
20		4600						DUN WHT					APP			✓		
21		4601						RED ROAN					APP	✓				
22		4602						CHESTN WHT					APP	✓				
23		4603					✓			✓				✓				
24		4604	✓										STD	✓			LIP—	
25		4605	✓										STD			✓		
26		4606	✓										STD			✓	BRAND —	
27		4607	✓							✓				✓				
28		4608	✓										STD	✓			LIP—	
29		4609					✓				BEL6					✓		
30		4610						BLK WHT					APP	✓				
31		4508				BAY WHT							PAINT	✓				SCAR LEFT REAR LEG
32		4510				BAY WHT							PAINT	✓				
33																		
34																		
35		32																
36																		
37																		
38																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024212

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-4-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC2481	132	F	QH	BLACK	STAR									
USGC2482	120	F	SN	BAY	STAR LF CORNET		RR CORNET							
USGC2483	144	F	SN	BLACK	STAR FAINT									
USGC2484	228	F	AP	RED ROAN	STAR LR ANKLE									
USGC2485	240	F	TH	CHESTNUT	BLAZE LF SOCK LR SOCK RF SOCK LIP?									
USGC2486	144	M	PAINT	BLACK WHITE	STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK BRAND A OVER S									
USGC2487	120	F	SN	BAY	STAR									
USGC2488	84	F	SN	BLACK	LR CORNET		RR HEEL LIP?							
USGC2489	108	F	QH	CHESTNUT	STAR									
USGC2490	144	F	QH	BAY	STAR									
USGC2491	192	M	SN	BLACK	STAR LIP?									
USGC2492	132	F	AB	BAY	STAR STRIP SNIP LF CORNET RF SOCK									
USGC2493	96	M	QH	BAY	STAR SNIP BRAND H									
USGC2494	96	M	PAINT	DUN WHITE	BLAZE LF SOCK RF CORNET BLIND R EYE									
USGC2495	132	M	QH	CHESTNUT	STAR									
USGC2496	84	F	SN	BAY	STAR RR CORNET LIP?									
USGC2497	144	M	TH	CHESTNUT	BLAZE LF SOCK LR SOCK RR SOCK LIP?									
USGC2498	144	F	QH	BAY	STAR STRIP SNIP									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: OCT 04,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 1 State [X] 2 Federal [ ] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGC2499	156	F	SN	BAY	STAR		STRIP	SNIP	LF	CORNET LR ANKLE RR ANKLE				
						BRAND MS763								
USGC2500	252	F	SN	BAY	LIP?									
USGC2501	120	N	QH	CHESTNUT	FAINT STAR									
USGC2502	108	F	SN	BLACK	STAR SNIP LR ANKLE RF SOCK RR CORNET									
USGC2503	96	N	QH	CHESTNUT	STAR STRIP SNIP LR SOCK RR SOCK									
USGC2504	144	N	SN	BAY	STAR STRIP SNIP LF SOCK LR SOCK RF SOCK									
			RR	SOCK	BRAND T2962									
USGC2505	120	N	SN	BAY	RR ANKLE LIP?									
USGC2506	156	F	TH	BAY	STAR LIP?									
USGC2507	190	F	QH	BAY	STAR SNIP LF CORNET									
USGC2508	84	N	TH	CHESTNUT	STAR STRIP SNIP LR SOCK RF SOCK LIP?									
USGC2509	120	N	SN	BAY	LR CORNET BRAND XB586									
USGC2510	60	M	TH	GRAY	STRIP SNIP LR ANKLE LIP?									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PRECEDING 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, DISEASE, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED SUCH AS TO CAUSE THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

(Please type or print in ink)

collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2481			✓					✓				✓				
2		2482	✓										STD	✓				
3		2483			✓								STD	✓				
4		2484						RED ROAN					APP	✓				
5		2485					✓		✓					✓			LIP–	
6		2486				BLK WHT							PAINT			✓	BRAND A S	
7		2487	✓										STD	✓				
8		2488			✓								STD	✓			LIP–	
9		2489					✓			✓				✓				
10		2490	✓							✓				✓				
11		2491			✓								STD			✓	LIP–	
12		2492	✓										ARAB	✓				
13		2493	✓							✓						✓	BRAND H	
14		2494				DUN WHT							PAINT			✓		BLIND RIGHT EYE
15		2495					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

I HEREBY AUTHO[redacted]D THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 2

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	2496	b										STD	b			CLIP–	
17	"	2497					b		b							b	CLIP–	
18	"	2498	b							b				b				
19	"	2499	b										STD	b			BRAND MS763	
20	"	2500	b										STD	b			CLIP–	
21	"	2501					b			b						b		
22	"	2502			b								STD	b				
23	"	2503					b			b						b		
24	"	2504	b										STD			b	BRAND T2962	
25	"	2505	b										STD			b	CLIP–	
26	"	2506	b						b					b			CLIP–	
27	"	2507	b							b				b				
28	"	2508					b		b							b	CLIP–	
29	"	2509	b										STD			b	BRAND X0586	
30	"	2510		b					b						b		CLIP–	
31																		
32																		
33																		
34																		
35																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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)

OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024214	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
10-4-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	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	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)

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332											
USGC2479	192	F	TH BAY STAR LF CORNET LIP?								
USGC2480											
USGC2474	180	F	TH BAY LIP?								
USGC2475	60	N	QH BAY LR CORNET RR CORNET								
USGC2354	132	N	SN BAY STAR BRAND J3465								
USGC2337	168	N	SN BAY STAR LR CORNET BRAND T8529								
USGC2516	144	N	SN BAY BRAND VD376								
USGC2517	180	N	SN BLACK LR ANKLE								
USGC2518	108	F	QH BAY STAR LF CORNET LR ANKLE								
USGC2519	36	N	QH BAY STAR LR ANKLE RR CORNET								
USGC2520	120	N	QH BLACK NO OTHER MARKINGS								
USGC2521	72	N	QH CHESTNUT STAR RR SOCK								
USGC2522	144	F	QH BLACK								
USGC2523	180	F	PE BLACK STAR								
USGC2524	144	F	SN BAY STAR STRIP SNIP LR SOCK RR SOCK								
USGC2525	144	F	SN BLACK LIP?								
USGC2526	72	N	BL CHESTNUT BLAZE LF SOCK LR SOCK RF SOCK RR SOCK								
USGC2527	120	N	SN BLACK LIP?								
USGC2528	180	N	AP RED ROAN BALD								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 04,2010	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved - OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 7-140: L024214

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USGC2529	2	4	0 M	SN	BLACK		STAR	STRIP	SNIP	LF ANKLE	LR SOCK	RF ANKLE		
					RR		SOCK	LIP?						
USGC2530	1	4	4 M	QH	BLACK	NO	OTHER	MARKINGS						
USGC2531	8	4	M	PE	GRAY	NO	OTHER	MARKINGS						
USGC2532	1	3	2 M	PAINT	CHESTNUT	WHITE	BALD							
USGC2533	6	0	M	MULE	BAY	NO	OTHER	MARKINGS						
USGC2534	1	0	8 M	QH	BAY	STAR								
USGC2535	1	2	0 M	QH	BLACK	STAR	LF	CORNET	LR ANKLE	RF	CORNET	RR ANKLE		
USGC2536	1	2	0 F	QH	CHESTNUT	FAINT	STAR							
USGC2537	1	4	4 M	QH	BAY	FAINT	STAR							
USGC2538	7	2	M	HAFLINGER	CHESTNUT	BLAZE								
USGC2539	1	0	8 F	AB	CHESTNUT	STAR	STRIP	SNIP	LR SOCK	RF ANKLE	RR ANKLE			
USGC2540	6	0	M	TH	BAY	STAR	STRIP	SNIP	LR	CORNET	RR ANKLE	LIP?		

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

maintaining the data needed, and completing and reviewing the collection of information. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LAKE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEU
STREET ADDRESS		STREET ADDRESS
1849 MARION WARDIN RD.		595 RUE ROYALE C.P.107
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LAKE OHIO 43332		MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
7409993995		4507882490

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	USGC	2473	✓						✓					✓			LIP—	
2		2474	✓						✓					✓			LIP—	
3		2475	✓							✓						✓		
4		2354	✓										STD			✓	BRAND J3465	
5		2337	✓										STD			✓	BRAND T8529	
6		2516	✓										STD			✓	BRAND VD376	
7		2517			✓								STD			✓		
8		2518	✓							✓				✓				
9		2519	✓							✓						✓		
10		2520			✓					✓						✓		
11		2521					✓			✓						✓		
12		2522			✓					✓				✓				
13		2523			✓						PERCH			✓				
14		2524	✓										STD	✓				
15		2525			✓								STD	✓			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 2

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USGC	2526					✓				BEL					✓		
17		2527			✓								STD			✓	LIP—	
18		2528						RED ROAN					APP			✓		
19		2529			✓								STD			✓	LIP—	
20		2530			✓					✓						✓		
21		2531		✓							PERCH					✓		
22		2532				CHESTN WHT							PAINT			✓		
23		2533	✓										MULE			✓		
24		2534	✓							✓						✓		
25		2535			✓					✓						✓		
26		2536					✓			✓				✓				
27		2537	✓							✓						✓		
28		2538					✓						HAFC			✓		
29		2539					✓						ARAB	✓				
30		2540	✓						✓						✓		LIP—	
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024215	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
10-7-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	OHIO	39	43332

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USGC2541	60	N	OH		chestnut,blaze, sock all 4 legs									
	USGC2542	144	F	TH		chestnut,star,strip,UNRD lip									
	USGC2543	72	F	OH		black									
	USGC2544	120	N	SN		bay,brand T5367									
	USGC2545	72	F	TH		bay,star,snip,LR ankle,UNRD lip									
	USGC2546	48	F	TH		chestnut,star,strip,UNRD lip									
	USGC2547	84	N	TH		bay,star,LF,LR,RR cornet,UNRD lip									
	USGC2548	120	F	TH		chestnut,blaze,UNRD lip									
	USGC2549	72	N	TH		black,star,snip,LR,RR ankle,UNRD lip									
	USGC2550	72	N	TH		chestnut,blaze,LR,RF,RR sock,UNRD lip									
	USGC2551	48	N	TH		bay,UNRD lip									
	USGC2552	36	N	TH		bay,star,snip,LR,RR cornet,UNRD lip									
	USGC2553	72	F	TH		gray,snip,cornet all 4 legs,UNRD lip									
	USGC2554	72	N	TH		bay,LF,RF cornet,UNRD lip									
	USGC2555	36	F	TH		bay,star,LR ankle,UNRD lip									
	USGC2556	48	F	TH		bay,LR cornet,UNRD lip									
	USGC2557	60	N	TH		black,star,LF ankle,RR cornet,UNRD lip									
	USGC2558	60	M	TH		bay,star,strip,snip,UNRD lip									
	USGC2559	72	N	TH		chestnut,star,LR,RR sock,UNRD lip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 08 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. *Form Approved OMB No. 0579-0030*

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)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0242215

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2560	60	N	TH		bay,LR corner,UNRD lip									
USGC2561	48	N	TH		black,star,LR,RR ankle,UNRD lip									
USGC2562	60	F	TH		black,star,snip,LR,sock,RR ankle,UNRD lip									
USGC2563	72	N	TH		chestnut,strip,snip,LR sock,RR ankle,UNRD lip									
USGC2564	60	N	TH		bay,star,LR ankle									
USGC2565	180	N	SM		black,star,LR ankle,UNRD lip									
USGC2566	144	F	SN		bay,star,snip,LR corner,UNRD lip									
USGC2567	120	N	SN		bay,star,LR,RR ankle,brand XE570									
USGC2568	144	N	SN		bay,star,snip,LR ankle,UNRD lip,scar L hock									
USGC2569	180	N	SN		bay,star,LF ankle,LR,RR sock,UNRD lip									
USGC2570	72	F	QH		chestnut,star,strip,snip,LF ankle,RR sock									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS DURING TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, INFIRMITY, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED SO AS TO CAUSE THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	
NAME OF AUCTION/MARKET: BAUER	
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU	
STREET ADDRESS: 1849 MARION HARDIN RD.	
STREET ADDRESS: 595 RUE ROYALE C.P. 101	
CITY, STATE, ZIP CODE: LARUE OHIO 43332	
CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0	
AREA CODE & TELEPHONE NO.: 7404993995	
AREA CODE & TELEPHONE NO.: 4507882490	

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	LEGC	2541					6			6						6		
2		2542					6		6					6			LIP—	
3		2543			6					6				6				
4		2544	6										STO			6	BRAND T5367	
5		2545	6						6					6			LIP—	
6		2546					6		6					6			LIP—	
7		2547	6						6							6	LIP—	
8		2548					6		6					6			LIP—	
9		2549			6				6							6	LIP—	
10		2550					6		6							6	LIP—	
11		2551	6						6							6	LIP—	
12		2552	6						6							6	LIP—	
13		2553		6					6					6			LIP—	
14		2554	6						6							6	LIP—	
15		2555	6						6					6			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2556	✓						✓					✓			LIP	
17		2557			✓				✓							✓	LIP	
18		2558	✓						✓						✓		LIP	
19		2559					✓		✓							✓	LIP	
20		2560	✓						✓							✓	LIP	
21		2561			✓				✓							✓	LIP	
22		2562			✓				✓					✓			LIP	
23		2563					✓		✓							✓	LIP	
24		2564	✓						✓							✓		
25		2565			✓								STD			✓	LIP	
26		2566	✓										STD	✓			LIP	
27		2567	✓										STD			✓	BRAND XE570	
28		2568	✓										STD			✓	LIP	SCAR LEFT HOCK
29		2569	✓										STD			✓	LIP	
30		2570					✓			✓				✓				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024216

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-7-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2571	132	F	QH		chestnut,star,strip,snip,LF cornet									
USGC2572	120	F	PAINT		chestnut/white,blaze, sock all 4 legs									
USGC2573	180	F	AP		gray									
USGC2574	48	F	QH		chestnut,blaze,LR,RF ankle,RR cornet									
USGC2575	108	F	QH		chestnut,blaze,LR ankle									
USGC2576	72	F	QH		chestnut,blaze,LF sock,RF ankle									
USGC2577	120	F	QH		chestnut,blaze									
USGC2578	84	F	QH		gray,LF,RF sock									
USGC2579	48	F	QH		bay,star									
USGC2580	60	F	QH		white									
USGC2581	72	F	AS		chestnut,star,strip,snip,LR sock,RR ankle									
USGC2582	84	F	QH		bay,star,strip,snip,LR ankle									
USGC2583	60	F	QH		bay,blaze,LF,RF ankle									
USGC2584	84	F	PAINT		black/white,bald									
USGC2585	144	F	QH		chestnut,star,strip,snip,sock all 4 legs									
USGC2586	120	F	QH		chestnut,star,strip,snip,LR,RR sock									
USGC2587	180	F	SN		bay,faint star									
USGC2588	180	F	HAFLINGER		chestnut,star,strip,snip									
USGC2589	144	F	QH		chestnut,blaze,RR ankle,blind R eye									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: OCT 08 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024216

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.	USGC2590	72	N	QH	bay									
LA RUE, OH 43332	USGC2591	60	F	PAINT	black/white,star,strip,snip,sock all 4 legs									
	USGC2592	48	N	QH	dun,star,strip,snip									
	USGC2593	180	F	QH	red roan,blaze LR,RF,RR sock									
	USGC2594	108	F	QH	chestnut,faint star									
	USGC2595	60	F	HAFLINGER	chestnut,blaze									
	USGC2596	180	F	QH	black,star,strip									
	USGC2597	72	F	QH	chestnut,star,strip,snip,LF,RR ankle,LR sock									
	USGC2598	240	N	QH	chestnut,star,strip,snip									
	USGC2599	108	N	QH	chestnut,star,snip,RF corner									
	USGC2600	120	N	HAFLINGER	chestnut,blaze									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OH	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2571					X			X				X				
2		2572				CHESTN WHT							PAINT	X				
3		2573		X									APP	X				
4		2574					X			X				X				
5		2575					X			X				X				
6		2576					X			X						X		
7		2577					X			X				X				
8		2578		X						X				X				
9		2579	X							X				X				
10		2580					WHITE			X				X				
11		2581					X						SB	X				
12		2582	X							X				X				
13		2583	X							X				X				
14		2584				BLK WHT							PAINT	X				
15		2585					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS I

SIGNATU [redacted] (b) (6)

I HEREB NFORMATION IN IT AS COMPLE FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2586					✓			✓				✓				
17		2587	✓										STD	✓				
18		2588					✓						HAFL	✓				
19		2589					✓			✓				✓				BLIND RIGHT EYE
20		2590	✓							✓						✓		
21		2591				BLK WHT							PAINT	✓				
22		2592						DUN		✓						✓		
23		2593						RED ROAN		✓				✓				
24		2594					✓			✓				✓				
25		2595					✓						HAFL	✓				
26		2596			✓					✓				✓				
27		2597					✓			✓				✓				
28		2598					✓			✓						✓		
29		2599					✓			✓						✓		
30		2600					✓						HAFL			✓		
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024217	2 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
10-7-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
☐ 48 HRS ☐ 72 HRS		DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse) ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USGC2601	72	N	QH	chestnut,star,strip,snip,LR,RR sock,blind R eye										
	USGC2602	84	N	QH	chestnut,star,LR,RR ankle										
	USGC2603	180	N	QH	chestnut										
	USGC2604	60	N	QH	bay,blind R eye										
	USGC2605	216	N	QH	red roan,blaze,LR ankle,blind R eye										
	USGC2606	132	F	QH	chestnut,star,strip,LF ankle										
	USGC2607	60	N	QH	chestnut,star,RR cornet										
	USGC2608	60	N	QH	chestnut,strip,LR cornet										
	USGC2609	156	N	TH	bay,star,UNRD lip										
	USGC2610	72	F	QH	palomino										
	USGC2611	240	F	QH	dark chestnut,star,brand triangle										
	USGC2612	120	F	QH	black,strip,snip,LF,RF ankle,LR,RR sock										
	USGC2613	120	F	QH	bay,star										
	USGC2614	240	F	QH	bay,star,strip,snip,LF cornet,LR sock,RF ankle										
	USGC2615	72	F	PAINT	bay/white,star,sock all 4 legs										
	USGC2616	132	F	QH	dark chestnut,star,LR sock										
	USGC2617	120	F	QH	red roan,bald,sock all 4 legs										
	USGC2618	84	F	QH	dun,star										
	USGC2619	120	N	PAINT	chestnut/white										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
OCT 08 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30 29

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024217

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USGC2620	120	F	AP	black,star,brand SI8										
USGC2621	120	F	QH	bay,star,strip,LR,RR ankle										
USGC2622	120	F	QH	chestnut,blaze,LR,RR ankle										
USGC2623	144	F	QH	chestnut,star,strip,snip,LR ankle,RR cornet										
USGC2624	132	F	SN	bay,star,LR sock,RF ankle,brand 10LL										
USGC2625	240	F	QH	chestnut,star,strip,snip,brand 7H										
USGC2626	981	F	QH	chestnut,star,RR sock										
USGC2627	144	F	QH	black,star,strip,snip,LF,LR,RR sock										
USGC2628	156	F	QH	chestnut,star,strip,snip,LR,RR sock,RF ankle										
USGC2629	60	M	QH	chestnut,blaze,sock all 4 legs										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PRECEDING 60 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2601					✓			✓						✓		BLIND RIGHT EYE
2		2602					✓			✓						✓		
3		2603					✓			✓						✓		
4		2604	✓							✓						✓		BLIND RIGHT EYE
5		2605						RED ROAN		✓						✓		BLIND RIGHT EYE
6		2606					✓			✓				✓				
7		2607					✓			✓						✓		
8		2608					✓			✓						✓		
9		2609	✓						✓							✓	LIP—	
10		2610						PAL		✓				✓				
11		2611					✓			✓				✓			BRAND △	
12		2612			✓					✓				✓				
13		2613	✓							✓				✓				
14		2614	✓							✓				✓				
15		2615				BAY WHT							PAINT	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2616					✓			✓				✓				
17		2617						RED ROAN		✓				✓				
18		2618						DUN		✓				✓				
19		2619				CHESTN WHT							PRINT			✓		
20		2620			✓								APP	✓			BRAND 518	
21		2621	✓							✓				✓				
22		2622					✓			✓				✓				
23		2623					✓			✓				✓				
24		2624	✓										STD	✓			BRAND 10LL	
25		2625					✓			✓				✓			BRAND 7H	
26		2626					✓			✓				✓				
27		2627			✓					✓				✓				
28		2628					✓			✓				✓				
29		2629					✓			✓						✓		
30		2630																
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024222

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10-7-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2631	72	F	QH		black,star,snip									
USGC2632	228	N	TH		bay,star,RR ankle,UNRD lip									
USGC2633	216	F	TH		black,star,UNRD lip									
USGC2634	192	F	QH		black,star									
USGC2635	168	F	QH		blue roan,LR heel									
USGC2636	216	N	TH		bay,star,strip,snip,LF ankle,UNRD lip									
USGC2637	120	N	QH		chestnut,star									
USGC2638	180	F	QH		chestnut,star									
USGC2639	216	F	QH		black,RR ankle									
USGC2640	132	F	TH		chestnut,blaze,LF,RF ankle,LR sock,UNRD lip									
USGC2641	180	F	TH		chestnut,star,strip,LF ankle,UNRD lip									
USGC2642	216	F	QH		black,star,strip,snip									
USGC2643	144	F	PAINT		bay/white,blaze,sock all 4 legs									
USGC2644	180	F	QH		bay									
USGC2645	180	F	QH		palomino,star,strip									
USGC2646	204	F	TH		bay,star,LR,RF,RR ankle,UNRD lip									
USGC2647	84	N	QH		chestnut,star,strip									
USGC2648	180	F	QH		black,star,strip,snip,RR ankle									
USGC2649	192	F	PAINT		bay/white,blaze,sock all 4 legs									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: OCT 08 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 1 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: LOCAL

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGC2650	228	F	QH									black,star,LF,RF cornet,LR,RR ankle		
USGC2651	108	F	QH									bay,star		
USGC2652	180	F	QH									dark chestnut,star,strip,snip,LF sock,RF ankle,RR heel		
USGC2653	180	F	TH									bay,UNRD lip		
USGC2654	84	F	TH									bay,star,RF ankle,UNRD lip		
USGC2655	216	F	QH									bay,RR cornet		
USGC2656	168	F	QH									chestnut,star		
USGC2657	108	F	QH									chestnut,star,LR ankle		
USGC2502	109	F	SN									black,star,snip,LR ankle,RF sock,RR cornet		
USGC2531	94	M	PE									gray		
USGC2516	144	M	SN									bay,brand VB37C		

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LAKE ONIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LAKE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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	US GC	2631			✓					✓				✓				
2		2632	✓						✓							✓	LIP—	
3		2633			✓				✓					✓			LIP—	
4		2634			✓					✓				✓				
5		2635						BLUE ROAN		✓				✓				
6		2636	✓						✓							✓	LIP—	
7		2637					✓			✓						✓		
8		2638					✓			✓				✓				
9		2639			✓					✓				✓				
10		2640					✓		✓					✓			LIP—	
11		2641					✓		✓					✓			LIP—	
12		2642			✓					✓				✓				
13		2643				BAY WHT						PAINT		✓				
14		2644	✓							✓				✓				
15		2645						PAL		✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IN

SIGNATU (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	2646	✓						✓					✓			LIP—	
17		2647					✓			✓						✓		
18		2648			✓					✓				✓				
19		2649				BAY WHT							PAINT	✓				
20		2650			✓					✓				✓				
21		2651	✓							✓				✓				
22		2652					✓			✓				✓				
23		2653	✓						✓					✓			LIP—	
24		2654	✓						✓					✓			LIP—	
25		2655	✓							✓				✓				
26		2656					✓			✓				✓				
27		2657					✓			✓				✓				
28		2502			✓								STK	✓				
29		2531		✓							PERCH					✓		
30		2516	✓										STK			✓	BRAND VD376	
31																		
32																		
33																		
34																		
35																		
36																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52053

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-27-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE IC.P. 101 MASSUEVILLE QUEBEC

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.

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1561	108	N	TH		chestnut,star,LR,RR sock,UNRD lip									
USFR1562	72	N	TH		bay,star,LF ankle,LR sock,RR ankle,UNRD lip									
USFR1563	48	F	TH		bay,star,LF cornet,RR ankle,UNRD lip,scar LR heel									
USFR1564	36	N	TH		black,UNRD lip									
USFR1565	60	F	TH		chestnut,blaze,RF sock,UNRD lip									
USFR1566	48	N	TH		bay,star,strip,LR sock,UNRD lip									
USFR1567	60	F	BL		chestnut,blaze									
USFR1568	120	N	AP		red roan,star,snip,LR sock,RF cornet									
USFR1569	108	N	QH		chestnut,blaze,LF,LR sock,RF,RR cornet									
USFR1570	84	F	QH		bay									
USFR1571	84	N	PAINT		chestnut/white,bald,LR,RR sock									
USFR1572	96	F	AB		bay,star,strip,snip,LF,RF ankle,RR cornet									
USFR1573	72	F	PAINT		chestnut/white,bald									
USFR1574	60	N	QH		chestnut,LF,LR,RR cornet									
USFR1575	120	F	QH		chestnut,star,strip,snip									
USFR1576	72	N	QH		chestnut,blaze,LR sock,RR ankle									
USFR1577	96	F	PAINT		chestnut/white,bald,LF,LR sock,RR cornet									
USFR1578	84	N	PAINT		chestnut/white,star,strip,snip									
USFR1579	120	F	QH		black,star,strip,snip,scar LR ankle									

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: MAY. 27, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H 52053

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN Owner's name *(Last name, two initials, & business name)* Owner's street address Owner's city/town, state code & zip code	18. INDIVIDUAL IDENTIFICATION ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR1580	108	F	PAINT		bay/white,star,strip,sock all 4 legs									
1849 MARION HARDIN RD.	USFR1581	120	N	MN		bay,star,ankle all 4 legs									
LA RUE, OH 43332	USFR1582	120	F	OH		gray									
	USFR1583	84	N	OH		chestnut,blaze,RR ankle									
	USFR1584	120	F	OH		chestnut,blaze,LR,RF cornet,RR sock									
	USFR1585	108	F	OH		black,star									
	USFR1586	60	F	OH		chestnut,blaze,LR,RR sock									
	USFR1587	60	F	MULE		bay									
	USFR1588	60	F	OH		bay,star,LR sock,RR ankle									
	USFR1589	108	F	OH		chestnut,strip									
	USFR1590	108	F	OH		chestnut,strip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER THE ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
	BAUER

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER	VIANDE RICHELIEU
STREET ADDRESS	STREET ADDRESS
1849 MARION WARDIN ROAD	595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
LARUE OHIO 43332	MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.
7049993995	4507882490

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	USFR	1561					✓		✓							✓	LIP—	
2		1562	✓						✓							✓	LIP—	
3		1563	✓						✓					✓			LIP—	SCARLEFT REAR HEEL
4		1564			✓				✓							✓	LIP—	
5		1565					✓		✓					✓			LIP—	
6		1566	✓						✓							✓	LIP—	
7		1567					✓				BELG			✓				
8		1568						RED ROAN					APP			✓		
9		1569					✓			✓						✓		
10		1570	✓							✓				✓				
11		1571				CHEST WHT							PAINT			✓		
12		1572	✓										ARAB	✓				
13		1573				CHEST WHT							PAINT	✓				
14		1574					✓			✓						✓		
15		1575					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AU[redacted]ORMATION IN IT AS COMPLETED[redacted]RM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	1576					✓			✓						✓		
17		1577				CHST WHT							PAINT	✓				
18		1578				CHST WHT							PAINT			✓		
19		1579			✓					✓				✓				SCAR LEFT REAR ANKLE
20		1580				BAY WHT							PAINT	✓				
21		1581	✓										MORGAN			✓		
22		1582		✓						✓				✓				
23		1583					✓			✓						✓		
24		1584					✓			✓				✓				
25		1585			✓					✓				✓				
26		1586					✓			✓				✓				
27		1587	✓										MULE	✓				
28		1588	✓							✓				✓				
29		1589					✓			✓				✓				
30		1590					✓			✓				✓				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER, FRED E.	H 52051	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
5-27-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
☐ 48 HRS. ☐ 72 HRS.		DISEASE / TYPE TEST

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 M	DISEASE / TYPE TEST N	DISEASE / TYPE TEST O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USFR1531	180	F	TH		chestnut,star,strip,UNRD lip,brand $									
USFR1532	144	F	BL		chestnut,blaze									
USFR1533	156	N	BL		chestnut,star									
USFR1534	84	F	TH		chestnut,star,strip,snip,LR cornet,UNRD lip									
USFR1535	108	F	TH		bay,star,strip,UNRD lip,scars rear legs									
USFR1536	72	F	OH		bay,star									
USFR1537	120	F	TH		gray,UNRD lip									
USFR1538	84	F	TH		bay,star,UNRD lip,scar RR									
USFR1539	108	F	TH		bay,UNRD lip									
USFR1540	96	M	QH		black,star,RF cornet									
USFR1541	120	F	TW		chestnut,star									
USFR1542	96	F	BL		chestnut,blaze									
USFR1543	120	F	TW		black,star,snip,LR cornet									
USFR1544	60	F	PAINT		bay/white,star,strip,snip									
USFR1545	84	F	QH		gray,snip									
USFR1546	48	F	QH		black,LR ankle,RR cornet									
USFR1547	60	F	AB		chestnut,star,strip,snip,sock all 4 legs									
USFR1548	120	N	QH		gray									
USFR1549	60	F	TW		black,star									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
MAY. 27, 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided: See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: APPROVED

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR1550	144	N	QH		bay,star,snip,LR,RR ankle									
USFR1551	180	N	SN		black,UNRD lip,scars on shoulders									
USFR1552	168	N	SN		bay,star,strip,snip									
USFR1553	144	F	SN		bay,brand @ 20124									
USFR1554	144	N	SN		black,brand T4947									
USFR1555	40	F	SN		bay,star,brand B0070									
USFR1556	60	F	SADDLEBRED		chestnut,star,LR,RR sock									
USFR1557	144	F	SN		bay,star,strip,snip,LF corner,LR sock,UNRD lip									
USFR1558	204	N	SN		bay,star,LF corner,UNRD lip,blind L eye									
USFR1559	60	F	QH		chestnut,star,strip,snip,LF,LR sock,scar on forehead									
USFR1560	132	F	SN		bay									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	
NAME OF AUCTION/MARKET: BAUER	
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1531					✓		✓					✓			BRAND # LIP—	
2		1532					✓				BELG			✓				
3		1533					✓				BELG					✓		
4		1534					✓		✓					✓			LIP—	
5		1535	✓						✓					✓			LIP—	SCARS REAR LEGS
6		1536	✓							✓				✓				
7		1537		✓					✓					✓			LIP—	
8		1538	✓						✓					✓			LIP—	SCAR RIGHT REAR LEG
9		1539	✓						✓					✓			LIP—	
10		1540			✓					✓					✓			
11		1541					✓						TWH	✓				
12		1542					✓				BELG			✓				
13		1543			✓								TWH	✓				
14		1544				BAY WHT							PRINT	✓				
15		1545		✓						✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY B

SIGNATURE: [redacted] (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	1546			✓					✓				✓				
17		1547					✓						ARAB	✓				
18		1548		✓						✓						✓		
19		1549			✓								TWH	✓				
20		1550	✓							✓						✓		
21		1551			✓								STD			✓	LIP-	SCARS ON SHOULDERS
22		1552	✓										STD			✓		
23		1553	✓										STD	✓			BRAND 20124	
24		1554			✓								STD			✓	BRAND T4947	
25		1555	✓										STD	✓			BRAND BP78	
26		1556					✓						SB	✓				
27		1557	✓										STD	✓			LIP-	
28		1558	✓										STD			✓	LIP-	BLIND LEFT EYE
29		1559					✓			✓				✓				SCAR ON FOREHEAD
30		1560	✓										STD	✓				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

...y 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

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52058

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-1-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 marion hardin rd.														
LA RUE, OH 43332														
USFR1681	240	N	QH		chestnut,star,stripe~~strip~~,snip,LR sock									
USFR1682	240	N	QH		bay,star,brand S 1									
USFR1683	144	F	QH		bay,RF heel,RR ankle									
USFR1684	156	F	QH		bay,star,RR cornet									
USFR1685	144	F	QH		red roan,star,LR,RR cornet									
USFR1686	120	F	PAINT		black/white,star,snip,sock all 4,brandtop pillar8									
USFR1687	228	F	QH		chestnut,star,strip,snip,LR,RR sock									
USFR1688	120	F	PAINT		bay/white,star,strip,snip,RR cornet									
USFR1689	132	F	AP		red roan,star,strip,snip,LR sock									
USFR1690	144	F	PAINT		black/white,star,strip,snip,sock all 4									
USFR1691	96	F	QH		black,star,strip,snip									
USFR1692	120	F	QH		chestnut,bald,sock all 4 legs									
USFR1693	60	F	QH		black,LR,RR sock									
USFR1694	156	F	QH		bay,snip,LF ankle,LR,RF,RR sock									
USFR1695	60	F	QH		cream-ella,star,snip,RR sock									
USFR1696	96	F	PAINT		bay/white,bald									
USFR1697	120	F	QH		chestnut,star,LR cornet,RR ankle									
USFR1698	84	N	QH		bay,star,strip,LR cornet,RF,RR heel,brands 87,short line over W underlined									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian: Steven R Wilden 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: JUN 01, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: STEVEN R WILDEN, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H 52058

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E. USFR1699	84	N	PAINT		gray/white,star,strip,snip,LR cornet,RR sock,scar F hoof									
1849 MARION HARDIN RD.														
LA RUE, OH 43332 USFR1700	48	N	QH		bay,star,strip,snip,LR,RR sock,									
USFR1701	48	N	QH		chestnut,blaze									
USFR1702	36	N	QH		bay,faint star,snip,LR cornet									
USFR1703	72	F	PAINT		bay/white,bald,scar R jaw									
USFR1704	84	F	QH		chestnut,star,strip,snip									
USFR1705	60	N	QH		chestnut,star,snip									
USFR1706	144	N	QH		bay,star,strip,snip,LR,RR sock									
USFR1707	132	F	QH		chestnut,star,strip,snip,LR sock,brand clothes hanger to the L									
USFR1708	132	F	QH		bay roan,LR,RR ankle,brand clothes hanger to the L									
USFR1709	144	F	QH		bay roan,star,LR,RR cornet									
USFR1710	96	F	QH		gray,brand clothes hanger to the L									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52054

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-1-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1651	120	M	QH		bay,star,strip,snip									
USFR1652	180	N	SN		bay,brand ZE075									
USFR1653	120	F	SN		black,faint star,brand 9AZ23,scar RRleg'									
USFR1654	60	F	QH		chestnut,star,strip,snip,LR sock,RR ankle,scar									
					LR ankle									
USFR1655	120	F	SN		bay,									
USFR1656	48	N	QH		chestnut,blaze,RF ankle									
USFR1657	120	N	SN		bay,faint star,LR cornet,brand W7857									
USFR1658	180	F	SN		black,UNRD lip									
USFR1659	144	N	QH		gray,blaze									
USFR1660	60	F	QH		bay,faint star									
USFR1661	240	N	SN		bay,star,strip,UNRD lip									
USFR1662	144	F	SN		bay									
USFR1663	180	F	QH		gray,snip,brands D5,53									
USFR1664	144	N	SN		bay,faint star,LR heel									
USFR1665	84	N	PAINT		bay/white,bald									
USFR1666	120	F	QH		black									
USFR1667	180	F	SN		bay,UNRD lip									
USFR1668	240	F	QH		chestnut,faint 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: JUN 01, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: STEVEN R WILDEN, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

VS FORM 17-140 (MAR.98). Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52054

3. PAGE NO.: 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, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR1669	120	F	SN	bay									
1849 MARION HARDIN RD.	USFR1670	84	N	OH	chestnut,star,strip,snip									
LA RUE, OH 43332	USFR1671	96	N	OH	bay,star									
	USFR1672	77	N	SN	bay,star,LR cornet,RR ankle									
	USFR1673	240	F	SN	black,star,RR ankle									
	~~USFR1[illegible]~~	~~[illegible]~~												
	USFR1674	180	F	SN	bay,LR cornet,RR ankle,UNRD lip									
	USFR1675	108	F	OH	chestnut,blaze,RR sock									
	USFR1676	120	N	HAFLINGER	chestnut,star,strip,snip									
	USFR1677	208	F	SN	chestnut,star,strip,snip,LF sock,UNRD lip									
	USFR1678	120	F	OH	chestnut,star,strip,snip,LF,RF sock									
	USFR1679	48	F	TH	bay,star,LF cornet,RR ankle,UNRD lip,scar LR heel									
	USFR1680	108	N	OH	chestnut,star,strip,snip,LR,RR ankle									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A ~~PHSYI~~ PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

[signature] Walden, DVM

[signature]

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

(Please type or print in ink)

instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER		CONSIGNEE (RECEIVER/DESTINATION) NAME: MANOE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD		STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332		CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995		AREA CODE & TELEPHONE NO.: 4507882490

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	USFR	1681					X			X						X		
2		1682	X							X						X	BRAND S	
3		1683	X							X				X				
4		1684	X							X				X				
5		1685						RED ROAN		X				X				
6		1686				BLK WHT							PAINT	X			BRAND TCB	
7		1687					X			X				X				
8		1688				BAY WHT							PAINT	X				
9		1689						RED ROAN					APP	X				
10		1690				BLK WHT							PAINT	X				
11		1691			X					X				X				
12		1692					X			X				X				
13		1693			X					X				X				
14		1694	X							X				X				
15		1695						CREAM ELLA		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USFR	1696				BAY WHT							PRINT	✓				
17		1697					✓			✓				✓				
18		1698	✓							✓						✓	BRANDS 87 W	
19		1699				GRAY WHT							PRINT			✓		SCAR LEFT FRONT HOOF
20		1700	✓							✓						✓		
21		1701					✓			✓						✓		
22		1702	✓							✓						✓		
23		1703				BAY WHT							PRINT	✓				SCAR RIGHT JAW
24		1704					✓			✓				✓				
25		1705					✓			✓						✓		
26		1706	✓							✓						✓		
27		1707					✓			✓				✓			BRAND 2	
28		1708						BAY ROAN		✓				✓			BRAND 2	
29		1709						BAY ROAN		✓				✓				
30		1710		✓						✓				✓			BRAND 2	
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OH/6
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEJEUILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USPR	1651	✓							✓						✓		
2		1652	✓										STD			✓	BRAND ZE075	
3		1653			✓								STD	✓			BRAND 9AZ23	SCAR RIGHT REAR LEG
4		1654					✓			✓				✓				SCAR LEFT REAR ANKLE
5		1655	✓										STD	✓				
6		1656					✓			✓						✓		
7		1657	✓										STD			✓	BRAND W7857	
8		1658			✓								STD	✓			LIP-	
9		1659		✓						✓						✓		
10		1660	✓							✓				✓				
11		1661	✓										STD			✓	LIP-	
12		1662	✓										STD	✓				
13		1663		✓						✓				✓			BRANDS DS 53	
14		1664	✓										STD			✓		
15		1665				BAY WHT							PAINT			✓		

HORSE HOURS [redacted] CONSECUTIVE

SIGNAT [redacted] (b) (6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	1666			✓					✓				✓				
17		1667	✓										STD	✓			LIP	
18		1668					✓			✓				✓				
19		1669	✓										STD	✓				
20		1670					✓			✓						✓		
21		1671	✓							✓						✓		
22		1672	✓										STD			✓		
23		1673			✓								STD	✓				
24		1674	✓										STD	✓			LIP	
25		1675					✓			✓				✓				
26		1676					✓						WAFL			✓		
27		1677					✓						STD	✓			LIP	
28		1678					✓			✓				✓				
29		1679	✓						✓					✓			LIP	SCAR LEFT REAR HEEL
30		1680					✓			✓				—		✓		—
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52055

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-1-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1621	180	F	TH		gray,UNRD lip									
USFR1622	144	F	SN		bay,brand SA441									
USFR1623	180	F	SN		bay,RF cornet,RR ankle									
USFR1624	144	N	BL		chestnut,blaze,LF,RR ankle,LR sock,scars on shoulders									
USFR1625	60	F	BL		chestnut,star,strip,snip									
USFR1626	180	F	TH		bay,star,LF roan ankle,UNRD lip,bump L knee									
USFR1627	192	N	TH		chestnut,star,strip,snip,LR,RR sock,large RR ankle									
USFR1628	204	N	SN		black,faint star									
USFR1629	180	N	SN		bay,LR,RR sock,RF cornet,UNRD lip									
USFR1630	60	F	PAINT		bay/white,sock all 4 legs									
USFR1631	108	F	SN		bay,small star									
USFR1632	120	N	QH		chestnut,star,strip,snip,RF sock									
USFR1633	180	N	SN		bay,faint star,LR ankle,UNRD lip									
USFR1634	144	F	SN		bay,faint star,LR,RR ankle									
USFR1635	180	F	BL		chestnut,blaze,LR,RR sock									
USFR1636	120	F	SN		bay,LR ankle,brand RT060									
USFR1637	144	F	SN		bay,star,UNRD lip									

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: JUN 01, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D.

21. STATUS ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian: Steven R Wilden DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: STEVEN R WILDEN, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52055 ~~H 52052~~

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR1638	120	F	SN		bay,LR ankle,brand RE24R									
USFR1639	60	N	QH		chestnut,blaze,LR,RR sock									
USFR1640	96	F	SN		black,star,brand Y595D									
USFR1641	216	F	TH		black									
USFR1642	120	N	SN		chestnut,strip,LR sock									
USFR1643	132	F	SN		chestnut,star,RR ankle,UNRD tip									
USFR1644	180	~~M~~ F	SN		gray,UNRD tip									
USFR1645	120	F	SN		bay,star,strip,LR,RR sock,UNRD tip,brand 23									
USFR1646	144	F	TH		chestnut,star,brand $,UNRD tip									
USFR1647	180	F	SN		bay,brand X8329									
USFR1648	84	N	SN		bay,star,snip,brand X3569									
USFR1649	72	F	SN		bay,brand 3AB54									
USFR1650	84	N	SN		bay,star,RR ankle,brand Z8429									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO AND ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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	USFR	1636	✓										STD	✓			BRAND RTO6Q	
17		1637	✓										STD	✓			LIP	
18		1638	✓										STD	✓			BRAND RE24B	
19		1639					✓			✓						✓		
20		1640			✓								STD	✓			BRAND V585D	
21		1641			✓								TWH	✓				
22		1642					✓						STD			✓		
23		1643					✓						STD	✓			LIP	
24		1644		✓									STD			✓	LIP	
25		1645	✓										STD	✓			LIP BRAND 23	
26		1646					✓		✓					✓			BRAND # LIP	
27		1647	✓										STD	✓			BRAND X8329	
28		1648	✓										STD			✓	BRAND X3559	
29		1649	✓										STD	✓			BRAND 3AB54	
30		1650	✓										STD			✓	BRAND 2B429	
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G 1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1621		✓					✓					✓			LIP–	
2		1622	✓										STD	✓			BRAND SA441	
3		1623	✓										STD	✓				
4		1624					✓				BEL6					✓		SCARS ON SHOULDERS
5		1625					✓				BEL6			✓				
6		1626	✓						✓					✓			LIP–	BUMP LEFT KNEE
7		1627					✓		✓							✓	LIP–	LARGE RIGHT REAR ANKLE
8		1628			✓								STD			✓		
9		1629	✓										STD			✓	LIP–	
10		1630				BAY WHT							PAINT	✓				
11		1631	✓										STD	✓				
12		1632					✓			✓						✓		
13		1633	✓										STD			✓	LIP–	
14		1634	✓										STD	✓				
15		1635					✓				BEL6			✓				

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[redacted] (9) (q)

I HE… INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52060

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-3-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1711	72	N	QH		chestnut,blaze,LR,RR sock,RF cornet									
USFR1712	120	N	TW		black,blaze,LR,RR sock									
USFR1713	96	N	PAINT		red roan/white,blaze,sock all 4,scar RR									
USFR1714	72	F	SN		bay,brand 3AB54									
USFR1715	84	N	SN		bay,star,RR ankle,brand ZB429									
USFR1716	84	N	SN		bay,star,snip,brand X8329									
USFR1717	144	N	TH		bay,UNRD lip									
USFR1718	180	N	SN		bay,RR cornet,brand RS261									
USFR1719	120	F	TH		bay,star,UNRD lip									
USFR1720	60	F	TH		bay,star,UNRD lip									
USFR1721	48	N	AP		red roan									
USFR1722	120	N	SN		bay,star,strip,LR sock,brand 9AF12									
USFR1723	96	N	TH		bay,star,UNRD lip									
USFR1724	48	F	TH		bay,star,strip,snip,UNRD lip									
USFR1725	144	M	PAINT		chestnut/white,star									
USFR1726	72	M	PAINT		black/white,star,snip,scar RF hoof									
USFR1727	96	N	QH		chestnut,star,									
USFR1728	120	M	PAINT		chestnut/white,star,snip									
USFR1729	180	F	TH		black,star,snip, UNRD lip									

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: JUN 3 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: THOMAS R HANS, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHLEIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H 52060

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1730	96	M	PAINT		chestnut/white,blaze									
USFR1731	108	G	QH		bay,star,strip,LR,RF corhet,RR sock									
USFR1732	48	F	TH		chestnut,star,UNRD lip									
USFR1733	60	M	TH		gray,LR,RR sock,UNRD lip									
USFR1734	120	F	SH		bay									
USFR1735	120	M	SH		bay,faint star,LR cornet,brand W7057									
USFR1736	144	M	SH		bay,faint star,LR heel									
USFR1737	60	F	TH		black,star,LR ankle,UNRD lip									
USFR1738	48	F	TH		chestnut,star,strip,snip,LR sock,UNRD lip									
USFR1739	60	F	QH		chestnut,star,strip,snip,LF,LR sock,scar on forehead									
USFR1740	180	F	QH		chestnut,blaze									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Public reporting burden for this collection of information is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LaRue OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LaRue OHIO 43332	CITY, STATE, ZIP CODE: MASSELIEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1711					☒			☒						☒		
2		1712			☒								TWH			☒		
3		1713				RED ROAN WHT							PAINT			☒		SCAR RIGHT REAR LEG
4		1714	☒										STD	☒			BRAND 3A B54	
5		1715	☒										STD			☒	BRAND 2 B429	
6		1716	☒										STD			☒	BRAND X8329	
7		1717	☒						☒							☒	LIP—	
8		1718	☒										STD			☒	BRAND RS 261	
9		1719	☒						☒					☒			LIP—	
10		1720	☒						☒					☒			LIP—	
11		1721						RED ROAN					APP			☒		
12		1722	☒										STD			☒	BRAND 9AF12	
13		1723	☒						☒							☒	LIP—	
14		1724	☒						☒					☒			LIP—	
15		1725				CHESTN WHT							PAINT		☒			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USFR	1726				BLK WHT							PRINT		✓			SCAR RIGHT FRONT HOOF
17		1727					✓			✓						✓		
18		1728				CHESTN. WHT							PRINT			✓		
19		1729			✓				✓					✓			LIP—	
20		1730				CHESTN WHT							PRINT			✓		
21		1731	✓							✓						✓		
22		1732					✓		✓					✓			LIP—	
23		1733		✓					✓							✓	LIP—	
24		1734	✓										STD	✓				
25		1735	✓										STD			✓	BRAND W7857	
26		1736	✓										STD			✓		
27		1737			✓				✓					✓			LIP—	
28		1738					✓		✓					✓			LIP—	
29		1739					✓			✓				✓				SCAR ON FOREHEAD
30		1740					✓			✓				✓				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: D104233

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 5-3-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check 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 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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
BAUER, FRED E.	USFR0991	144	F	TH SORREL BLAZE LF SOCK LR SOCK RF SOCK										
1849 MARION HARDIN RD.				RR SOCK LIP? BUMPS ON KNEES										
LA RUE, OH 43332	USFR0992	120	F	AP BAY WHITE STAR SNIP LR ANKLE RR CORNET										
	USFR0993	84	F	PE GRAY ROAN FACE										
	USFR0994	120	F	TH SORREL BLAZE LF ANKLE LR SOCK RF SOCK										
				RR CORNET LIP?										
	USFR0995	108	N	PAINT SORREL WHITE BALD LF SOCK LR SOCK RF SOCK										
				RR SOCK										
	USFR0996	72	F	QH SORREL STAR STRIP SNIP SCAR RR LEG										
	USFR0997	72	N	QH SORREL STAR										
	USFR0998	60	N	QH SORREL STAR										
	USFR0999	60	M	PE GRAY										
	USFR1000	72	F	AP DUN WHITE STAR STRIP SNIP LR SOCK RR SOCK										
				SCAR ON RIGHT SHOULDER										
	USFR1001	108	F	QH SORREL BLAZE LF CORNET LR SOCK RR HEEL										
	USFR1002	96	N	QH SORREL STAR STRIP SNIP LF ANKLE LR SOCK RF										
				ANKLE RR SOCK										
	USFR1003	60	N	QH BAY STAR LR CORONET										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 3 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: ROBERT A. ROUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 0104233

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR1004	48	F	TH	BAY	LIP?								
1849 MARION HARDIN RD.	USFR1005	180	N	SN	BAY	STAR	LR CORNET							
LA RUE, OH 43332	USFR1006	120	N	SN	BAY	FAINT	STAR	FAINT	SNIP	LR ANKLE				
	USFR1007	72	N	QH	SORREL	STRIP	SNIP							
	USFR1008	108	N	AP	RED	ROAN	STAR	STRIP	SNIP	LF CORNET	LR SOCK			
	USFR1009	96	N	QH	DUN	STAR	LF CORNET	RR CORNET	BUMP	L KNEE				
	USFR1010	84	F	QH	SORREL	STAR	STRIP	SNIP	LR ANKLE	RF ANKLE				
	USFR1011	60	F	TH	BAY	LR CORNET	LIP?							
	USFR1012	84	F	PAINT	BAY	WHITE	BALD							
	USFR1013	120	N	QH	RED	ROAN	STAR	STRIP	SNIP	LR ANKLE				
	USFR1014	72	F	QH	SORREL	BLAZE	LF CORNET	LR CORNET	RF SOCK	RR SOCK				
	USFR1015	120	N	QH	BAY	STAR	SNIP	LF CORNET						
	USFR1016	84	F	AP	DUN	WHITE	BLAZE							
	USFR1017	120	N	AP	SORREL	WHITE	STAR	LR ANKLE	BLIND R	EYE				
	USFR1018	60	F	BL	SORREL	STAR	STRIP	SNIP	SCAR R	HOCK				
	USFR1019	132	F	QH	SORREL	STAR								
	USFR1020	144	F	QH	SORREL	BAZ	BLAZE							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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 US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OF TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 4993995	AREA CODE & TELEPHONE NO.: 450 7882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	0991					✓		✓					✓			LIP	BUMPS ON KNEES
2		0992						BAY WHT					APP	✓				
3		0993		✓							PERCH			✓				
4		0994					✓		✓					✓			LIP	
5		0995				SOR WHT							PAINT			✓		
6		0996					✓			✓				✓				SCAR RIGHT REAR LEG
7		0997					✓			✓						✓		
8		0996					✓			✓						✓		
9		0999		✓							PERCH				✓	✓		
10		1000						DUN WHT					APP	✓				SCAR RIGHT SHOULDER
11		1001					✓			✓				✓				
12		1002					✓			✓						✓		
13		1003	✓							✓						✓		
14		1004	✓						✓					✓			LIP	
15		1005	✓										STD			✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	1006	✓										STR			✓		
17		1007					✓			✓						✓		
18		1008						RED ROAN					APP			✓		
19		1009						DUN		✓						✓		BUMP LEFT KNEE
20		1010					✓			✓				✓				
21		1011	✓						✓					✓			LIP—	
22		1012				BAY WHT							PRINT	✓				
23		1013						RED ROAN		✓						✓		
24		1014					✓			✓				✓				
25		1015	✓							✓						✓		
26		1016						DUN WHT					APP	✓				
27		1017						SOR WHT					APP			✓		BLIND RIGHT EYE
28		1018					✓				BLG			✓				SCAR RIGHT HOCK
29		1019					✓			✓				✓				
30		1020					✓			✓				✓				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: D104226

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 5-3-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: OHIO 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean — 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check 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 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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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	DISEASE TYPE TEST 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
USFR0931	84	N	OH SORREL STAR				SNIP	LF	SOCK	LR		SOCK		
USFR0932	120	N	PAINT BAY WHITE				BLAZE	LF	SOCK	LR	SOCK	RF SOCK		
			RR SOCK											
USFR0933	108	N	OH BAY STAR SNIP				LR	ANKLE	BRAND	M	WITH	CURVE OVER		
USFR0934	120	N	AP RED ROAN ROAN				FACE	BRAND	R					
USFR0935	240	N	PAINT BAY WHITE				BALD							
USFR0936	72	N	OH SORREL STAR				STRIP	LR	SOCK					
USFR0937	72	N	OH SORREL STAR				STRIP	SNIP	RR	ANKLE				
USFR0938	120	F	OH BAY LR ANKLE											
USFR0939	120	F	BL SORREL BLAZE				RR SOCK							
USFR0940	120	F	OH BAY NO OTHER				MARKINGS							
USFR0941	108	F	OH DUN PAINT STAR											
USFR0942	108	F	OH SORREL BLAZE				LF ANKK	ANKLE	RF	ANKLE				
USFR0943	72	F	PAINT BAY WHITE				STAR	STRIP	SNIP	LF	SOCK	LR SOCK		
			RF SOCK	RR SOCK										
USFR0944	84	F	PAINT SORREL	WHITE	STAR		STRIP	SNIP	LF	SOCK	LR	SOCK		
			RF SOCK	RR SOCK										
USFR0945	84	F	OH SORREL FAINT		STAR		BRAND	L	I					

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 3 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*: 30
(Include No. from all attached VS Forms 17-140A)

24. NAME OF ENDORSING FEDERAL VET. *(Type or print or stamp)*: KELLIE A. ROUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

B. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR0946	60	F	QH	BLACK STAR										
USFR0947	84	F	QH	PALOMINO BLAZE LR SOCK RF SOCK RR SOCK										
USFR0948	120	F	PAINT	BLACK WHITE STAR STRIP SNIP LF SOCK LR SOCK										
			RF	SOCK RR SOCK										
USFR0949	60	F	QH	RED ROAN STAR SNIP LF CORNET RR ANKLE										
USFR0950	120	F	QH	SORREL STAR STRIP SNIP LRF CORNET RR ANKLE										
USFR0951	240	F	QH	PALOMINO STAR STRIP SNIP										
USFR0952	60	F	PAINT	BAY WHITE BALD SCAR LEFT KNEE										
USFR0953	48	F	QH	BAY NO OTHER MARKINGS										
USFR0954	120	F	QH	BAY STAR STRIP SNIP										
USFR0955	48	F	QH	BAY ROAN LR CORNET										
USFR0956	48	F	QH	BAY STAR SCAR RR ANKLE										
USFR0957	120	F	QH	SORREL STAR STRIP SNIP										
USFR0958	60	F	QH	SORREL STAR STRIP SNIP LR CORNET RF ANKLE RR SOCK										
USFR0959	72	F	QH	BAY STAR										
USFR0960	84	F	QH	BAY STAR LR ANKLE RR ANKLE										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECITON, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEWM EXIC NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ON/6
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	0931					✓			✓						✓		
2		0932				BAY WHT							PAINT			✓		
3		0933	✓							✓						✓	BRAND M	
4		0934						RED ROAN					APP			✓	BRAND R	
5		0935				BAY WHT							PAINT			✓		
6		0936					✓			✓						✓		
7		0937					✓			✓						✓		
8		0938	✓							✓				✓				
9		0939					✓				BELG			✓				
10		0940	✓							✓				✓				
11		0941						DUN		✓				✓				
12		0942					✓			✓				✓				
13		0943				BAY WHT							PAINT	✓				
14		0944				BOR WHT							PAINT	✓				
15		0945					✓			✓				✓			BRAND L I	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0946			✓					✓				✓				
17		0947						PAL		✓				✓				
18		0948				BLK WHT							PAINT	✓				
19		0949						RED ROAN		✓				✓				
20		0950					✓			✓				✓				
21		0951						PAL		✓				✓				
22		0952				BAY WHT							PAINT	✓				SCAR LEFT KNEE
23		0953	✓							✓				✓				
24		0954	✓							✓				✓				
25		0955						BAY ROAN		✓				✓				
26		0956	✓							✓				✓				SCAR RIGHT REAR ANKLE
27		0957					✓			✓				✓				
28		0958					✓			✓				✓				
29		0959	✓							✓				✓				
30		0960	✓							✓				✓				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: D104225

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 5-3-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check 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 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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR0901	108	N	HL SORREL STAR STRIP SNIP											
USFR0902	120	F	PAINT SORREL WHITE BLAZE LF SOCK											
USFR0903	84	F	QH BLACK STAR LR ANKLE RR SOCK											
USFR0904	108	F	QH BLACK STAR STRIP SNIP SCAR LF HOOF											
USFR0905	120	F	QH WHITE NO OTHER MARKINGS											
USFR0906	60	N	QH SORREL STAR STRIP SNIP LR ANKLE											
USFR0907	120	N	QH SORREL STAR STRIP SNIP LR SOCK RR SOCK											
USFR0908	144	F	AP RED ROAN STAR STRIP SNIP LR SOCK RR LEG				CORNET					CORNET	SCAR LR	
USFR0909	120	F	QH SORREL STAR STRIP LF ANKLE LR CORNET RR SOCK											
USFR0910	180	F	QH BAY LIP?											
USFR0911	120	N	QH BLACK SNIP											
USFR0912	120	F	AP RED ROAN ROAN FACE											
USFR0913	36	F	QH SORREL SMALL STAR											
USFR0914	144	N	PAINT SORREL WHITE BALD LF SOCK RF ANKLE RR SOCK											
USFR0915	180	F	PAINT SORREL WHITE STAR											
USFR0916	144	N	AP WHITE NO OTHER MARKINGS											
USFR0917	180	F	QH SORREL STAR SNIP											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 3 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET. *(Type/print or stamp)*: ROBERT A. MOUGH DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0130

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LAKEVIEW OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LAKEVIEW OHIO 43332	CITY, STATE, ZIP CODE: MASSEVEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 4993995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	5501					X				BELG			X				
2		5502	X										STD			X		
3		5503	X										STD			X		
4		5504	X										STD			X	BRAND —	
5		5505					X				BELG					X		
6		5506	X										STD	X			BRAND X5265	
7		5507	X										STD	X			LIP —	
8		5508	X										STD	X				
9		5509					X						SB			X		
10		5510	X						X							X	LIP —	
11		5511	X										STD			X	BRAND —	
12		5512	X										STD	X			LIP —	
13		5513	X										STD			X	BRAND + 5571	
14		5514	X										STD			X	LIP —	
15		5515	X										STD			X	BRAND —	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF1	SS16	b										STD			b	BRAND—	
17		SS17			b								STD			b	LIP—	
18		SS18	b										STD	b				
19		SS19					X						STD	b			BRAND 317 LIP—	
20		SS20	b							b						b		
21		SS21	b							b						b		
22		SS22			b								STD			b	LIP—	
23		SS23	b							b				b				
24		SS24			b					b				b				
25		SS25	b										STD			b	LIP—	
26		SS26	b										STD			b	BRAND—	
27		SS27			b					b				b				
28		SS28	b										STD			b		
29		SS29	b						b							b	LIP—	
30		SS30	b						b							b	LIP—	
31																		
32																		
33																		
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: G 07087

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USFI5520	132	N	QH	bay,star,strip,snip,LR,RR sock										
USFI5521	84	N	QH	bay										
USFI5522	192	N	SN	~~bkwa~~ FOR black,small star,UNRD lip										
USFI5523	96	F	QH	bay,bald,LF,LR,RR sock										
USFI5524	120	F	QH	black,star,LR,RR ankle, RF cornet										
USFI5525	156	N	SN	bay,UNRD lip FOR										
USFI5526	84	N	SN	bay,star,LF heel,RR ankle,UNRD brand										
USFI5527	72	F	QH	black,star,LR ankle,										
USFI5528	168	N	SN	bay,SMALL STAR,LR, RR ankle										
USFI5529	84	N	TH	bay,star,LR,RR ankle,RF cornet, UNRD lip										
USFI5530	48	N	TH	bay, UNRD lip										

1. THE ANIMALS WERE INEPSECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNCIABEL DISEASE. 2. THE ANINLAS WERE TO THE BEST FO THE KNOWLEDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY CONNUNCIABEL DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIEDED IN THE US OR CANADA SINCE BIRTH. 4. THE ~~NAINLS~~ ANIMALS WERE INSPECTED AND WEREFOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO EB TREANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY PETERIOARTION IN HEALTH PR PHR OR PHYSICAL CONDITION THAT COULD RENDER THE ANIMALS UNFIT FOR TRANSPORT MAY RESUL IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS HAVE NOT BEEN IN THE STATE OF TEXAS. 7. fit to be transported MEAND THAT NO ANIMLAS NS AN INFIRMTIYT, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIMALS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY. 9. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN STHIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: G 07087

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: 1/19/10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARIN HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIUE INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

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

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USFI5501	144	F	BL		sorrel,blaze									
USFI5502	168	N	SN		bay,LR ankle,star									
USFI5503	96	N	SN		bay,star									
USFI5504	168	N	SN		bay,star,UNRD brand									
USFI5505	144	N	BL		sorrel,blaze									
USFI5506	96	F	SN		bay,brand X5265									
USFI5507	156	F	SN		bay,star,LR ankle,UNRD lip									
USFI5508	120	F	SN		bay,star,LR ankle									
USFI5509	108	N	SN		sorrel,star,strip,snip,LR sock									
USFI5510	84	N	TH		bay,UNRD lip									
USFI5511	84	N	SN		bay,star,snip,LF,LR ankle, UNRD brand									
USFI5512	168	F	SN		bay,star,UNRD lip									
USFI5513	96	N	SN		bay,star,strip,snip,LR sock,RR ankle,brand T5571									
USFI5514	168	N	SN		bay,UNRD lip									
USFI5515	108	N	SN		bay,star,UNRD brand									
USFI5516	96	N	SN		bay,LR,RR ankle, UNRD brand									
USFI5517	108	N	SN		black,star,LR,RR cornet, UNRD lip									
USFI5518	84	F	SN		bay,star,strip,snip									
USFI5519	168	F	SN		sorrel,star,brand317, UNRD lip									

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: JAN. 19. 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: THOMAS R HANS, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

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	USFI	5546	✓										STD	✓				BLIND LEFT EYE
17		5547					✓			✓				✓				
18		5548					✓			✓						✓		
19		5549	✓							✓				✓				WARTS ON RIGHT EAR
20		5550				SOR-WHT							PRINT	✓				
21		5551					✓			✓						✓		
22		5552						PAL		✓						✓		
23		5553	✓						✓							✓	LIP-	
24		5554	✓										STD			✓		
25		5555	✓										STD			✓		
26		5556					✓		✓							✓	LIP-	
27		5557					✓						ARAB	✓				
28		5558			✓					✓						✓		
29		5559					✓		✓							✓	LIP-	
30		5560	✓										STD			✓		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEN
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	5531					✓			✓				✓				
2		5532						DUN		✓						✓		
3		5533				SOR WHT							PAINT			✓		
4		5534					✓				BELG			✓				
5		5535				BAY WHT							PAINT	✓				
6		5536	✓										STD			✓	CLIP	
7		5537					✓			✓				✓				
8		5538					✓			✓				✓				
9		5539				BAY WHT							PAINT	✓				
10		5540				SOR WHT							PAINT	✓				
11		5541				BRN WHT							PAINT	✓				
12		5542						RED ROAN					APP	✓				
13		5543						RED ROAN					APP	✓				
14		5544					✓			✓						✓		
15		5545	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: G 07086

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU IC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER FRED E														
1849 MARION HARDIN RD	USFI5550	192	F	PAINT	sorrel/white,bald									
LA RUE, OH 43332	USFI5551	156	N	QH	sorrel,star,strip,snip,LF							cornet,RF sock		
	USFI5552	240	N	QH	palomino,blaze									
	USFI5553	72	N	TH	bay,RR cornet,UNRD lip									
	USFI5554	180	N	SN	bay									
	USFI5555	84	N	SH	bay,star,snip									
	USFI5556	48	N	TH	sorrel,blaze,LF ankle,LR,RR sock, UNRD lip									
	USFI5557	84	F	AQ	sorrel,star,strip,snip,LF, RF sock,LR ankle									
	USFI5558	48	N	QH	black,star,LR ankle,RF,RR cornet									
	USFI5559	72	N	TH	sorrel,star,strip,snip,RR sock, UNRD lip									
	USFI5560	120	N	SN	bay,LR,RR ankle, RF knee heel									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEAE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN VETERINARIN NOT EXPOSED TO ANY COMMUNICABEL DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 45. THE EXPORTER AHS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITI CONDITION THAT COULD RENDER THE ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED IN ENTRY IN CANADA. 6. PIE DURING THE PREVIOUS 21 DAYS RTHE ANIMALS HAVE NOT BEEN IN THE U.STATE OF TEXAS. 7. FIT TO BE TRANSPORTED MEAS THAT NO ANIMALS HAS AN INFIRTITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD RENDER AGGRAVARE THE ANIAMLS CUAI CAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY. 9. DURING THE PREVSIOUS 21 DAYS THE ANIAMLS HAVE NOT BEEN IN THE STATE OF NEW MEXICO.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)

FORM APPROVED - OMB NO. 0579-0020

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER FRED E	G 07086	2 OF 1

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1/19/10	PORT HYRHURON MICHIGAN	26	1849 MARION HARDIN RD	LA RUE

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]	OHIO	39	43332

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHLIEU INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E														
1849 MARION HARDIN RD														
LA RUE, OH 543332														
USFI5531	120	F	QH		sorrel,star,strip,snip,RR cornet									
USFI5532	96	N	QH		dun,blaze,LR sock,RF ankle									
USFI5533	108	N	PAINT		sorrel/white,bald									
USFI5534	60	F	BL		sorrel, star,snip									
USFI5535	120	F	PAINT		bay/white,star,strip,snip									
USFI5536	144	N	SN		bay,star, UNRD lip									
USFI5537	132	F	QH		sorrel, star,LR cornet									
USFI5538	120	F	QH		sorrel									
USFI5539	96	F	PAINT		bay/white, blaze									
USFI5540	96	F	PAINT		sorrel,white,bald									
USFI5541	72	F	PAINT		brown/white,star,strip									
UDSFI5542	60	F	AP		red roan,star,strip,snip									
USFI5543	72	F	AP		red roan,roan face, LR sock									
USFI5544	96	N	QH		sorrel,star,strip,LR cornet									
USFI5545	120	F	QH		bay									
USFI5546	96	F	SN		bay,star,strip,snip,LR sock,RRankle,blind L eye									
USFI5547	72	F	QH		sorrel,star,snip,LR ankle									
USFI5548	180	N	QH		sorrel, bald,LF sock,LR,RR ankle,RF cornet									
USFI5549	144	F	QH		bay,blaze,LF,RF ankle, LR cornet,warts R ear									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN. 19. 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	THOMAS R HANS, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

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	USFI	5576	b							b				b				
17		5577	b							b						b		
18		5578					b			b				b				SCAR RIGHT HOCK
19		5579				BAY WHT							PRINT	b				
20		5580					b			b				b				
21		5581						ODN ROAN		b				b				
22		5582						BAY WHT					APP	b				
23		5583						PAL		b						b		
24		5584					b			b				b			BRAND L R	
25		5585				BAY WHT							PRINT	b				
26		5586	b							b				b				
27		5587					b			b				b				SCAR RIGHT REAR LEG
28		5588			b					b				b			BRAND J-S	
29		5589				SOR WHT							PRINT	b				
30		5590			b					b				b				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	5561		✓						✓				✓				NO RIGHT EYE
2		5562	✓							✓				✓				
3		5563				SOR WHT							PAINT	✓				
4		5564						BAY ROAN		✓						✓		SCAR RIGHT FRONT HOOF
5		5565				BAY WHT							PAINT	✓				
6		5566			✓					✓				✓				
7		5567			✓								STD			✓		
8		5568					✓			✓				✓				
9		5569					✓			✓				✓			BRAND (WW)	
10		5570						PAL		✓				✓				NO LEFT EYE
11		5571	✓							✓				✓				
12		5572	✓							✓				✓				
13		5573						PAL		✓				✓				
14		5574				BAY WHT							PAINT	✓				
15		5575					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: G 07082

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU ICNC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER FRED E	USFI5579	240	F	PAINT	bay/white,star,strip,snip									
1849 MARION HARDIN RD	USFI5580	120	F	QH	sorrel,star,strip,snip,RR sock									
LA RUE, OH 43332	USFI5581	84	F	QH	dun roan,star,strip,snip									
	USFI5582	144	F	AP	bay/white,star,snip									
	USFI5583	240	M	QH	palomino,star,strip,snip									
	USFI5584	144	F	QH	sorrel,star,strip,snip,LF,RP corner,LR ankle,brand L diagonal left over R									
	USFI5585	120	F	PAINT	bay/white,blaze									
	USFI5586	48	F	QH	bay,star,LF ankle									
	USFI5587	120	F	QH	sorrel,star,scar RR leg									
	USFI5588	120	F	QH	black,star,brand J-S									
	USFI5589	132	F	PAINT	sorrel/white,blaze									
	USFI5590	24	F	QH	black									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDNECE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNCIABE DISEASE WITHIN ¢) 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANAIMAL WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CODNTION FIT TO BE TRASNSPROTED. 5. THE EXPORTER HAS BEEND ADVISED THAT ANY DETERIROATION IN ENHEALTH OR PHYSICAL CODNITION THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANSPORT ANY RESULT IN THE SHIPMENT TO BE TREFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS HAVE NOT BEEN IN THE STATE OF TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIMALS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIANMLS CAUSING THE ANIMLS TO SUFFER. 8. NORSES ARE FIT FOR SLAUGHTER ONLY. 9. TDURING THE PREVIOUS 21 DAYS THE ANINMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)

FORM APPROVED - OMB NO. 0579-0020

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO: G 07082

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/19/10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIEU INC.
595 RUE ROYALE C.P.101
MASSEUVILLE QUEBEC

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

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USFI5560	120	F	QH		graazgray,no R eye									
USFI5562	90	F	QH		bay,star,strip,snip,LF heel,LR,RR sock									
USFI5563	120	F	PAINT		sorrel/white,star,strip,snip									
USFI5564	72	N	QH		bay roan,faint star,scar RF hoof									
USFI5565	60	F	PAINT		bay/white,star,strip,snip									
USFI5566	72	F	QH		black,star,snip,LF heel,LR,RR sock,RF cornet									
USFI5567	72	N	SN		black,LF heel, LR,RF,RR sock									
USFI5568	120	F	QH		sorrel,star,strip,snip									
USFI5569	132	F	QH		sorrel, star,strip,snip,LR,RR sock,brand2W;s over									rocker
USFI5570	72	F	QH		palomino,blaze,LR,RR sock,no L eye									
USFI5571	144	F	QH		bay,star,LR,RR sock,RF ankle									
USFI5572	36	F	QH		bay,star,LR sock									
USFI5573	36	F	QH		palomino,faint star									
USFI5574	240	F	PAINT		bay/white,star,snip									
USFI5575	108	F	QH		sorrel,star,strip,snip									
USFI5576	120	F	QH		bay,star,snip,LR ankle									
USFI5577	36	N	QH		bay,star,snip,LR ankle									
USFI5578	60	F	QH		sorrel,star,snip,scar R hock									

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: JAN. 19. 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: THOMAS R HANS, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

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	USFR	0016	✓										STD			✓		
17		0017	✓						✓							✓	LIP–	
18		0018					✓		✓							✓	LIP–	
19		0019	✓						✓							✓	LIP–	
20		0020	✓						✓					✓			LIP–	
21		0021			✓								STD			✓	LIP– BRAND 2	
22		0022	✓										STD			✓	BRAND 4 A84	
23		0023	✓										STD			✓	BRAND–	
24		0024	✓										STD			✓	LIP–	
25		0025	✓										STD			✓	BRAND–	
26		0026	✓										STD	✓			BRAND–	
27		0027				BLK WHT							PRINT	✓				
28		0028				BRN WHT							PRINT			✓		
29		0029					✓						STD			✓		
30		0030			✓								STD			✓	BRAND–	
31																		
32																		
33																		
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEN
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 4993995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	0001						DUN		✓				✓				
2		0002	✓							✓				✓				
3		0003					✓			✓				✓				
4		0004					✓			✓						✓		LEFT FRONT CLUB FOOT
5		0005			✓					✓				✓				
6		0006					✓			✓						✓		SCARS FRONT ANKLES
7		0007	✓						✓					✓			LIP—	
8		0008					✓				BELG			✓				
9		0009					✓			✓						✓		
10		0010	✓							✓				✓				
11		0011						PAL		✓						✓		
12		0012	✓										STO			✓	LIP—	
13		0013				BLK WHT							PAINT			✓		
14		0014	✓						✓							✓	LIP—	
15		0015	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3388

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS:

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E	USFR 0020	60	F	TH	BAY		LIP---							
1849 MARION HARDIN RD	USFR 0021	120	N	SN	BLACK		STAR STRIP SNIP					LR,RF SOCKS RR ANKLE	LIP---	
IA RUF, OH 43332	USFR 0022	180	N	SN	BAY		STAR LR SOCK RF					CORMET BRAND 4A-58247	BRAND 2	
	USFR 0023	144	N	SN	BAY		STAR SNIP LR SOCK					BRAND----		
	USFR 0024	144	N	SN	BAY		FAINT STAR LR HEEL					LIP----		
	USFR 0025	144	N	SN	BAY		BRAND ----							
	USFR 0026	72	F	SN	BAY		BRAND ----							
	USFR 0027	120	F	PAINT	BLACK AND WHITE		STAR LF,LR,RF SOCK					RR ANKLE		
	USFR 0028	60	N	PAINT	BROWN WHITE		STAR SNIP LF,LR,RF,RR SOCKS							
	USFR 0029	100	N	SN	SOR									
	USFR 0030	144	N	SN	BLACK		BRAND ----							

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDNECE OF COMMUNICABEL DISEASE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWELDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNICABLE DISEASE WHIHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANAIMS. HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANAIMSL WERE INSPECTED AND WERE FOUND HEALTHYA ND IN A PHYSICAL CODNTIION FIT TO BE TRANSPROTED. 5. the EXPORTER HAS BEENA DVISED THAT ANY DETERIAUTIN IN THEALTH OR IN PHYSICAL CODNTIION THAT COULD RENDER THE ANIMALS UNFIT FOR TRANPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANAIMLS IN THIS SHIPMNET HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPROTED MEANS TO NO ANIAMLS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIMALS CAIUING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLUY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3388

3. PAGE NO.: 2 — 1 OF

4. DATE ISSUED: 3-18-10

5. U.S. PORT OF EMBARKATION *(City and State)*: POERT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: ~~26~~ 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIUEI INC. 595 RUE ROAYLE C.P.101 MASSEUVILLE QUEBEC

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.

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

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USFR 0001	144	F	QH	DUN STAR STRIP SNIP							LR	CORNET		
USFR 0002	132	F	QH	BAY STAR										
USFR 0003	60	F	QH	SOR STAR SYRIP SNIP							LR	SOCK		
USFR 0004	96	N	QH	SOR STAR STRIP SNIP							LR	SOCK LEFT FRONT		CLUB ~~FO~~ FOOT
USFR 0005	72	F	QH	BLACK										
USFR 0006	60	N	QH	SOR STAR LR,RR SOCKS								SCAR SCARS FRONT ANKLE		
USFR 0007	84	F	TH	~~BAYLIP~~ LIP										
USFR 0008	60	F	BL	SOR BLAZE										
USFR 0009	96	N	QH	SOR BLAZE										
USFR 0010	120	F	QH	BAY STAR										
USFR 0011	180	N	QH	APL PAL STAR STRIP SNIP										
USFR 0012	192	N	SN	BAY FAINT STAR LIP-----										
USFR 0013	120	N	PAINT BLACK WHITE LF,LR,RF,RR SOCKS											
USFR 0014	72	N	TH	BAY STAR STRIP SNIP LR,RR SOCKS LIP-----										
USFR 0015	96	F	QH	BAY										
USFR 0016	36	N	SN	BAY FAINT STAR										
USFR 0017	48	N	TH	BAY STAR STRIP SNIP LF, RR ANKLE LR SOCK LIP--										
USFR 0018	72	N	TH	SOR STAR STRIP LR,RR SOCKS LIP-----										
USFR 0019	72	N	TH	BAY STAR STRIP LF CORNET LIP-----										

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: MAR. 18, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian: William F Casto DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: WILLIAM F CASTO, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFI	6716			✓					✓				✓				
17		6717			✓					✓						✓		
18		6718					✓			✓						✓		
19		6719					✓			✓				✓				
20		6720	✓							✓				✓				
21		6721						BAY ROAN		✓				✓				
22		6722	✓						✓							✓		
23		6723						DUN		✓				✓				
24		6724	✓							✓				✓				SCAR LEFT EYE
25		6725	✓							✓				✓				
26		6726					✓			✓						✓		
27		6727					✓			✓						✓		
28		6728					✓			✓				✓				
29		6729	✓							✓				✓				
30		6730					✓			✓				✓				
31																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LA RUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	6701					☒			☒				☒				
2		6702				SOR WHT							PRINT			☒		
3		6703						BLK WHT					APP	☒				
4		6704					☒			☒				☒				
5		6705					☒			☒				☒				
6		6706					☒			☒				☒				
7		6707					☒			☒						☒		
8		6708				BAY WHT							PRINT			☒		SCAR LEFT HOCK
9		6709				SOR WHT							PRINT	☒				
10		6710					☒			☒						☒		
11		6711	☒							☒				☒				
12		6712	☒							☒				☒				
13		6713					☒			☒				☒				
14		6714	☒							☒				☒				
15		6715	☒							☒						☒		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNATU [redacted]

I HEREB [redacted] E INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J3386

PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MARION HARDIN RD														
LA RUE, OH 43332														
USFI6719	60	F	QH	SOR	STAR STRIP			SNIP						
USFI6720	48	F	QH	BAY	NO OTHER MARKINGS									
USFI6721	120	F	QH	BAY	ROAN FAINT STAR									
USFI6722	108	N	TH	BAY	STAR LF CORNET									
USFI6723	84	F	QH	DUN	STAR STRIP			SNIP	LR ANKLE					
USFI6724	48	F	QH	BAY	FAINT STAR			SCAR	1 EYE					
USFI6725	120	F	QH	BAY	SNIP RR CORNET									
USFI6726	96	N	QH	SOR	STAR STRIP			SNIP	LF ANKLE	LR CORNET	RR ANKLE			
USFI6727	120	N	QH	SOR	BALZE LF SOCK			LR SOCK	RF CORNET	RR SOCK				
USFI6728	48	F	QH	SOR	STAR STRIP			SNIP	RR SOCK					
~~USFI6~~														
USFI6729	48	F	QH	BAY	SMALL STAR									
USFI6730	120	F	QH	SOR	BLAZE LF SOCK			LR SOCK						

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KOWEDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNICABL DISEAE WITHIN ~~4~~) 60 DAYS RPECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US RO OR CANADA CSINCE BIRTH. 4. THE ANIAMAL WERE INSPECTED AND WERE FOUND HEALTHY AND FREE FROTH A PHYSICAL CODNTIION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIARINT IN HEALTH OR IN PHYSICAL CODNTION THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANPSORTE DHAT RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DYS THE ANAIMLS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANPOSRTED MEANO THAT NO AMIAMLS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CODNITIION THAT COULD AGGRAVATE THE ANIAMSL CAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3386

3. PAGE NO.: 2 OF 2

4. DATE ISSUED: 3-11-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MAIRON HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RYUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIEU INC.
595 RUE ROYALE C.P.101
MASSEMUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E 1849 MAIRON HRDIN RD LA RUE, OH 43332														
USFI6701	120	F	QH		SOR BLAZE LR SOCK RF CORNET RR SOCK									
USFI6702	60	N	PN		SOR WHT BALD LF SOCK LR SOCK RF SOCK RR SOCK									
USFI6703	60	F	AP		BLK WHT BLAZE LR SOCK RR SOCK									
USFI6704	72	F	QH		SOR STAR RR ANKLE									
USFI6705	108	F	QH		SOR BLAZE LF SOCK LR SOCK RR SOCK									
USFI6706	48	F	QH		SOR STAR LR SOCK									
USFI6707	84	N	QH		SOR BLAZE LR SOCK RR ANKLE									
USFI6708	84	N	PN		BAY WHT STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK SCAR L HOCK									
USFI6709	48	F	PN		SOR WHT BLAZE LF SOCK LR SOCK RF SOCK RR SOCK									
USFI6710	240	N	QH		SOR STAR									
USFI6711	84	F	QH		BAY NO OTHER MARKINGS									
USFI6712	96	F	QH		BAY NO OTHER MARKINGS									
USFI6713	36	F	QH		SOR LR CORNET RF ANKLE RR SOCK									
USFI6714	120	F	QH		BAY STAR STRIP SNIP LR CORNET									
USFI6715	60	N	QH		BAY FAINT STAR									
USFI6716	120	F	QH		BLK NO OTHER MARKINGS									
USFI6717	108	N	QH		BLK STAR									
USFI6718	120	N	QH		SOR STAR STRIP SNIP LF SOCK LR 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: MAR. 11, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: SUSAN M. SKORUPSKI, DVM
AREA VETERINARIAN IN CHARGE OH/WV

25. SIGNATURE OF ISSUING VETERINARIAN

28. Signature of endorsing federal veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFI	6746					✓		✓					✓			LIP—	
17		6747	✓						✓					✓			LIP—	
18		6748	✓						✓							✓	LIP—	
19		6749	✓						✓							✓	LIP—	
20		6750					✓			✓				✓				
21		6751			✓					✓				✓				
22		6752					✓			✓				✓				
23		6753	✓										STD	✓				
24		6754	✓										STD			✓	LIP—	
25		6755				SOR WHT							PAINT	✓				
26		6756					✓			✓						✓		
27		6757			✓								STD	✓				
28		6758	✓										STD			✓	BRAND—	
29		6759	✓										STD			✓	LIP—	
30		6760					✓			✓						✓		
31																		
32																		
33																		
34																		
35																		
36																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: LAKE ONIO BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	6731	☒							☒				☒				
2		6732	☒						☒					☒				
3		6733	☒						☒							☒	LIP	
4		6734	☒						☒					☒			LIP	
5		6735					☒		☒					☒			LIP	
6		6736				DUN WHT							PAINT			☒		
7		6737				SOR WHT							PAINT	☒				
8		6738		☒					☒							☒	LIP	
9		6739	☒						☒						☒		LIP	
10		6740	☒						☒							☒	LIP	
11		6741	☒						☒							☒	LIP	
12		6742	☒						☒					☒			LIP	
13		6743	☒						☒					☒			LIP	
14		6744					☒		☒					☒			LIP	
15		6745					☒		☒							☒	LIP	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted]

I HEREB[redacted]RMATION IN IT AS COMPLE[redacted]M OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 2

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J3385

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USFI6748	96	N	TH	BAY	STAR LF CORNET			LR SOCK				RF ANKLE LIP?		
USFI6749	72	N	TH	BAY	FAINT STAR SNIP LIP?									
~~USFI67~~														
USFI6750	60	F	DH	SOR	LR ANKLE RR ANKLE									
USFI6751	180	F	DH	BLK	STAR STRIP SNIP LR SOCK RR SOCK									
USFI6752	180	F	DH	SOR	STAR STRIP RF SOCK RR SOKC									
USFI6753	60	F	SN	BAY	NO OTHER MARKINGS									
USFI6754	144	N	SN	BAY	FAINT STAR LR ANKLE LIP?									
~~USFI6755~~	72	F	PH	SOR	WHT BALD									
~~USFI6757~~														
~~USFI6756~~	84	N	DH	SOR	STAR STRIP SNIP LR SOCK RR CORNET									
~~USFI6757~~	72	F	SN	BLK	STAR SNIP RR SOCK									
~~USFI6758~~	144	N	SN	BAY	BRAND?									
~~USFI6759~~	180	N	SN	BAY	LIP?									
USFI6760	144	N	DH	SOR	STAR STRIP SNIP LR SOCK RR ANKLE									

1. THE ANAIMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDNEC OF COMMUNICABEL DISEAE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIANIN NOT EXPOSED TO ANY COMMUNICBALE DISEASE WITHIN 690 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANAIMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS WERE INSPECTED AND WERE FOND HEALTHY AND IN A PHYSICAL CODNTIION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAORITN IN HEALHT OR IN PHYSICALC CODNITION THAT COULD RENDER THE ANIAMLS UNFTI FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE RERFUSED ENTRY ON CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMENT HAVE NOT BENN E IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANPSORTED MEANS THAT NO ANIAMLS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CODNITION THAT COULD AGGRAVATE THE ANIANLS CAUSING THE ANIAMSL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGTHER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3385

3. PAGE NO: 2 OF 1

4. DATE ISSUED: 3-11-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIUE INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

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

BAUER FRED E
1849 MAIRON HARDIN RD
LA RUE, OHJ 43332

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
USFI6731	120	F	QH BAY		FAINT		STAR	LF	CORNET		LR	SOCK RR	CORNET	
USFI6732	48	F	TH BAY		STAR		STRIP	LR	ANKLE					
USFI6733	108	N	TH BAY		STAR		STRIP	SNIP	LIP?					
USFI6734	36	F	TH BAY		STAR		STRIP	SNIP	LR	SOCK RR	SOCK	LIP?		
USFI6735	48	F	TH SOR		STAR		STRIP	SNIP	LR	SOCK	RR SOCK	LIP?		
USFI6736	60	N	PN DUN		WHT		BLAZE							
USFI6737	72	F	PN SOR		WHT		BLAZE	LF	SOCK	LR	SOCK	RF SOCK	RR SOCK	
USFI6738	96	N	TH GRAY		LIP?									
USFI6739	48	M	TH BAY		STAR		STRIP	SNIP	LF	ANKLE	LR	SOCK	RR ANKLE	
			LIP?											
USFI6740	96	N	TH BAY		LR		ROAN	ANKLE	RR	ROAN	ANKLE	LIP?		
USFI6741	60	N	TH BAY		STAR		SNIP	LIP?						
USFI6742	60	F	TH BAY		STAR		LIP?							
USFI6743	84	F	TH BAY		STAR		STRIP	SNIP	RF	CORNET	LIP?			
USFI6744	72	F	TH SOR		STAR		STRIP	SNIP	LIP?					
USFI6745	84	N	TH SOR		LR	SOCK	RR	CORNET	LIP?					
USFI6746	60	F	TH SOR		STAR		LIP?							
~~USFI6~~														
USFI6747	72	F	TH BAY		STAR		LIP?							

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: MAR. 11, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian:

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: SUSAN M. SKORUPSKI, DVM
AREA VETERINARIAN IN CHARGE OH/MI

25. SIGNATURE OF ISSUING VETERINARIAN:

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFI	6686	✓						✓							✓		
17		6687					✓			✓				✓				
18		6688			✓					✓				✓				
19		6689					✓			✓				✓				
20		6690	✓							✓				✓				
21		6691	✓							✓				✓				
22		6692					✓			✓				✓				
23		6693	✓							✓				✓				
24		6694					✓			✓				✓				
25		6695	✓							✓						✓		
26		6696	✓							✓					✓			
27		6697					✓						HRFL	✓				
28		6698					✓						HRFL	✓				
29		6699				BLK WHT							PAINT			✓		
30		6700				BAY WHT							PAINT	✓				BLIND RIGHT EYE
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	LSF1	6671					✓			✓				✓				
2		6672					✓			✓				✓				
3		6673						DUN		✓				✓				
4		6674	✓							✓				✓				
5		6675					✓			✓				✓				
6		6676					✓			✓				✓				
7		6677						PAL		✓				✓				
8		6678			✓					✓				✓				
9		6679	✓										STD	✓				
10		6680	✓						✓					✓			LIP—	
11		6681			✓					✓				✓				
12		6682					✓			✓				✓				BUMPS ON KNEES
13		6683					✓			✓				✓				
14		6684					✓			✓						✓		
15		6685	✓						✓					✓			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved. OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: 43377

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USFI6690	72	F	QH	BAY	STAR SNIP									
USFI6691	72	F	QH	BAY	NO OTHER MARKINGS									
USFI6692	84	F	QH	SOR	RR CORNET									
USFI6693	60	F	QH	BAY	STAR SNIP LF CORNET LR ANKLE RR SOCK									
USFI6694	60	F	QH	SOR	STAR STRIP SNIP LR ANKLE									
USFI6695	120	N	QH	BAY	STAR									
USFI6696	144	M	QH	BAY	STAR SNIP									
USFI6697	48	F	HL	SOR	STAR STRIP SNIP									
USFI6698	120	F	HL	SOR	BALD LR SOCK RR SOCK									
USFI6699	48	M	PN	BLK	WHT BALD									
USFI6700	60	F	PN	BAY	WHT BALD BLIND R EYE									

1. THE ANIAMLSE RWRER INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FORM EVIDENC OF COMMUNICABEL DISEAE. 2. THE ANIAMLS WERE TO THE EBST OF THE KNOWLEFGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNICBEAL DISEAE WITHIN 60 DAYS PRECEDING THE DSATE OF INSPECTION. 3. THE ANAIMSL HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS WERE INSPECTED AND SWERE FOUND EHALTHY AND IN A HYSICAL CODNITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAORTIN IN HEALTH OR IN PHYSICAL CODNTIOIN THAT COUDL RENDER THE ANIAMSL UNFIT FOR TRAHPSORT AN YMAY RESULT IN THE SHIPMENT TO BE TREFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS HIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPROTED MEANS THAT NAO ANIMALS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY COTHER CODNITION THAT COULD AGGRAVATE THE HOSRSES CAUSINT THE ANAMSL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTE RONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3377

3. PAGE NO: 2 OF 1

4. DATE ISSUED: 3-11-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MIHCHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIUE INC. 595 RUE ROAYLE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION AHRDIN RD
LA RUE, OH 43332

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
USFI6671	108	F	QH	SOR	STAR		STRIP	SNIP						
USFI6672	96	F	QH	SOR	BLAZE		LF SOCK	LR SOCK				RF SOCK	RR SOCK	
USFI6673	72	F	QH	DUN	BLAZE		LR SOCK	RF CORNET				RR ANKE		
USFI6674	60	F	QH	BAY	SMALL		STAR							
USFI6675	120	F	QH	SOR	STAR		STRIP							
USFI6676	84	F	QH	SOR	STAR		STRIP	SNIP	LF	ANKLE	RF	ANKLE		
USFI6677	48	F	QH	PAL	STAR		RR SOCK							
USFI6678	120	F	QH	BLK	NO OTHER MARKINGS									
USFI6679	36	F	SN	BAY										
USFI6680	72	F	TH	BAY	LR	ANKLE	LIP?							
USFI6681	84	F	QH	BLK	STAR		STRIP	RR	AK	ANKLE				
USFI6682	180	F	QH	SOR	STAR		STRIP	SNIP	BUMPS	ON	KNEES			
USFI6683	60	F	QH	SOR	NO OTHER MARKINGS									
USFI6684	180	N	QH	SOR	BLAZE		LR SOCK	RF SOCK	RR SOCK					
USFI6685	144	F	TH	BAY	LIP?									
USFI6686	36	N	TH	BAY	STAR									
USFI6687	72	F	QH	SOR	NO OTHER MARKINGS									
USFI6688	60	F	QH	BLK	STAR									
USFI6689	84	F	QH	SOR	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: MAR. 11, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: kearns EARNEST D 7713

21. STATUS: ☐ 1 State ☒ 3 Accredited ☐ 2 Federal

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: SUSAN M. SKORUPSKI, DVM
AREA VETERINARIAN IN CHARGE OH/KY

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFI	6806	b										STD			b	LIP—	
17		6807	b							b				b				
18		6808			b								STD			b	BRAND WE307	
19		6809	b										STD	b			BRAND—	
20		6810					b						STD	b				
21		6811	b										STD			b		
22		6812	b										STD			b	LIP—	
23		6813	b										STD			b	LIP—	BLIND RIGHT EYE SCAR RIGHT HOCK
24		6814	b										STD	b			LIP—	
25		6815			b								STD	b			LIP—	
26		6816					b			b				b				
27		6817			b								TWH	b				
28		6818			b								STD			b	LIP—	
29		6819	b										STD			b		
30		6820	b										STD	b			LIP— BRAND 52	
31																		
32																		
33																		
34																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	6791			X						PERCH			X				
2		6792					X				BELG			X				
3		6793			X						PERCH					X		
4		6794					X				BELG			X				
5		6795					X				BELG			X				
6		6796	X									STD		X			BRAND 08530	
7		6797	X									STD		X			LIP	
8		6798					X			X				X				
9		6799	X									STD		X			BRAND	
10		6800	X						X					X				
11		6801	X									STD		X				
12		6802	X							X				X				
13		6803						DUN		X				X				
14		6804	X									STD		X			BRAND ZC558	
15		6805					X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J3384

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU IN.C

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER FRED E														
1849 MARION HARDIN RD														
LA RUE, OH 43332														
USFI6810	132	F	SN	SOR	STAR									
USFI6811	144	N	SN	BAY	NO OTHER MARKINGS									
USFI6812	132	N	SN	BAY	LIP?									
USFI6813	144	N	SN	BAY	LR ANKLE LIP?							BLIND R EYE SCAR	R HOCK	
USFI6814	180	F	SN	BAY	STAR LIP?									
USFI6815	120	F	SN	BLK	FAINT STAR			LIP?						
USFI6816	60	F	OH	SOR	BLAZE									
USFI6817	264	F	WTU	BLK	STAR			SNIP						
USFI6818	120	N	SN	BLK	STAR		STRIP	SNIP	LR	SOCK	RF SOCK	RR ANKE	LIP?	
USFI6819	132	N	SN	BAY	STAR		STRIP	SNIP	LR	CORNET	RF CORNET			
USFI6820	120	F	SN	BAY	STAR		LR ANKLE		RF	ANKLE	RR ANKLE	LIP?	BRAND	52

1. THE ANIANLS WERER INSPECTED AND WERE FOUND CHALTHY ANE FREE FORM EVIDEICNE OF COMMUNCIABEL DISEASE WITHIN 30 DAYS. 2. THE ANIANLS WERER TO HE BEST OF THE KNOWELDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNCIAEBL DISEAE WTIHIN 60 DAYS PRECEIND GTHE DATE OF INSPECTION. 3. THE ANIANL HAVER ESIDED IN THE SU US OR CANADA SINCE BIRTH. 4. THE ANIANSL WERE ISNPECTED AND WERE FOUND HEALTHY AND IN A PHYSICLA COONITION FIT TO BE TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAORIN IN HEALTH OR INPHISICLA COONITION THAT COULD REDNER THE ANIANLS UNFIT FOR TRANSPROT MAYR ESULT IN THE SHIPMENT TO BE RREFUSED ENTRY IN CANADA. 6. DOIRING HTE PRECVIOUS 21 DAYS THE ANIANLS IN THIS HIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPROTEDMEANS THAT NO ANIMAL SHAS AN INFIRMITY, ILLNES,, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIANSL CAUSING THE ANIANLS TO DUFFER. 8. HORSESA RE FIT FOR SLAUGHTE RONLYL.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3384

3. PAGE NO: 2 OF 1

4. DATE ISSUED: 3-15-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 329

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHOLIEU INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MAIRON HARDIN RD
LA RUE, OH 43332

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
USFI6791	144	F	PE BLK		STAR									
USFI6792	120	F	BL SOR		STRIP		LR SOCK		RR	SOCK				
USFI6793	144	N	PE BLK		STAR									
USFI6794	108	F	BL SOR		BLAZE									
USFI6795	144	F	BL SOR		BLAZE									
USFI6796	72	F	SN BAY		BRAND		08530							
USFI6797	120	F	SN BAY		LIP?									
USFI6798	96	F	OH SOR		BLAZE									
USFI6799	132	F	SN BAY		STAR		BRAND?							
USFI6800	48	F	TH BAY		STAR		STRIP LR		CORNET					
USFI6801	180	F	SN BAY		STAR		SNIP LR		CSOCK	RR	SOCK			
USFI6802	84	F	OH BAY		STRIP									
USFI6803	96	F	QH DUN		STAR		LR HEEL		RR	HEEL				
USFI6804	144	F	SN BAY		BRAND		ZC558							
USFI6805	120	N	QH SOR		BLAZE		LR SOCK							
USFI6806	240	N	SN BAY		STAR		LIP?							
USFI6807	96	F	QH BAY		NO OTHER MARKINGS									
USFI6808	120	N	SN BLK		FAINT STAR		BRAND NE307							
USFI6809	108	F	SN BAY		BRAND?									

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: MAR 15 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian: William F Casto DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: WILLIAM F. CASTO, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USF1	6836				BAY WHT							PAINT			✓		
17		6837	✓										STD			✓	BRAND —	
18		6838	✓							✓						✓		
19		6839			✓								STD			✓	LIP — BRAND 53	
20		6840	✓										STD			✓	LIP —	BLIND RIGHT EYE
21		6841					✓				BELG					✓		
22		6842		✓							PERCH			✓				
23		6843					✓				BELG			✓				
24		6844	✓										STD			✓	LIP —	
25		6845	✓										STD	✓				
26		6846	✓										STD			✓	LIP — BRAND 8	
27		6847	✓										STD			✓		
28		6848	✓										STD			✓		
29		6849	✓										STD	✓			LIP —	
30		6850	✓										STD	✓			BRAND T 036 BRAND 16	
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	6821	✓										STD			✓		SCAR RIGHT HOCK
2		6822		✓						✓						✓		BLIND LEFT EYE
3		6823					✓				BELG			✓				
4		6824					✓			✓						✓		
5		6825	✓							✓				✓				
6		6826					✓			✓				✓				
7		6827	✓							✓				✓			BRAND (P)	
8		6828			✓								ARAB			✓		
9		6829						SOR WHT					ARP			✓		BLIND LEFT EYE
10		6830			✓					✓						✓		
11		6831	✓										STD			✓	CLIP	
12		6832	✓						✓							✓	CLIP	
13		6833	✓						✓							✓	CLIP	
14		6834	✓										STD			✓		
15		6835				BLK WHT							PAINT	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM

SIGNATUR [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J3383

3. PAGE NO.: 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, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFI6839	180	N	SN	BLK	LR	CORNET	LIP?	BRAND 53					
1849 MARION HARDIN RD	USFI6840	132	N	SN	BAY	FAINT	STAR	LR	ANKLE	RR	ANKLE	LIP?	BLIND R	EYE
LA RUE, OH 43332	USFI6841	72	N	BL	SOR	SNIP	STAR							
	USFI6842	120	F	PE	GRAY	NO	OTHER	MARKINGS						
	USFI6843	180	F	BL	SOR	STAR								
	USFI6844	120	N	SN	BAY	STAR	LIP?							
	USFI6845	132	F	SN	BAY	STAR								
	USFI6846	108	N	SN	BAY	STAR	LR	SOCK	RR	SOCK	LIP?	BRAND 8		
	USFI6847	240	N	SN	BAY	LR	CORNET							
	USFI6848	108	N	SN	BAY	NO	OTHER	MARKINGS						
	USFI6849	192	F	SN	BAY	LIP?								
	USFI6850	204	F	SN	BOY	LR	SOCK	RR	SOCK	BRAND	T7036	BRAND 16		

1. THE ANIAMLS WERE INESPECTE WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FORM EVIDENCE OF COMMUNICABEL DISEAE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNWOELDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNCIAEBL DISEAE WITHIN 60 DAYS PRECEDING THE DATE OF INSPRDECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HESLTHY AND IN A PHYSICAL COONTIION FIT TO BE TRANSPORTED 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAORTIN IN HEATH OR IN PHYSICAL COONTIION THAT COUD RENDER THE ANIMALS UNFIT FRO TRANSPROT MAY RESULRT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANDA. 6. DURING THE PREVIOUS 21 DAYS THE ANIANLS IN THIS SHIPMENT AHVE BNOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPROTE MEAND THAT NO ANIAMLS HAS AN INFIRMTIY, ILLNES,, INJURY OR ANY OTHER COONTIION THAT COULD AGGRAVATE THE ANIAMSL CAUSING THE ANIANLS TO SUFFER. 8. HORSES ARE "FIT FOR SLAUGHTER ONLY.

William Flat M

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3383

3. PAGE NO.: 2 — 1 OF

4. DATE ISSUED: 3-15-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIUE INC.
595 RUE ROYALE C.P.101
MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MAIRON HARDIN RD														
LA RUE, OH 43332														
USFI6821	96	N	SN BAY		SCAR R HOCK									
USFI6822	60	N	DH GRAY		STAR STRIP SNIP		LF CORNET LR CORNET RR SOCK							
			BLIND L EYE											
USFI6823	120	F	BL SOR		STAR STRIP SNIP									
USFI6824	108	N	DH SOR		BLAZE LF ANLE		LR SOCK RF ANKLE RR ANKLE							
USFI6825	84	F	DH BAY		BLAZE LR ANKLE									
USFI6826	84	F	DH SOR		STAR UR CORNET RR SOCK									
USFI6827	60	F	DH BAY		STAR STRIP SNIP		BRAND P INSIDE A DIAMOND							
USFI6828	60	N	AB BLK		SNIP LR ANKLE		RF CORNET RR ANKEL							
USFI6829	144	N	AP SOR		WHT BLIND L EYE									
USFI6830	108	N	DH BLK		STAR STRIP SNIP		RR ANKE ANKLE							
USFI6831	144	N	SN BAY		STAR STRIP LR SOCK		RR SOCK LIP?							
USFI6832	108	N	TH BAY		LR SOCK RR ANKLE		LIP?							
USFI6833	84	N	TH BAY		STAR SNIP LR ANKE		RF SOCK LIP?							
USFI6834	180	N	SN BAY		NO OTHER MARKINGS									
USFI6835	120	F	PN BLK		WHT STAR LF SOCK		LR SOCK RF SOCK RR ANKEL							
USFI6836	60	N	PN BAY		WHT STAR SNIP									
USFI6837	108	N	SN BAY		STAR BRAND?									
USFI6838	60	N	DH BAY		NO OTHER MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 15 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS EARNEST D 7713

21. STATUS ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian: William J. Casto

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: WILLIAM F CASTO DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USF1	6776					b			b				b				
17		6777				BAY WHT							PAINT			b		
18		6778	b										STD			b	LIP— BRAND 272	
19		6779						BAY WHT					APP	b				
20		6780	b										STD	b				
21		6781					b			b				b				
22		6782					b			b				b				SCAR RIGHT REAR LEG
23		6783						BAY WHT					APP	b				
24		6784		b						b				b				
25		6785	b										STD			b	LIP—	
26		6786	b										STD			b	LIP—	
27		6787	b										STD			b	LIP—	LARGE LEFT KNEE
28		6788	b										STD			b	LIP—	
29		6789	b										STD			b	LIP— BRAND—	
30		6790	b										STD			b	BRAND—	
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARD IN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	6761			b						PERCH					b		
2		6762	b										STD			b	BRAND —	
3		6763			b								STD	b				
4		6764	b										STD			b		
5		6765	b										STD			b	CLIP —	
6		6766	b							b				b				
7		6767						BLK WHT					APP	b				
8		6768	b										STD	b			BRAND	
9		6769	b										STD	b			BRAND	
10		6770					b			b				b				
11		6771			b								STD			b	CLIP —	
12		6772	b										STD			b	BRAND —	
13		6773	b										STD	b			BRAND —	
14		6774	b										STD			b	CLIP —	
15		6775	b										STD			b	CLIP —	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIG (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RIHLIEU INC

2. CERTIFICATE NO. FROM VS FORM 17-140: J3382

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USFI6779	132	F	AP	BAY	WHT									
USFI6780	144	F	SN	BAY	STAR LF SOCK LR SOCK RF SOCK RR SOCK									
USFI6781	120	F	QH	SOR	STAR STRIP SNIP									
USFI6782	72	F	QH	SOR	BLAZE LF SOCK LR SOCK RF ANKLE RR SOCK SCAR RRLEG									
USFI6783	144	F	AP	BAY	WHT STARSTRIP									
USFI6784	96	F	QH	GRAY	NO OTHER MARKINGS									
USFI6785	132	M	SN	BAY	LIP?									
USFI6786	156	M	SN	BAY	STAR STRIP SNIP LIP?									
USFI6787	240	M	SN	BAY	STAR STRIP SNIP LR SOCK LIP? LARGE L KNEE									
USFI6788	144	M	SN	BAY	STAR STRIP LIP?									
USFI6790	168	M	SN	BAY	LIP? BRAND?									
USFI6789	168	M	SN	BAY	LIP? BRAND?									
USFI6796	144	M	SN	BAY	STAR RR ANKLE BRAND?									

1. THE ANIANMLS WERE INSPECTED WIHTIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABL DISEASE. 2. THE ANIAHLS WERE TO THE BEST OF THE KNOELDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNCIAEBL DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF ISNEPCTION. 3. THE ANIMALS WERE HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTSED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT RTO BE IRRANSPRUTED. 5. THE EXPORTER AHS BEEN ADVISED THAT ANY DETERIAORINT IN HEALTH OR DIN FP PHYSICAL CODNTITON THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE RPEVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMENT HAVE NO BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTED MEAND THAT NO ANIAMLS HAS AN INFRIMTIY, ILLNESS, INJURY OR ANY OTHER CODNITION THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

William J Curtin

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3382

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-15-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIE INC.
595 RUE ROYALE C.P.101
MASSEUVILLE QUEBEC

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

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USFI6761	120	N	PE	BLK STAR SNIP										
USFI6762	72	N	SN	BAY LR CORNET BRAND?										
USFI6763	144	F	SN	BLK STAR										
USFI6764	180	N	SN	BAY FAINT STAR LF HEEL										
USFI6765	144	N	SN	BAY LIP?										
USFI6766	108	QHF	QH	BAY FAINT STAR										
USFI6767	1800	F	AP	BLK WHT STAR SNIP LR ANKLE RR ANKEL										
USFI6768	108	F	SN	BAY BARAND?										
USFI6769	132	F	SN	BAY BRAND?										
USFI6770	108	F	QH	SOR BLAZE LF CORNET WHT KNEE LR SOCK RF SOCK RR SOCK										
USFI6771	120	N	SN	BLK LR ANKLE LIP?										
USFI6772	132	N	SN	BAY STAR LR ACORNET RR CORNET BRAND?										
USFI6773	96	F	SN	BAY BRAND?										
USFI6774	192	N	SN	BAY STAR LR ANKLE RR ANKLE LIP?										
USFI6775	168	N	SN	BAY LR ANKLE LIP?										
USFI6776	144	F	QH	SOR STAR STRIP SNIP										
USFI6777	84	N	PN	BAY WHT STAR LF SOCK LR SOCK RF SOCK RR SOCK										
USFI6778	132	N	SN	BAY RF HEEL LIP?			BRAND 272 LIP?							

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: MAR 15 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian: William F Casto DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: WILLIAM F CASTO, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USF1	6656						PAL		↓				↓				
17	↓	6657				BAY WHT							PAINT	↓				
18		6658			↓					↓				↓				
19		6659					↓			↓				↓				
20		6660			↓					↓				↓				
21		6661					↓			↓				↓				
22		6662					↓			↓				↓				
23		6663						RED ROAN		↓				↓				
24		6664	↓							↓				↓				
25		6665					↓		X					↓			LIP—	
26		6666				SOR WHT							PAINT			↓		
27		6667	↓							↓				↓				
28		6668	↓						↓					↓			LIP—	
29		6669	↓						↓					↓				
30		6670	↓						↓							↓	LIP—	
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

... required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	6641						RED ROAN		X				X				
2		6642					X			X				X			BRAND S	
3		6643					X			X				X			BRAND GH	
4		6644					X			X				X				
5		6645					X			X				X				SCAR ON NOSE
6		6646			X					X				X				
7		6647						BLK WHT					APP			X		
8		6648	X							X						X		
9		6649					X			X				X				
10		6650	X							X				X				
11		6651						DUN		X				X				
12		6652				DUN WHT							PAINT			X		
13		6653					X			X						X		
14		6654	X							X						X		
15		6655						DUN		X				X				

HO[redacted]ONSECUTIVE
HO[redacted]
SI[redacted]

I H[redacted]RMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J3378

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MARION HARDIN RD	USFI6658	120	F	QH	BLK	SNIP LR HEEL								
LA RUE, OH 43332	USFI6659	48	F	QH	SOR	STAR STRIP LR SOCK								
	USFI6660	36	F	QH	BLK	NO OTHER MARKINGS								
	USFI6661	120	F	QH	SOR	SMALL STAR LR CORNET RR CORNET								
	USFI6662	132	F	QH	SOR	STAR STRIP SNIP LF ANKE RR ANKEL								
	USFI6663	84	F	QH	RED ROAN	STAR STRIP SNIP								
	USFI6664	120	F	QH	BAY	LF CORNET LR SOCK RRCORNET								
	USFI6665	132	F	TH	SOR	LIP?								
	USFI6665	48	M	PN	SOR	WHT BALD								
	USFI6667	240	F	QH	BAY	STAR								
	USFI6668	36	F	TH	BAY	STAR STRIP SNIP LR SOCK RR SOCE LIP?								
	USFI6669	48	F	TH	BAY	STAR STRIP LR ANKLE								
	USFI6670	108	M	TH	BAY	STAR STRP SNIP LIP?								

1. THE ANAINSL WERE INSPECTED WITHIN # days prior TO EXPORT AND WERE FOUND HEALTHY I AND FREE FROM EVIDENCE OF COMMUNICABLE DISEAE WITHIN 30 DAYS. 2. THE ANINLS WERE ITO THE BEST OF THE KNONLEDGE AN AND BELIEF OF THE ISSUING VETERIAIN NOT EXPOSED TO ANY COMNUNCIAEBL DISEASD WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANAIMLS HAVER ESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND EHALTHY AND IN A PHYSICAL COONTIION FIT TO BE TRANSPOR TRANSPORTED. 5. THE EXPORTER HAS BEENA DVISED THAT ANY DETERIAOTIN IN HEALTH OR PHYSICAL COONTIION THAT COULD REDNER THE ANIAMLS UNFIT FOR TRANSPORY MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY INB CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIANLS IN THI SHIPMENT ANVE NOT BEEN IN THE STATES OF NEW MEXICO R OR TEXAS. 7. FIT TO BE TRANSPROTED EMANS THAT NO ANIANSL HAS AN INFIRMTIY, ILLNESS, "INJURY OR ANY OTHER COONTIION THAT COULD AOGRAVATE THE ANAIMSL CAUSING THE ANIAMSL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3378

3. PAGE NO: 2 — 1 OF

4. DATE ISSUED: 3-8-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P.101
MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MARION HARDIN RD														
LA RUE, OH 43332														
USFI6641	240	F	QH RED ROAN		STAR RF CORNET									
USFI6643														
USFI6642	120	F	QH SOR		STAR STRIP SNIP BRAND S WITH CORVE UNDER IT									
USFI6643	120	F	QH SOR		BLAZE LF ANKE RR ANKLE BRAND H									
USFI6644	240	F	QH SOR		NO OTHER MARKINGS									
USFI6645	132	F	QH SOR		SCAR ON NOSE									
USFI6646	144	F	QH BLK		STAR STRP SNIP LR SOCK RR ANKE									
USFI6647	120	N	AP BLK		WHT									
USFI6648	108	N	QH BAY		STAR									
USFI6649	144	F	QH SOR		STAR SNIP LF ANKE LR ASOCK									
USFI6650	72	F	QH BAY		STAR STRIP SNIP LF SOCK									
USFI6651	72	F	QH DUN		STAR RR ANKEL									
USFI6652	48	FN	PN DUN		WHT									
USFI6653	72	N	QH SOR		NO OTHER MARKINGS									
USFI6654	48	N	QH BAY		STAR									
USFI6655	120	F	QH DUN		NO OTHER MARKINS									
USFI6656	48	F	QH PAL		STAR STRIP SNIP LF SOCK RF CORNET									
USFI6657	240	F	PN BAY		WHT STAR STRP SNIP LF SOCK LR SOCK RF SOCK									
				RR	SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 8 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: THOMAS R HANS, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF1	6626	○						○					○				
17		6627	○						○					○				
18		6628	○						○					○				
19		6629		○					○					○				
20		6636					○		○					○			LIP–	
21		6631	○						○					○				
22		6632	○						○					○				
23		6633		○					○					○			LIP–	
24		6634	○										STD			○	BRAND–	
25		6635	○						○							○	LIP–	
26		6636	○										STD			○	LIP–	
27		6637					○				BELG			○				
28		6638			○								STD	○			LIP–	
29		6639					○				BELG			○				
30		6640					○				BELG			○				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LAKE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LAKE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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	USFI	6611					✓		✓					✓				
2		6612	✓						✓					✓				
3		6613					✓		✓					✓			LIP—	
4		6614		✓					✓					✓				
5		6615					✓		✓					✓				
6		6616					✓		✓					✓			LIP—	
7		6617	✓						✓					✓			LIP—	
8		6618	✓						✓					✓				
9		6619	✓						✓					✓				
10		6620	✓						✓					✓			LIP—	
11		6621	✓						✓					✓				
12		6622	✓						✓					✓				
13		6623	✓						✓					✓				
14		6624	✓						✓					✓				
15		6625					✓		✓					✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J3379

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MARION HARDIN RD	USFI6630	144	F	TH	SOR	STAR LR ANKE RR ANKE LIP?								
LA RUE, OH 43332	USFI6631	192	F	TH	BAY	FAINT STAR								
	USFI6632	84	F	TH	BAY	NO OTHER MARKINGS								
	USFI6633	180	F	TH	GRAY	LIP?								
	USFI6634	180	M	SN	BAY	LR SOCK RR SOCK BRAND?								
	USFI6635	180	N	TH	BAY	STAR STRIP LIP?								
	USFI6636	144	N	SN	BAY	STAR LIP?								
	USFI6637	180	F	BL	SOR	BLAZE	L04							
	USFI6638	240	F	SN	BLK	STAR LR SOCK RR SOCK LIP?								
	USFI6639	204	F	BL	SOR	BLAZE								
	USFI6640	216	F	BL	SOR	STAR STRI SNIP								

1. THE ANIAMLS WERER INSPECTED WITHIN 30 DAYS PRIOR TO EXPOSRT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABEL DISEAE. 2. THE ANIAMSL WERER TO THE EBST OF THE KNOWLEDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNICABEL DISEAE WITHIN 60 DAYS PRECEDING THE DATE OF ISNEPCTION. 3. the animalsd HAVE RESIDED IN THE US ROR CANADA SINCE BIRTH. 4. THE ANANIMSL WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICALC CODNITION THAT FIT TO BE TRANSPROTED. 5. THE EXPORTER HASD BEEN ADVISED THAT ANY DETAERIATIN IN EHAT HEALTH PR OR IN PHYCIAL C DOCODNTIION THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANSPROT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTYR IN CADA. YCANADA. 6. DURING THE PREVIOUDS 21 DAYS THE AHAINLS IN THIS SHIPMENT HAVE NOT BEEN IN T THE STATES OF TEXAS OR NWEW MEXICO. 7. FIT FOR TRANSPROT MAEANS THAT NO AHIANLS HAS AN INEIRMITY, ILLNESS, INJURY OR ANY OTHER COSRITION THAT COULD REASGRAGVATER THE ANIAMSL CAUSING THE ANIMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3379

3. PAGE NO: 2 OF 1

4. DATE ISSUED: 3-8-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARIN HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIE INC.
595 RUE ROYALE C.P.101
MASSEUVILLE QUOBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC J	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MARION HARDIN RD														
LA RUE, OH 43332														
USFI6611	120	F	TH SOR		FAINT STAR			SFAINT STRIP						
USFI6612	96	F	TH BAY		STAR									
USFI6613	108	F	TH SOR		BLAZE LIP?									
USFI6614	144	F	TH GRAY		NO OTHER MARKINGS									
USFI6615	180	F	TH SOR		STAR STRIP SNIP RR ANKLE									
USFI6616	156	F	TH SOR		STAR LIP?									
USFI6617	240	F	TH BAY		STAR STINY SNIP LIP?									
USFI6618	240	F	TH BAY		STAR									
USFI6619	84	F	TH BAY		STAR									
USFI6620	144	F	TH BAY		STAR LIP?									
USFI6621	120	F	TH BAY		STAR SNIP									
USFI6622	132	F	TH BAY		STAR LR HEEL									
USFI6623	144	F	TH BAY		STAR SNIP LR SOCK RF ANKLE RR HEEL									
USFI6624	120	F	TH BAY		STAR SNIP LF CORNET RR SOCK									
USFI6625	108	F	TH SOR		STAR RF SOCK RR SOCK									
USFI6626	240	F	TH BAY		FAINT STAR									
USFI6627	144	F	TH BAY		NO OTHER MARKINGS									
USFI6628	180	F	TH BAY		NO OTHER MARKINGS									
USFI6629	120	F	TH GRAY		NO OTHER MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 8 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: THOMAS R HANS, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USF1	6596	✓										STD			✓		
17		6597			✓								STD	✓			BRAND —	
18		6598	✓										STD			✓	BRAND —	LARGE RIGHT FRONT ANKLE
19		6599					✓			✓						✓		
20		6600				BAY WHT							PAINT			✓		
21		6601	✓										STD			✓	LIP —	
22		6602	✓										STD	✓			BRAND —	
23		6603	✓										STD			✓	BRAND —	
24		6604	✓										STD	✓			BRAND VF894	
25		6605				SOR WHT							PAINT			✓		
26		6606	✓										STD			✓	LIP —	
27		6607			✓								STD			✓		
28		6608	✓										STD			✓	BRAND —	
29		6609			✓								STD	✓			BRAND —	
30		6610	✓										STD			✓		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 388 2490

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	USFI	6581	✓										STD			✓	LIP—	
2		6582	✓										STD	✓			LIP—	
3		6583	✓						✓					✓			LIP—	
4		6584					✓			✓						✓		
5		6585					✓		✓					✓			LIP—	
6		6586			✓								TWN			✓		
7		6587	✓							✓				✓				
8		6588					✓			✓						✓		BLIND RIGHT EYE
9		6589					✓			✓				✓				
10		6590	✓							✓				✓				NO RIGHT EYE
11		6591	✓						✓					✓			LIP—	BLIND LEFT EYE SCAR LEFT NECK
12		6592	✓						✓					✓			LIP—	
13		6593	✓										STD			✓	LIP—	
14		6594					✓				BELG					✓		
15		6595					✓						STD			✓	LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOU[redacted]

SIGN (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEUY INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J3374

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MARION AHRIN R	USFI65956	12	2 N	SN	SOR	STAR	LF ANKE		LR	ANKE	RR	CORNET LIP?		
HARDIN RD	USFI65966	12	0 N	SN	BAY	STAR								
LA RUE, OH 43332	USFI65977	13	2 F	SN	BLK	BRAND	?							
	USFI65988	13	2 N	SN	BAY	SNIP	LR HEEL		R	BRAND?		LARGE RF ANKLE		
	USFI65999	12	0 N	OH	SOR	STAR	SNIP	LR	ANKLE	RF		CORNET RR CORNET		
	USFI66000	96	N	PN	BAY	WHT STAR	SNIP	LF	SOCK	LR	SOCK	RF SOCK RR SOCK		
	USFI66011	13	2 N	SN	BAY	STRIP	SNIP	LR	SOCK	LIP?				
	USFI66022	18	0 F	SN	BAY	BRAND?								
	USFI66033	14	4 N	SN	BAY	STAR	BARAND							
	USFI66044	12	0 F	SN	BAY	STAR	BRAND	VF054						
	USFI66055	10	8 N	PN	SOR	WHT	BALD	LF	SOCK	LR	CORNET	RF SOCK RR SOCK		
	USFI66066	14	4 N	SN	BAY	STRIP	SNIP	LIP?						
	USFI66077	18	0 N	SN	BLK	STAR	LR SOCK	RF	ANKE	RR	CORNET			
	USFI66088	13	2 N	SN	BAY	STAR	RR ANKE	BRAND?						
	USFI66099	12	0 F	SN	BLK	BRAND?								
	USFI66100	24	0 N	SN	BAY	STAR	SNIP	LF	ANKE	LR	SOCK	RR SOCK		

1. THE ANAIMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE IDISEASE WITHI. 2. THE ANAIMSL WERE TO THE BEST OF THE KNOWELDGE AND BELEI BELEIF OF THE ISSUING VETERIARNIN NOT EXPOSED TO ANY COMMUNICAEBL DISEASES WITHIN 760 DYAAS PRECEDI PRECEDING THE DATE OF INSEPCTION. 3. THE ANIAMSL HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WARE FOUND HEALTHY AND IN A PHYSICAL CODNTIION FIT TO BE TRANSPORTED. 5. THE EXPORTER AHS BEEN ADVISED THAT ANY DETERIARTIN IN HEALTH OR IN PHYSICAL CONDITION THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANSPORT MAYR ESULT IN THE SHIPEMTN TO BE REFUSED I ENTRY IN CANADA. 6. DURING THE RPEVIOUS 21 DYAS THE ANAIMLS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. THE ANAIMSL WERE FIT TO BE TRANSPROTED EMANSD THAT NO ANIAMSL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CODNITION THAT COULD AGGRAVATE THE ANIAMSL ACAUSING THE ANIAMSL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3374

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: 3-8-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MIHCIGAN MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MAIRON HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIU INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

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

BAUER FRED E
1849 MARION ~~HRDIN~~ RD
~~1849 MARIN~~ HARDIN RD
LA RUE, OH 43332

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	DISEASE TYPE TEST 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
USFI6581	192	N	SN BAY		LIP?									
USFI6582	180	F	SN BAY		STAR		LR ANKE		LIP?					
USFI6583	144	F	TH BAY		STAR		STRIP		SNIP		LF CORNET RF ANKLE LIP?			
USFI6584	180	N	QH SOR		STAR		STRIP		SNIP		LF SOCK LR SOCK RF SOCK RR SOCK			
USFI6585	48	F	TH SOR		STAR		STRIP		SNIP		LF CORNET LR SOCK RF HEEL RR SOCK LIP?			
USFI6586	120	N	TH BLK		LF CORNET		LR ANKLE							
USFI6587	60	F	QH BAY		STAR		STRIP		SNIP		LF SOCK			
USFI6588	120	N	QH SOR		BLAZE		LR SCORNET				RF SOCK RR CORNET BLIND R EYE			
USFI6589	144	F	QH SOR		BLAZE									
USFI6590	180	F	QH BAY		STAR		STRIP		SNIP		LF CORNET NO R EYE			
USFI6591	144	F	TH BAY		STAR		STRIP		SNIP		LIP? BLIND L EYE SCAR LEFT NECK			
USFI6592	132	F	TH BAY		STAR		STRIP		SNIP		LR ANKE RF CORNET RR ANKLE LIP?			
USFI6593	240	N	SN BAY		LIP?									
USFI6594	144	N	BL SOR		STAR		STRIP							

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: MAR. 08, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: THOMAS R HANS, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFI	6566	✓							✓						✓		
17		6567	✓							✓						✓		
18		6568	✓										STD			✓	LIP–	SCAR LEFT KNEE
19		6569					✓			✓				✓				
20		6570	✓							✓				✓				
21		6571			✓					✓				✓				BLIND LEFT EYE
22		6572			✓								STD	✓			BRAND–	
23		6573					✓			✓				✓				
24		6574			✓					✓				✓				
25		6575	✓										ARAB			✓		
26		6576	✓							✓						✓		
27		6577					✓				BELG			✓				
28		6578					✓				BELG			✓				
29		6579			✓						PERCH					✓		
30		6580					✓				BELG			✓				BLIND RIGHT EYE
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSELIEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	6551	✓										STD	✓				
2		6552			✓					✓				✓				
3		6553				BLK WHT							PRINT	✓				
4		6554						PAL		✓				✓				
5		6555			✓								STD			✓		
6		6556	✓							✓				✓				
7		6557	✓							✓				✓				
8		6558			✓								STD	✓				
9		6559					✓			✓				✓				
10		6560					✓			✓				✓				
11		6561					✓			✓						✓		
12		6562	✓							✓				✓				
13		6563	✓							✓				✓				
14		6564					✓			✓						✓		
15		6565					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3380

3. PAGE NO.: 2 — 1 OF

4. DATE ISSUED: 3-8-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RITLUE INC.
595 RUE ROYALE C.P.O.101
MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E 1849 MARION HARDIN RD LA RUE, OH 43332	USFI6551	240	F	SM BAY	STAR									
	USFI6552	108	F	[illegible]H BLK	LF HEEL LR ANKLE RF HEEL RR HEEL									
	USFI6553	120	F	PN BLK WHT										
	USFI6554	132	F	OH PAL	BLAZE LF SOCK LR SOCK RF SOCK RR SOCK									
	USFI6555	180	M	SN BLK	NO OTHER MARKINGS									
	USFI6556	180	F	OH BAY	NOT OTHER MARKINGS									
	USFI6557	120	F	OH BAY	STAR SNIP LR SOCK RR CORNET									
	USFI6558	72	F	SN BLK	STAR SNIP RR SOCK									
	USFI6559	120	F	OH SOR	STAR STRIP SNIP RR SOCK									
	USFI6560	72	F	OH SOR	BLAZE LR SOCK RR SOCK									
	USFI6561	96	M	OH SOR	STAR STRIP RR ANKLE									
	USFI6562	120	F	OH BAY	NO OTHER MARKINGS									
	USFI6563	144	F	OH BAY	BLAZE LF SOCK RR SOCK									
	USFI6564	156	M	OH SOR	STAR SNIP LR CORNET									
	USFI6565	120	F	OH SOR	STAR STRIP RF CORNT									
	USFI6566	72	M	OH BAY	NO OTHER MARKINGS									
	USFI6567	24	M	OH BAY	FAINT STAR									
	USFI6568	180	M	SN BAY	STAR SNIP LIP? SCAR L KNEE									
	USFI6569	108	F	OH SOR	BLAZE LR SOCK RF CORNET RR SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR. 08, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: THOMAS R HANS, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BSU BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J3380

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIUE INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MARION HARDIN RO	USFI6570	148	F	QH	BAY	STAR	STRIP	SNIP	LR	ANKE	RR HEEL			
LA RUE, OH 43332	USFI6571	96	F	QH	BLK	STAR	SNIP	LR	CORNET	RR	ANKLE	BLIND L EYE		
	USFI6572	120	F	SN	BLK	STAR	BRAND	?						
	USFI6573	132	F	QH	SOR	STAR	STRIP	LR	SOCK	RR	SOCK			
	USFI6574	120	F	QH	BLK	FAINT	STAR	LR	ANKLE	RR	ANKLE			
	USFI6575	108	N	AB	BAY	STAR	STRIP	SNIP	LR	HEEL	RF SOCK	RR SOCK		
	USFI6576	240	N	QH	BAY	STAR	SNIP							
	USFI6577	180	F	BL	SOR	STAR								
	USFI6578	144	F	BL	SOR	STAR	STRIP							
	USFI6579	156	N	PE	BLK	STAR								
	USFI6580	96	F	BL	SOR	BLAZE	BLIND R EYE							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABEL DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIANARIN NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 6) days 60 DYAS PRECEDIG THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRASNPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORARIN IN HEALTH OR IN PHYSICAL COONTIION THAT COULD RENDER THE ANIMALS UNFIT FOR TRANSPROT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIANLS IN THIS SHIPMENT HAVE NOT BEEN IN THESTATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANPOTRED MEANS THAT NO ANIAMALS HAS AN INFIRMITY, ILLNESS, INJURY OIR ANY OTHER COONTIION THAT COULD RE AGGRAVATE THE ANIANLS CAUSING THE ANIAMLAS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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	USF1	6536	b										STD	b			LIP—	
17	"	6537			b								STD	b			BRAND—	
18	"	6538	b										STD			b		
19	"	6539	b										STD			b	BRAND—	
20	"	6540					b			b				b				
21	"	6541	b										STD	b				
22	"	6542	b										STD	b			BRAND—	
23	"	6543	b										STD	b			LIP—	
24	"	6544	b										STD	b			BRAND	BLIND RIGHT EYE
25	"	6545					b			b				b				
26	"	6546					b						NAFL	b				
27	"	6547	b										STD			b	LIP—	
28	"	6548	b										STD	b				
29	"	6549	b										STD			b	BRAND—	
30	"	6550	b										STD	b				
31																		
32																		
33																		
34																		
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36																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	6521			X					X						X		
2		6522	X							X				X				
3		6523					X			X				X				
4		6524	X										STD			X		
5		6525						RED ROAN					APP	X				
6		6526						DUN		X				X				BLIND RIGHT EYE
7		6527					X			X						X		
8		6528						RED ROAN					APP	X				
9		6529				BLK WHT							PAINT	X				
10		6530	X										STD	X				
11		6531	X										STD	X			BRAND —	
12		6532				SOR WHT							PAINT			X		
13		6533				BAY WHT							PAINT			X		
14		6534	X							X						X		
15		6535					X						NAFC	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOUR

SIGNA [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J3375

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
19849 MARION HARDIN RD	USFI6539	9	13 2 N	SN	BAY		STAR	STRIP LR SOCK BRAND?						
LA RUE, OH 43332	USFI6540	7	2 F	OH	SOR		BLAZE							
	USFI6541	1	14 4 F	SN	BAY		RR CORNET							
	USFI6542	2	18 0 F	SN	BAY		BRAND?							
	~~USFI64~~	COR												
	USFI6543	3	20 4 F	SN	BAY		LR CORNET	RR CORNET LIP?						
	USFI6544	4	13 2 F	SN	BAY		SNIP LR ANKLE	BRAND BLIND R EYE						
	USFI6545	5	24 F	OH	SOR		STAR							
	USFI6546	6	12 0 F	HL	SOR		BLAZE							
	USFI6547	7	18 0 N	SN	BAY		LIP?							
	USFI6548	8	10 9 F	SN	BAY		LR HEEL RR CORNET							
	USFI6549	9	19 0 N	SN	BAY		FAINT STAR LR ANKLE RR SOCK BRAND?							
	USFI6550	0	14 4 F	SN	BAY		LR SOCK RR SOCK							

1. THE ANIAMSL WERE INSPECTED WITHIN 10 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABL IDSEASE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWLEDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNICABEL IDISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICLA CODNTITION FIT TO BE TRANSPROTED. 5. THE EXPORTE HAS BEEN ADVISED THAT ANY DETERIAORATION IN HEALTH OR OIN PHYSICAL CODNTITION THAT COULD RENDER THE ANIMALS UNFIT FOR TRANPSORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF NEW MEXICO TO OR TEXAS. 7. FIT TO BE TRANPORTED MEANS THAT NO ANIAMLA HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3375

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: 3-4-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIEU INC. 595 RUE ROYALE C.P.1010 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

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

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 433332

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFI6521	72	M	QH BLK		STAR SNIP LF SOCK LR SOCK RF SOCK RR SOCK									
USFI6522	48	F	QH BAY		BALD LR SOCK RR SOCK									
USFI6523	108	F	QH SOR		STAR									
USFI6524	240	M	SN BAY		LR CORNET									
USFI6525	48	F	AP RED		ROAN STAR STRIP SNIP LR SOCK RR CORNET									
USFI6526	180	F	QH DUN		STAR STRIP SNIP LR CORNET RR CORNET BLIND R EYE									
USFI6527	240	M	QH SOR		STAR LR ANKLE									
USFI6528	60	F	AP RED		ROAN BLAZE LF CORNET LR SOCK RR SOCK									
USFI6529	48	F	PN BLK		WHT BALD									
USFI6530	144	F	SN BAY		LR CORNET									
USFI6531	84	F	SN BAY		LR SOCK BRAND?									
USFI6532	36	M	PN SOR		WHT BALD									
USFI6533	120	M	PN BAY		WHT STAR STRP SNIP RF HEEL RR ANKLE									
USFI6534	60	M	QH BAY		BLAZE LR SOCK RR SOCK									
USFI6535	120	F	ML SOR		BLAZE									
USFI6536	240	F	SN BAY		LIP?									
USFI6537	132	F	SN BLK		BRAND?									
USFI6538	144	M	SN BAY		RR ANKLE									

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: MAR 4 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 1 State ☒ 3 Accredited ☐ 2 Federal

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFI	6506	✓							✓				✓				BLIND RIGHT EYE
17		6507	✓						✓					✓			LIP—	
18		6508	✓							✓						✓		
19		6509	✓						✓					✓			LIP—	
20		6510					✓						SB	✓				BLIND RIGHT EYE SCAR LEFT R. ANKL
21		6511	✓										STD	✓				SCAR RIGHT REAR LEG
22		6512					✓			✓						✓		
23		6513			✓					✓				✓				
24		6514	✓						✓					✓			LIP—	
25		6515					✓			✓				✓				
26		6516			✓					✓				✓				
27		6517					✓			✓				✓				
28		6518			✓					✓				✓				
29		6519					✓			✓						✓		
30		6520					✓		✓						✓		LIP—	BLIND RIGHT EYE
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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	USFI	6491						BRN WHT					APP			✓		
2		6492			✓					✓						✓		
3		6493	✓							✓				✓				
4		6494					✓			✓				✓				
5		6498					✓		✓					✓			LIP—	
6		6496					✓			✓				✓				
7		6497					✓			✓				✓				
8		6498					✓			✓				✓				
9		6499			✓								TWH	✓				
10		6500			✓					✓				✓				
11		6501			✓					✓						✓		
12		6502						PAL		✓						✓		
13		6503					✓			✓				✓				
14		6504					✓			✓						✓		
15		6505			✓					✓				✓				BLIND LEFT EYE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J3376

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E	USFI6509	180	F	TH	BAY	STAR		STRIP		SNIP		LIP?			
1849 MARION HARDIN RD	USFI6510	96	F	AS	SOR	STAR		STRIP		SNIP		LR CORNET	BLIND R EYE SCAR	LR ANKE	
LA RUE, OH 43332	USFI6511	144	F	SH	BAY	LR HEEL		LIP?		BRAND?		SCAR RR LEG			
	USFI6512	240	N	QH	SOR	ROAN		STRIP							
	USFI6513	60	F	QH	BLK	NO OTHER MARKINGS									
	USFI6514	48	F	TH	BAY	STAR		LIP?							
	USFI6515	120	F	QH	SOR	BLAZE		LR SOCK		RF SOCK		RR SOCK			
	USFI6516	120	F	QH	BLK	LR SOCK		RF CORNET		RR ANKLE					
	USFI6517	144	F	QH	SOR	BLAZE		LF SOCK		LR SOCK		RF CORNET	RR SOCK		
	USFI6518	240	F	QH	BLK	STAR		STRIP		SNIP					
	USFI6519	132	M	QH	SOR	BLAZE		LF SOCK		LR SOCK		RF SOCK	RR SOCK		
	USFI6520	108	M	TH	SOR	LIP?		BLIND R EYE							

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND IN A FREE FROM EVIDECNE COF COMMUNICABEL DISEAE. 2. THE ANIAMSL WERE OT THE EBST OF THE KNOWLEDGE AND BEILIEF OF THE UISSUINEG VETERIAMIN NOT EXPOSED TO ANY COMMUNICAEBL DISEAE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE AHAIMSL HAVE RESDIED IN THE US OR CANADA SINCE BIRTH. $4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL COONTIION FIT TO BE TRANSPROTED. 5. THE EXPORTER HAS BEENA ODVISED THAT ANY DETERIAORTIN IN HEALTH OR PIN PHYSICAL CODNIIION THAT COULD RENDER THE ANIAMLS UNFIT FORR TRANSPROT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTYR IN CANADA. 6. DURING THE SPEVCIOUD 21 DAYS THE ANAIMLS IN THIS SHIPMENT HAVE NOT BEEN IN THES TATES OF TEXAS OR NEW MEXICO. 7. FIT FO BE TRANSPRORTED MANES THAT NO ANIAMSL HAS AN INFIRMITY, ILLNES,, INJURY OR ANY OTHER COONITION THAT COULD AGGRAVIAE THE ANIAMLS CAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTE MOMLY. KL

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3376

3. PAGE NO: 2 OF 1

4. DATE ISSUED: 3-4-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1349 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLUEI INC.
595 RUE ROYALE C.P.101
MASSEUVILE QUEBEC

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.

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

BAUER FRED E
1349 MAIRON HARDIN RD
LA RUE, OH 43332

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
USFI6491	36	N	AP BRN		WHT STAR		STRIP		LF ANKLE			LR SOCK	RF ANKLE	
			RR ANKLE											
USFI6492	120	N	QH BLK		STAR		STRIP		SNIP LR SOCK			RR SOCK		
USFI6493	60	F	QH BAY		STAR		STRIP		SNIP LR CORNET					
USFI6494	72	F	QH SOR		STAR		SNIP LF ANKLE LR SOCK RF ANKLE RR SOCK							
USFI6495	48	F	TH SOR		BLAZE LR SOCK RR SOCK LIP?									
USFI6496	60	F	QH SOR		STAR STRP SNIP									
USFI6497	96	F	QH SOR		STAR STRIP SNIP									
USFI6498	108	F	QH SOR		STAR									
USFI6499	120	F	WTW BLK		FAINT STAR									
USFI6500	144	F	QH BLK		NO OTHER MARKINGS									
USFI6501	132	N	QH BLK		STAR									
USFI6502	144	N	QH PAL		STAR									
USFI6503	180	F	QH SOR		STAR STRIP SNIP									
USFI6504	108	N	QH SOR		BLAZE LF SOCK LR SOCK RR SOCK									
USFI6505	60	F	QH BLK		STAR STRIP SNIP LR ANKLE BLIND L EYE									
USFI6506	120	F	QH BAY		STAR BLIND R EYE									
USFI6507	72	F	TH BAY		SHORT STRP SNIP LR ANKLE LIP?									
USFI6508	60	N	QH BAY		NO OTHER MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 4 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: ROGER A KROGHOLD, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFI	6476					✓			✓				✓				
17		6477					✓			✓				✓				
18		6478						PAL		✓				✓				
19		6479	✓							✓						✓		
20		6480					✓			✓				✓				
21		6481					✓			✓						✓		
22		6482			✓					✓				✓				
23		6483					✓			✓				✓				
24		6484						PAL		✓				✓				
25		6485	✓							✓						✓		
26		6486					✓			✓				✓				
27		6487					✓			✓				✓				
28		6488					✓			✓				✓				
29		6489	✓							✓				✓				BLIND RIGHT EYE
30		6490	✓							✓				✓				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC JOGIKO
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	6461						DUN		X				X				
2		6462						DUN		X				X				
3		6463					X			X				X				
4		6464	X							X				X				
5		6465			X					X				X				
6		6466	X							X				X				
7		6467					X			X				X				
8		6468				BAY WHT							PAINT	X				
9		6469				SOR WHT							PAINT	X				
10		6470				BLK WHT							PAINT	X				
11		6471					X			X						X		
12		6472					X			X						X		
13		6473					X			X				X				
14		6474					X			X				X				
15		6475	X							X				X				

HORS[redacted]ONSECUTIVE
HOUR[redacted]

SIGNA[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J3381

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER FRED E														
1849 MAIRON HARDIN RD	USFI6479	9 72	M	QH	BAY	STAR RR ANKLE								
LA RUE, OH 43332	USFI6480	80 48	F	QH	SOR	STAR STRP SNIP LF CORNET RR HEEL								
	USFI6481	1 60	M	QH	SOR	STAR SNIP LR CORNET								
	USFI6482	2 84	F	QH	BLK	STAR STRIP SNIP LR ANKLE RR ANKLE								
	USFI6483	3 120	F	QH	SOR	BLAZE LF SOCK LR SOCK RF SOCK RR SOCK								
	USFI6484	4 96	F	QH	PAL	FAINT STAR								
	USFI6485	5 240	M	QH	BAY	FAINT STAR								
	USFI6486	6 252	F	QH	SOR	STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK								
	USFI6487	7 72	F	QH	SOR	RR CORNET								
	USFI6488	8 60	F	QH	SOR	STAR								
	USFI6489	9 132	F	QH	BAY	STAR LR ANKLE RF CORNET RR CORNET BLIND R EYE								
	USFI6490	0 72	F	QH	BAY	BALD LF ANKLE LR SOCK RF CORNET RR SOCK								

1. THE ANIAMLS WERE INSPECTED WIHIN 30 DAYS PRIOR TO EXPORT AND WHERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE IDSEAE WITHIN. 2. THE ANIAMLS WREE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNICAESL DISEAE WITHIN 60 DAYS PRECEDING THE DATE OF INSPESCTION. 3. THE ANIAML5 HAVE RESED IN THE US OR CANADA CISINCE BIRTH. 4. THE ANIMASL WERE INSPECTED AND WERE FOUND HEALTHY ANE IN A PHYSICAL CODNITION FIT TO BE TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIRAOTIN IN HEALTH OR IN PHYSICAL CODNTIION THAT FOCULD REDER THE ANIAMLS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTYR IN ANMD CANADA. 6. durin THE PREVIOUS 21 DAYS THE ANAINSL IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXIC MEXICO. 7. FIRT TO BE TRANSPROTED MEANS THAT AND ANIMALS HAS AN INFIRMITY, ILLNESS, IBJURY OT OR ANY OTHER CODNITION THAT COULD AGGRAVTE THE ANIAMLS CAUSING THE ANAIMSTO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3381

3. PAGE N: 2 1 OF

4. DATE ISSUED: 3-4-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION AHRDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE:

13. STATE CODE:

14. ZIP CODE:

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLUE INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFI6461	84	F	QH DUN		STAR SNIP									
USFI6462	84	F	QH DUN		NO OTHER MARKINGS									
USFI6463	120	F	QH SOR		STAR STRIP SNP LR SOCK							RR CORNET		
USFI6464	120	F	QH BAY		STAR SNIP									
USFI6465	48	F	QH BLK		STAR									
USFI6466	132	F	QH BAY		STAR STRIP SNIP									
USFI6467	96	F	QH SOR		STRIP LR SOCK RR SOCK									
USFI6468	240	F	PN BAY		WHT STAR STRIP SNIP									
USFI6469	240	F	PN SOR		WHT BLAZE									
USFI6470	240	F	PN BLK		WHT STAR SNIP									
USFI6471	120	M	QH SOR		STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK									
USFI6472	48	M	QH SOR		STAR SNIP LR SOCK									
USFI6473	72	F	QH SOR		BLAZE LR SOCK RR ANKLE									
USFI6474	108	F	QH SOR		BLAZE LR SOCK RR ANKLE									
USFI6475	72	F	QH BAY		BLAZE LF HEEL LR SOCK RR CORNET									
USFI6476	108	F	QH SOR		STAR LR SOCK RR CORNET									
USFI6477	240	F	QH SOR		STAR STRIP SNIP LR SOCK							RF SOKC	RR SOCK	
USFI6478	72	F	QH PAL		STAR									
USFI6561														

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 4 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFI	6416			✓					✓						✓		
17		6417				BAY WHT							PAINT	✓				
18		6418				BAY WHT							PAINT	✓				
19		6419	✓						✓							✓	LIP —	
20		6420	✓							✓						✓		
21		6421					✓						SB	✓				BLIND LEFT EYE
22		6422					✓			✓						✓		
23		6423				BAY WHT							PAINT	✓				
24		6424	✓										STD			✓	BRAND — LIP —	
25		6425					✓				BELG			✓				
26		6426						RED ROAN			BELG			✓				
27		6427			✓								STD			✓	LIP —	
28		6428	✓										STD	✓			LIP —	
29		6429	✓										STD	✓			BRAND —	
30		6430			✓				✓							✓	LIP —	
31																		
32																		
33																		
34																		
35																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VINNDE RICHELIEN
STREET ADDRESS: 1849 MARION WARO/N ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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	USFI	6401		☒						☒						☒		
2		6402				SOR WHT							PAINT	☒				
3		6403						DUN		☒						☒		
4		6404					☒			☒				☒				
5		6405						WHT					APP	☒				
6		6406				BAY WHT							PAINT	☒				
7		6407				BAY WHT							PAINT			☒		
8		6408						DUN		☒				☒				
9		6409	☒										STD	☒				
10		6410				BAY WHT							PAINT	☒				
11		6411						WHT		☒				☒				
12		6412						SOR WHT					APP	☒				
13		6413				SOR WHT							PAINT	☒				
14		6414					☒			☒				☒				
15		6415			☒					☒						☒		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: Fred E Bauer

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 33373

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

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
BAUER FRED E	USFI6420	144	N	QH	BAY	STAR	SNIP							
1849 MARION HARDIN RD	USFI6421	180	F	SN	SOR	FAINT	STAR	LR	SOCK	RR	SOCK	BLIND L EYE		
LA RUE, OH 43332	USFI6422	108	N	QH	SOR	STAR	STRIP	SNIP	LR	SOCK	RR	SOCK		
	USFI6423	120	F	PH	BAY	WHT	STAR							
	USFI6424	192	N	SN	BAY	LR	ANKLE	RR	ANKLE	BRAND?	LIP?			
	USFI6425	120	F	BL	SOR	BLAZE								
	USFI6426	180	F	BL	RED	ROAN	BLAZE							
	USFI6427	192	N	SN	BLK	SNIP	LR	ANKLE	LIP?					
	USFI6428	144	F	SN	BAY	LR	SOCK	RF	ANKLE	RR	SOCK	LIP?		
	USFI6429	156	F	SN	BAY	SMALL	STAR	LR	CORNET	RF	ANKLE	BRAND?		
	USFI6430	132	N	TH	BLK	STAR	STRIP	LIP?						

1. THE ANIAMLS WERE TO INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HELATHY AND FREE FORM EVIDNECE OF COMMUNICABLE DISEASE. 2. THE ANIANMLS WERE TO THE EDST OF THE KNOWLEDGE AND BELEIF OF THE ISUING VETERIANRIN NOT EXPOSED TO ANY COMMUNICABEL DISEASE WTIHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS WERE HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANAIMSL WER WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT FO TO BE TRANSPROTED. 5. TRHE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORAIN IN HEALTH OR IN PHYSICAL COUNTIION THAT COUDL RENDE RENDER THE ANIAMSL UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DYAS THE ANIAMLS IN THIS SHIPMNET HAVE TO NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIAMLS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIANLS CAUSING THE ANIAMLS TO DUFF SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3373

3. PAGE NO: 2 OF 1

4. DATE ISSUED: 3-1-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIUE INC. 595 RUE ROAYLE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE DATE M	DISEASE DATE N	DISEASE DATE O
BAUER FRED E														
1849 MARION HARDIN TRD	USFI6401	240	N	OH GRAY										
LA RUE, OH 43332	USFI6402	108	F	PN SOR WHT BALD										
	USFI6403	120	N	QH DUN STAR STRIP SNIP LR CORNET RF ANKLE										
	USFI6404	144	F	QH SOR STAR STRIP SNIP LF CORNET LR SOCK RR SOCK										
	USFI6405	96	F	AP WHT NO OTHER MARKINGS										
	USFI6406	240	F	PN BAY WHT BLAZE LF SOCK LR SOCK RF SOCK RR SOCK										
	USFI6407	84	N	PN BAY WHT BLAZE										
	USFI6408	72	F	QH DUN STAR										
	USFI6409	108	F	SN BAY LR ANKLE										
	USFI6410	120	F	PN BAY WHT STAR SNIP LF SOCK LR SOCK RF SOCK RR SOC										
	USFI6411	144	F	QH WHITE NO OTHER MARKINGS										
	USFI6412	180	F	AP SOR WHT ROAN FACE										
	USFI6413	60	F	PN SOR WHT BALD										
	USFI6414	120	F	QH SOR STAR STRIP SNIP										
	USFI6415	96	N	QH BLK NO OTHER MARKINGS										
	USFI6416	108	N	QH BLK STAR SNIP LR ANKLE										
	USFI6417	60	F	PN BAY WHT SNIP										
	USFI6418	48	F	PN BAY WHT STAR STRIP SNIP										
	USFI6419	60	N	TH BAY STAR SNIP LIP?										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 1 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USF1	6446					✓			✓				✓				
17		6447						SOR WHT					PRINT			✓		
18		6448					✓			✓				✓				
19		6449				BAY WHT							PRINT	✓				SCAR RIGHT REAR ANKLE
20		6450			✓					✓				✓				
21		6451					✓			✓				✓				
22		6452				SOR WHT							PRINT	✓				
23		6453	✓							✓						✓		
24		6454				SOR WHT							PRINT			✓		
25		6455					✓			✓						✓		
26		6456	✓						✓					✓			LIP—	
27		6457	✓						✓					✓			LIP—	LARGE LEFT FRONT ANKLE
28		6458					✓		✓							✓	LIP—	
29		6459	✓										STO			✓	BRAND W5573	
30		6460	✓										STO			✓	LIP—	
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	6431					✓				BEL6			✓				
2		6432						RED ROAN			BEL6			✓				
3		6433					✓				BEL6					✓		
4		6434					✓						HAPL	✓				
5		6435					✓			✓				✓				
6		6436						RED ROAN					HAPL			✓		
7		6437			✓						STD					✓	LIP—	
8		6438	✓										STD	✓			BRAND—	
9		6439					✓			✓						✓		
10		6440	✓										STD			✓		BLIND RIGHT EYE
11		6441					✓						HAPL			✓		
12		6442						SOR WHT					APP	✓				
13		6443	✓							✓						✓		
14		6444						BLK ROAN					APP	✓				
15		6445						RED ROAN					APP	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC. inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: J3372

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E	USFI6449	160	F	PN	BAY	WHT	BLAZE	LR	CORNET SCAR RR ANKLE					
1849 MARION HARDIN RD	USFI6450	120	F	QH	BLK	STAR	SNIP	LR	SOCK RF ANKLE					
LA RUE, OH 43332	USFI6451	72	F	QH	SOR	BLAZE	LR	SOCK	RF	SOCK	RR SOCK			
	USFI6452	36	F	PN	SOR	WHT	BALD							
	USFI6453	96	N	QH	BAY	NO	OTHER	MARKINGS						
	USFI6454	60	N	PN	SOR	WHT	BALD							
	USFI6455	60	N	QH	SOR	STAR	STRIP	SNIP						
	USFI6456	60	F	TH	BAY	STAR	STRIP	SNIP	LIP?					
	USFI6457	72	F	TH	BAY	STAR	LIP?	LARGE	L FRONT ANKLE					
	USFI6458	180	N	TH	SOR	STAR	STRIP	SNIP	LR ANKLE LIP?					
	USFI6459	120	N	SN	BAY	FAINT	STAR	BRAND	W6573					
	USFI6460	144	N	SN	BAY	LF	SOCK	LR	SOCK	RF	ACORNET	RR	SOCK	LIP?

1. THE ANAIMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FORM EVIDENCE OF COMMUNCIAELO DISEASE. 2. THE ANIMSL WERE TO THE BEST OF THE KNOWLEDGE AND BELIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNICBAEL IDSEAS WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. TRHE ANIAMLS HAVE RESIDE DIN THE US OR CANADA SINCE BIRTH. 4. THE ANIANLS WERE INSP INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CODNTIION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIRTION IN HEALTH OR INPHYSICAL CODNTIION THAT COULD RENDER THE ANIANMLS UNFIT FOR TRANSPORT HAY RESULT IN THE SHIPMENT TO BE REFUSED ENTYR IN CANADA. 6 during THE PREVSIOU 21 DAYS THE ANAINLS IN THIS SNIPHNE T HAVE NOT BEEN IN THE STAIES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTE DMEANS THAT NO ANIAMALS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CODNTION THAT COULD AGGRAYATE THE ANIANLS CAUSING THE ANIANLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

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	USFI	6356	✓										STD			✓	BRAND T9644	
17		6357	✓										STD			✓		
18		6358	✓										STD			✓	LIP—	
19		6359					✓				BELG			✓				
20		6360					✓				BELG					✓		
21		6361	✓										STD	✓			LIP—	
22		6362	✓										STD			✓	LIP—	
23		6363	✓										STD			✓	BRAND — LIP —	LARGE LEFT FRONT ANKLE
24		6364	✓						✓							✓	LIP—	
25		6365					✓		✓							✓	LIP—	
26		6366	✓							✓				✓				
27		6367					✓		✓					✓			LIP—	
28		6368					✓						MULE			✓		
29		6369					✓			✓				✓				
30		6370						DUN		✓						✓		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION MARION ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 4993995	AREA CODE & TELEPHONE NO.: 4505882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	6341					☒		☒					☒			LIP—	
2		6342		☒					☒					☒			LIP—	
3		6343					☒		☒					☒			LIP—	
4		6344					☒			☒						☒		
5		6345		☒						☒				☒				CROOKED FRONT HOOFS
6		6346	☒						☒					☒			LIP—	
7		6347				BAY WHT							PRINT	☒				
8		6348		☒						☒				☒				
9		6349				SOR WHT							PRINT	☒				
10		6350	☒						☒							☒	LIP—	
11		6351					☒						TWH	☒				
12		6352			☒					☒						☒		
13		6353	☒										STD			☒	BRAND—	
14		6354	☒										STD			☒	LIP—	
15		6355					☒				BELG					☒		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b) (6)

I HEREBY [redacted] E INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC

2. CERTIFICATE NO. FROM VS FORM 17-140: 03368

3. PAGE NO. ~~CANADDA~~ 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER FRED E	USFI6357	48	N	SN	BAY	NO OTHER MARKINGS								
1849 MARION HARDIN RD	USFI6358	180	N	SN	BAY	FAINT STAR LIP?								
LA RUE, OH 43332	USFI6359	180	F	BL	SOR	BLAZE LF SOCK LR SOCK RRF SOCK RR SOCK								
	USFI6360	194	N	BL	SOR	STAR STRIP SNIP								
	USFI6361	240	F	SN	BAY	FAINT STAR LIP?								
	USFI6362	144	N	SN	BAY	LR ANKLE RR ANKLE LIP?								
	USFI6363	180	N	SN	BAY	STAR LR SOCK BRAND ? LIP? LARGE L F ANKLE								
	USFI6364	60	N	TH	BAY	STAR LR ANKLE RR HEEL LIP?								
	USFI6365	84	N	TH	SOR	STAR STRIP SNIP LF SOCK LR SOCK RR SOCK LIP?								
	USFI6366	108	F	OH	BAY	BLAZE LF SOCK LR SOCK RR SOCK								
	USFI6367	48	F	TH	SOR	FAINT STAR LIP?								
	USFI6368	72	N	MULE	SOR									
	USFI6369	60	F	OH	SOR	STAR SNIP								
	USFI6370	108	N	OH	DUN	STAR								

1. THE ANIMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNCIAEBL DISEAES WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICALC CODNTIION FIT FTO BE TRANSPROTED. 5. TEHHE EXPORTER HAS BEEND ADVISED THAT ANY DETERIAORTIN IN HEALTH OR IN PHYSCIAL CODNTION THAT COULD RENDER THE NAIAMLS UNFIT FOR TRANSPROT MAYR ESULT IN THE SNIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIANLS IN THIS HIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPROTED MEANS THAT NO ANIMALS HAS AN INFIRITY ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRVAVTE THE ANIANL ACAUSINT THE ANIANLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

[signature] DVM
25 FEB 2010

[signature] DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3368

3. PAGE NO. 2 OF 1

4. DATE ISSUED: 2-25-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA ~~URE~~ RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIE INC.
595 RUE ROYALCE C.P.101
MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MARION HRDIN RD														
LA RUE, OH 43332														
~~USA~~ OH														
USFI6341	48	F	TH	SOR	BLAZE	RF SOCK LIP?								
USFI6342	180	F	TH	GRAY	LIP?									
USFI6343	168	F	TH	SOR	LIP?									
USFI6344	240	M	QH	SOR	STAR STRP SNIP LR SOCK RR SOCK									
USFI6345	84	F	QH	GRAY	ROAN FACE LF ANKLE LR ANKLE RF CORNET CROOKED FRONT HOOFS									
USFI6346	144	F	TH	BAY	~~LX~~LIP?									
USFI6347	108	F	PR	BAY	WHT BALD									
USFI6348	72	F	QH	GRAY	NO OTHER MARKINGS									
USFI6349	60	F	PR	SOR	WHT BALD									
USFI6350	72	M	TH	BAY	STRIP SNIP LF ANKLE LR SOCK RF CORNET RR SOCK LIP?									
USFI6351	120	F	TH	SOR	RR SOCK									
USFI6352	144	M	QH	BLK	NO OTHER MARKINGS									
USFI6353	108	M	SH	BAY	FAINT STAR BRAND									
USFI6354	96	M	SH	BAY	LIP?									
USFI6355	180	M	BL	SOR	BLAZE									
USFI6356	120	M	SH	BAY	BRAND	T9644								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 25, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS ~~EARNEST~~ D EARNEST 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: JILL M DUEL, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFI	6386					6			6				6				
17		6387			6					6				6				
18		6388						DUN		6						6		
19		6389					6			6						6		
20		6390					6			6						6		
21		6391					6			6						6		
22		6392					6			6						6		
23		6393					6			6						6		
24		6394	6							6						6		
25		6395	6							6						6	BRAND I	
26		6396		6						6				6				
27		6397					6			6						6		SPOT IN LEFT EYE
28		6398					6			6				6				
29		6399	6							6				6				SCAR LEFT REAR LEG SPOT IN LEFT EYE
30		6400					6			6				6				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
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45																		

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WAROIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7409993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	6371						PRL		X						X		
2		6372	X							X						X		
3		6373					X			X						X		
4		6374					X			X						X		
5		6375	X							X						X		
6		6376	X							X						X		
7		6377						RED ROAN					APP	X				
8		6378					X			X				X				LARGE LEFT REAR ANKLE
9		6379		X						X				X			BRAND 663	SCARS ON NOSE
10		6380	X							X				X			BRAND 682	
11		6381					X			X				X			BRAND 196 BRAND —	
12		6382	X							X				X			BRANDS	
13		6383					X			X				X				SADDLE MARKS ON BACK
14		6384					X			X				X				
15		6385	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOU

SIGI [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEUI NC Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: J3367

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MAIRON HARDIN RD
LA RUE, OH 43332

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
USFI6389	72	N	OH SOR		FAINT STAR	LR	SOCK				RR SOCK			
USFI6390	84	N	OH SOR		STAR	LR	SOCK							
USFI6391	72	N	OH SOR		FAINT STAR									
USFI6392	60	N	OH SOR		STAR	STRIP		SHIP	LR	SOCK	RR SOCK			
USFI6393	60	N	OH SOR		STAR									
USFI6394	60	N	OH BAY		STAR	SNIP	LR	ANKLE	RR	ANKLE				
USFI6395	96	N	OH BAY		STAR	STIRP	SNIP	BRAND T ON TOP OF ANOTHER T						
USFI6396	48	F	OH GRAY		STAR	STRIP	SNIP	LF	CORNET	LR	CORNET RR CORNET			
USFI6397	70	N	OH SOR		STAR	SNIP	LR	SOCK	SPOT	IN	LEFT EYE			
USFI6398	108	F	OH SOR		STAR	STRIP	SNIP	LR	SOCK					
USFI6399	240	F	OH BAY		STAR	SNIP	RF	ANKLE	SCAR	L	REAR LEG SPOT FEFT EYE			
USFI6400	72	F	OH SOR		STAR	STRIP	SNIP	LR	CORNET					

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND EHALTHY AND FREE FROM EVIDENCE OF COMMUNCIAEBL IDSEAE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIARIN NOT EXPOSED TO ANY COMMUNCIAEBL DISEASE WITHIN 60 DAYS PRECDING RUTHED DATRE OF INSPECTION. 3. THE ANIAMLS HAVER REOISED IN THE US OR CANDA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CODNTIION FIT TO BE TRANSPROTED. 5. TEH EXPORTER HAS BEEN ADVISED THAT ANY DETERIAORTIN IN HEALTH OR IN PHYSICALC CODNTIION THAT COUDL RENDER THE ANIAMSL UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANDACANADA. 6. durin DURING THE PREVSIOU 21 DAYSD THE ANIANSLIN THIS SHIPMENT HAVE NOT BEEN IN HES TATES OF TEXAS OR NEW MEXICO. 7. FOT TO BE TRANSPORTED MEANS THAT NO ANIAMLS HAS AIN INFIRMITY, ILLNESS, INJURY OTR ANY OTHER CONDITION THAT COULD RENDER THE ANIMALS UNFIT FOR TRANSPORT CAUSING THE ANIAMSL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3367

3. PAGE NO.: 2 — 1 OF

4. DATE ISSUED: 2-25-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*:
VIANDE RICHELIEU INC.
595 RUE ROYALE C.P.101
MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USFI6371	48	M	QH PAL		BLAZE									
USFI6372	132	N	QH BAY		STAR SNIP									
USFI6373	84	N	QH SOR		STAR SNIP LF SOCK RF SOCK									
USFI6374	120	N	QH SOR		STAR									
USFI6375	60	N	QH BAY		NO OTHER MARKINGS									
USFI6376	36	M	QH BAY		STAR SNIP LR SOCK RR SOCK									
USFI6377	96	F	AP RED		ROAN STAR									
USFI6378	132	F	QH SOR		STAR STRIP SNIP RR CORNET LARGE							LR ANKLE		
USFI6379	72	F	QH GRAY		BRAND 663 SCARS ON NOSE									
USFI6380	120	F	QH BAY		FAINT STAR LF CORNET LR SOCK RR SOCK BRAND682									
~~USFI6381~~	~~240~~	~~F~~	~~QH SOR~~		~~STAR~~									
USFI6381	240	F	QH SOR		STAR BRAND 196 BRAND?									
USFI6382	240	F	QH BAY		LARGE STAR LR SOCK RR SOCK BRANDS?									
USFI6383	108	F	QH SOR		STAR STRIP SNIP RR SOCK							SADDLE MARKS ON BACK		
USFI6384	108	F	QH SOR		STAR									
USFI6385	48	F	QH BAY		STAR STRIP SNIP									
USFI6386	60	F	QH SOR		STAR STRIP SNIP									
USFI6387	96	F	QH BLK		STAR STRIP									
USFI6388	84	N	QH DUN		NO OTHER MARKINGS									

ORIGINAL — 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: FEB. 25, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: JILL M DUEL, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USF1	6266					✓			✓						✓		
17		6267			✓								STD			✓	LIP–	
18		6268					✓			✓				✓				
19		6269	✓							✓				✓				
20		6270	✓							✓				✓				
21		6271			✓								STD			✓		
22		6272				SOR WHT							PAINT	✓				
23		6273	✓										STD			✓	BRAND–	
24		6274	✓							✓				✓				
25		6275	✓							✓				✓				
26		6276					✓			✓						✓		
27		6277				SOR WHT							PAINT	✓				
28		6278	✓										STD			✓	LIP–	
29		6279	✓							✓				✓				
30		6280		✓						✓						✓		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEWEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	6251	X										STD			X		
2		6252	X							X				X				
3		6253	X										STD			X	LIP –	
4		6254			X					X				X				
5		6255					X			X						X		
6		6256					X			X						X		
7		6257	X										STD			X	LIP –	
8		6258					X			X				X				
9		6259	X										STD	X			LIP –	
10		6260	X										STD			X		
11		6261					X			X						X		BLIND LEFT EYE
12		6262	X							X						X		
13		6263					X			X				X				SCAR LEFT FRONT HOOF
14		6264	X							X					X			
15		6265						WHITE		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: J3371

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER FRED E	USFI6269	192	F	QH	BAY	STAR	STRIP	SNIP	LR	SOCK	RR SOCK			
1849 MARION HARDIN RD	USFI6270	84	F	QH	BAY	STAR								
LA RUE, OH 43332	USFI6271	108	N	SN	BLK	STAR	LR ANKLE		RR	ANKLE				
	USFI6272	108	F	PN	SOR	WHT	BLAZE							
	USFI6273	108	N	SN	BAY	STAR	STRIP	SNIP	LR	SOCK	RF ANKLE	BRAND?		
	USFI6274	36	F	QH	BAY	STAR								
	USFI6275	84	F	QH	BAY	STAR	STRIP	SNIP	LF	CORNET	LR SOCK	RR SOCK		
	USFI6276	216	N	QH	SOR	BALD	LR SOCK	RF	SOCK	RR	SOCK			
	USFI6277	84	F	PN	SOR	WHT	STAR	STRIP	SNIP					
	USFI6278	192	N	SN	BAY	STAR	RR ANKLE	LIP?						
	USFI6279	108	F	QH	BAY	STAR								
	USFI6280	168	N	QH	GRAY	ROAN	FACE	LF	SOCK	LR	HEEL	RF	SOCK	RR SOCK

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM* EVIDENCE OF COMMUNICABEL DISEASE. 2. THE ANIAMLS WERE TO THE BEST OD THE KNOWLEDGE AND BELIEF OF TH THE ISSUING VETERIANRIN NOT EXPOSED OF ANY COMMUNCIABEL DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS WERE HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSCICAL CONDITION FIT TO BE TRANSPORTED. 5. RTHE EXPORTER HAS BEEN ADVISED THAT ANY DETERIADRTIN IN HEALTH OR PHYSCIAL CONTION DTHAT COULD RENDER THE ANIAMLS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. TFIT FTO BE TRANSPORTED MEANS THAT NO ANIMALS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVAET THE ANIAMLS CAUING THE ANIAMLS TO SUFFER. 78. HORSES ARE FIT FOR SLAUGHTER ONLY.

Jeffrey M. Reed DVM
22 FEB 2010

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3371

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: ~~2-2210~~ 2-22-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MAIRON HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIEUI INC. 595 RUE ROTATALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST

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

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USFI6251	132	N	SN BAY		STAR RR SOCK									
USFI6252	144	F	QH BAY		STAR STRIP SNIP LR SOCK RR SOCK									
USFI6253	180	N	SN BAY		STAR LR SOCK LIP?									
USFI6254	108	F	QH BLK		STAR LF HEEL LR ANKLE RR ANKLE									
USFI6255	108	N	QH SOR		STAR STRIP SNIP									
USFI6256	84	N	QH SOR		STAR STRIP SNIP LR ANKLE RR ANKLE									
USFI6257	180	N	SN BAY		STAR SNIP LR SOCK RR SOCK LIP?									
USFI6258	192	F	QH SOR		STAR STRIP SNIP LR CORNET									
USFI6259	192	F	SN BAY		FAINT STAR LIP?									
USFI6260	144	N	SN BAY		STAR LF HEEL									
USFI6261	168	N	QH SOR		STAR STRIP SNIP LF ANKLE LR CORNET									
			RF ANKLE RR SOCK BLIND L EYE											
USFI6262	60	N	QH BAY		STAR									
USFI6263	168	F	QH SOR		STAR LF ANKLE LR ANKLE SCAR L FRONT HOOF									
USFI6264	48	M	QH BAY		STAR STRIP SNIP LR ACORNET RR SOCK									
USFI6265	144	F	QH WHITE											
USFI6266	108	N	QH SOR		STAR STRIP LR SOCK									
USFI6267	168	N	SN BLK		RR ANKLE LK LIP?									
USFI6268	168	F	QH SOR		STAR STRIP SNIP LF ANKLE									

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: FEB. 22, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian: Jill M Duel DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: JILL M DUEL, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF1	6296					✓			✓				✓			BRAND 145	
17		6297	✓							✓				✓			BRAND 440	
18		6298					✓			✓				✓			BRAND 583	
19		6299	✓							✓				✓			BRAND 354	
20		6300	✓							✓				✓			BRAND 425	
21		6301						RED ROAN		✓				✓			BRAND 332	
22		6302	✓							✓				✓				
23		6303	✓							✓				✓			BRAND 320	
24		6304					✓			✓				✓			BRAND 290	
25		6305	✓							✓				✓			BRAND 98	
26		6306					✓			✓				✓				
27		6307	✓										STD		✓			
28		6308					✓			✓				✓			BRAND 114	
29		6309	✓						✓					✓			LIP —	SCAR LEFT REAR ANKLE
30		6310				SOR WHT							PAINT	✓				LARGE RIGHT KNEE
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	6281						SOR WHT					APP	✓				
2		6282					✓			✓						✓		
3		6283	✓							✓				✓			BRAND 122	
4		6284	✓										STD			✓	LIP–	
5		6285				BAY WHT							PAINT	✓				
6		6286				BLK WHT							PAINT	✓				
7		6287					✓			✓				✓				
8		6288						PAL		✓				✓				
9		6289	✓						✓							✓	LIP–	SCAR RIGHT FRONT ANKLE
10		6290					✓			✓				✓				
11		6291						DUN		✓						✓		
12		6292	✓							✓				✓				SCAR RIGHT HOCK
13		6293			✓					✓				✓				
14		6294					✓			✓				✓				
15		6295						WHITE		✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC

2. CERTIFICATE NO. FROM VS FORM 17-140: J3370

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER FRED E	USFI6299	96	F	QH	BAY	STAR	BRADN	354						
1949 MARION HARDIN RD	USFI6300	132	F	QH	BAY	STAR	STRIP	SNIP	LF	ANKLE	LR ANKLE	RR ANKLE		
LA RUE, OH 43332					BRAND 425									
	USFI6301	144	F	QH	RED	ROAN	STAR	STRIP	LF	CORNET	LR ACORNET	RR ANKE		
					BRAND 332									
	USFI6302	60	F	QH	BAY	LR	ANKLE							
	USFI6303	72	F	QH	BAY	BRAND	320							
	USFI6304	72	F	QH	SOR	BRAND	290							
	USFI6305	240	F	QH	BAY	STAR	SNIP	LR	CORNET	RF	CORNET	RR ANKLE	BRAND 98	
	USFI6306	72	F	QH	SOR	STAR								
	USFI6307	144	R	SH	BAY	STAR								
	~~USFI6308~~													
	~~USFI6308~~	~~144~~	~~F~~	~~QH~~	~~SOR~~	~~STAR~~	~~RR SOCK~~	~~BRAND 114~~						
	~~USFI6309~~	~~72~~	~~F~~	~~TH~~	~~BAY~~	~~LIP?~~	~~SCAR~~	~~L REAR~~	~~ANKLE~~					
	USFI6310	240	F	PH	SOR	WHT	BALD	LARGE	R	KNEE				

1. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEATLHY AND FREE FROM EVIDENCE OF COMMUNGIAEBL DISEA COMMUNICABLE DISEASE WITHIN 30 DAYS. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNCIAEBL IDESEASE WITHIN 60 DAYS PRECEDDING THE DATE OF INSEPCTION. 3. DURING THE ANIAMLS IN THIS SHIPMENT HAVE RESIDED IN THE US OR CNANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE OURNED HEALRNY AND IN A PHYSCIAL CONDITION FIT TO BE TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIROATION IN HEALTH OR PHYSICAL CONDTION THAT COULD RENDER THE ANIANMLS UNFIT FOR TRANSPORTED BHAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMNEI HAVE NOI BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPSORTED MEANS THAI NO ANIMLA HAS AN INFIRMITY, ILLENESSINJURY OR ANY OTHER CONDITION THAI COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3370

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: 2-22-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VBIANDE RICHLIEUINC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARIN HARDIN RD
LA RUE, OH 43332

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
USFI6281	48	F	AP SOR WHT STAR STRIP SNIP LR RR ANKLE									CORNET RF ANKE		
USFI6282	72	N	QH SOR STAR STRIP SNIP LR SOCK RR SOCK											
USFI6283	132	F	QH BAY RF ANKLE BRADN 122											
USFI6284	132	N	SN BAY LR ANKLE RR ANKLE LIP?											
USFI6285	132	F	PN BAY WHT BALD											
USFI6286	120	F	PN BLK WHT STAR SNIP LF SOCK LR SOCK RF SOCK RR SOC											
USFI6287	48	F	QH SOR STAR STRIP SNIP LF SOCK LR SOCK RF SOCK											
USFI6288	60	F	QH PAL STRIP LR SOCK RR SOCK											
USFI6289	144	N	TH BAY STAR LIP? SCAR R FRONT ANKLE											
USFI6290	144	F	QH SOR STAR STRIP SNIP LR ANKLE											
USFI6291	24	N	QH DUN STAR LF ANKLE LR HEEL											
USFI6292	72	F	QH BAY STAR STGRIP SNIP LR SOCK LRR SOCK SCAR R HOC											
USFI6293	120	F	QH BLK STAR SNIP LR ANKLE											
USFI6294	120	F	QH SOR STAR											
USFI6295	72	F	QH WHITE											
USFI6296	120	F	QH SOR STAR SNIP LR SOCK RR SOCK BRAND 145											
USFI6297	108	F	QH BAY STAR BRADN 440											
USFI6298	144	F	QH SOR STAR LR ANKLE BRAND 583											

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: FEB. 22, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: JILL M DUEL, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USF1	6326	X										STD			X	BRAND	
17		6327			X								STD	X			BRAND	
18		6328						BAY WHT					APP	X				
19		6329	X										STD			X	BRAND	
20		6330	X										STD			X	LIP	
21		6331		X						X				X				
22		6332	X										STD			X		
23		6333	X										STD	X			LIP	
24		6334	X										STD	X			LIP	
25		6335	X										STD			X	BRAND	
26		6336	X										STD	X				
27		6337			X					X				X				
28		6338	X										STD	X			LIP	
29		6339	X										STD			X		
30		6340	X										STD			X	LIP	
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO.
0579-0160

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	USFI	6206					✓						HAFL	✓				
17		6207				BAY WHT							PAINT	✓				
18		6208	✓							✓				✓				
19		6209					✓			✓				✓				
20		6210	✓							✓				✓				
21		6211				BLK WHT							PAINT			✓		
22		6212					✓			✓						✓		
23		6213				BLK WHT							PAINT			✓		
24		6214				SOR WHT							PAINT	✓				
25		6215				BAY WHT							PAINT	✓				
26		6216				SOR WHT							PAINT	✓				
27		6217					✓			✓				✓				
28		6218					✓			✓				✓				
29		6219					✓						FOX TROTTER	✓				
30		6220				BAY WHT							PAINT	✓				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	
NAME OF AUCTION/MARKET: BAUER	
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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	USF1	6191				GRY WHT							PAINT	☒				
2		6192				GRY WHT							PAINT	☒				
3		6193				GRY WHT							PAINT			☒		
4		6194				SOR WHT							PAINT	☒				
5		6195						RED ROAN		☒						☒		
6		6196	☒							☒				☒				
7		6197		☒						☒				☒				
8		6198					☒			☒				☒				
9		6199	☒							☒						☒		SPOT IN LEFT EYE
10		6200			☒					☒				☒				
11		6201	☒										STD			☒	BRAND 17	
12		6202	☒										STD			☒		
13		6203					☒			☒				☒				
14		6204				BLK WHT							PAINT			☒		
15		6205	☒										STD	☒			LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HO

SI [redacted]

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF1	6236	X										STD			X	LIP—	
17		6237	X										STD			X		
18		6238	X										STD			X	BRAND V5780	
19		6239					X				BELG				X			
20		6240					X		X							X	LIP—	
21		6241					X		X					X			LIP—	
22		6242	X						X							X	LIP—	
23		6243					X		X							X	LIP—	
24		6244	X						X							X	LIP—	
25		6245	X						X							X	LIP—	
26		6246	X						X							X	LIP—	
27		6247					X						HRFL	X				
28		6248					X			X				X				
29		6249					X			X				X				
30		6250					X			X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 4993995	AREA CODE & TELEPHONE NO.: 4507882490

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	USFI	6221					✓			✓				✓				
2		6222					✓						AAFL	✓				
3		6223					✓						SB	✓				
4		6224					✓						SB	✓				
5		6225					✓						MULE			✓		
6		6226					✓			✓						✓		
7		6227	✓							✓				✓				
8		6228				SOR WHT							PAINT	✓				
9		6229			✓								STO	✓			LIP	
10		6230			✓								STO	✓			LIP	
11		6231	✓										STO	✓			LIP	
12		6232			✓								STO	✓			LIP	
13		6233	✓										STO	✓			BRAND	
14		6234	✓										STO	✓			BRAND	
15		6235	✓										STO	✓			BRAND BRAND 237	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

[redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO: J 3365

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: 2-18-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MAIRON HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHLIEU INC.
595 RUE ROYALE C.P.101
MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANDA

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

BAUER FRED E
1849 MAION HARDIN ROL
LA RUE, OH 43332

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
USFI6191	120	F	PN BAY		WHT STRIP		SNIP LF SOCK					LR SOCK	RF SOCK	RR SOC
USFI6192	120	F	PN BAY		WHT BLAZE		LF SOCK LR SOCK					RF SOCK	RR SOCK	
USFI6193	48	N	PN BAY		WHT BLAZE									
USFI6194	48	F	PN SOR		WHT BLAZE		LF ANKE RF WHITE KNEE							
USFI6195	120	N	QH RED		ROAN STAR									
USFI6196	120	F	QH BAY		STAR									
USFI6197	36	F	QH GRAY		BLAZE LR ANKLE									
USFI6198	24	F	QH SOR		BLAZE LR SOCK									
USFI6199	240	N	QH BAY		STAR SPOT ON LEFT EYE									
USFI6200	132	F	QH BLK		STAR STRIP SNIP									
USFI6201	144	N	SN BAY		FAINT STAR LF CORNET LR ANKLE BRAND 17									
USFI6202	120	N	SN BAY		NO OTHER MARKINGS									
USFI6203	120	F	QH SOR		BLAZE LR SOCK RR SOCK									
USFI6204	48	N	PN BLK		WHT STAR STRIP SNIP LF							SOCK LR	SOCK RF	SOCK
				RR	SOCK									
USFI6205	240	F	SN BAY		ROAN FACE LIP?									
USFI6206	48	F	HL SOR		STAR STRIP SNIP									
USFI6207	120	F	PN BAY		WHT STAR SNIP									
USFI6208	240	F	QH BAY		NO OTHER MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 18, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: DANIEL E HARPSTER, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: 33569

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLCU INC. / VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MARION HARDIN RD	USFI6209	240	F	QH	SOR	STAR								
LA RUE, OH 43332	USFI6210	120	F	QH	BAY	SFAINT STAR								
	USFI6211	84	N	PN	BLK	WHT	BLAZE							
	USFI6212	72	N	QH	SOR	BLAZE RR SOCK								
	USFI6213	48	N	PN	BLK	WHT	BALD							
	USFI6214	120	F	PN	SOR	WHT	BALD							
	USFI6215	120	F	PN	BAY	WHT	BLAZE							
	USFI6216	120	F	PN	SOR	WHT	STAR STRIP SNIP							
	USFI6217	240	F	QH	SOR	STAR								
	USFI6218	84	F	QH	SOR	BLAZE LR SOCK RR SOCK								
	USFI6219	24	F	FT	SOR	STAR								
	USFI6220	120	F	PN	BAY	WHT STAR STRIP SNIP								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HELATHY AND FREE FROM EVIDECE OF COMMUNICABEL IDISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIAIN NOT EXPOSED TO ANY COMMUNICABEL IDISEASE WITHIN 60 DAYS PECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSCALC ODNTIION FIT T BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAOTIN IN HEALTH OR PHYSICAL CODNITION THAT GOUDL RENDER TH THE TRANPOSRT CAUISIGN THE SHIPMENT TO BE UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE REVIOUD 21 DAYS THE ANIANLS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANPORTE DMEANS THAT AUA NIMAL HAS NA INFIMITY ILLNESS, INJURY OR ANY OTHER CONDTION THA COULD AGGRAVATE THE ANIAMSL CUAIG THE ANIAMSL TO SUFFER.
8. HORSES ARE FIR FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: 113 366

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLEU VIANDE RICHLIUE INC.

APPROVED

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 433332

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION												DISEASE / TYPE TEST / DATE	DISEASE / TYPE TEST / DATE	DISEASE / TYPE TEST / DATE
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)
USFI6239	84	M	BL	SOR	BLAZE		LR SOCK	RR SOCK						
USFI6240	84	M	TH	SOR	STAR STRIP		SNIP	LR SOCK	RR ANKLE	LIP?				
USFI6241	48	F	TH	SOR	BLAZE		RF SOCK	LIP?						
USFI6242	48	M	TH	BAY	LR CORNET		RR CORNET	LIP?						
USFI6243	60	M	TH	SOR	STAR		LR ANKLE	RF SOCK	RR SOCK	LIP?				
USFI6244	48	M	TH	BAY	STAR STRIP		SNIP	LIP?						
USFI6245	72	M	TH	BAY	STAR		LIP?							
USFI6246	48	M	TH	BAY	STAR		LIP?							
USFI6247	48	F	HL	SOR	BLAZE									
USFI6248	120	F	QH	SOR	STRIP									
USFI6249	120	F	QH	SOR	STRIP									
USFI6250	96	F	QH	SOR	BLAZE									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF OF THE ISSUING VETERIARIN NOT EXPOSED TO ANY COMMUNICABEL DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS WERE INSPECTED AND WERE FOUND HEALTHY AND IN AP HYSICAL CONDITION TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION THAT COULD RENDER THE ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT OT BE REFUSED ENTRY IN CANADA. 6. DUING DURING THE EV PREVIOUS 0-21 SDAYS THE ANIMALS IN THSI SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIMALS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVETA THE ANILS CAUSING THE ANIMALS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER FRED E

2. CERTIFICATE NO: J 3366

3. PAGE NO.: 2 OF 1

4. DATE ISSUED: -18-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC
595 RUE ROYALE C.P. 101
MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / 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

BAUER FRED E
1849 MARION AHRIN RD
LA RUE, OH 43332

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
USFI6221	72	F	QH SOR				STAR STRIP SNIP							
USFI6223														
USFI6222	60	F	AHL SOR				BLAZE							
USFI6223	48	F	SN SOR				STAR SNIP LR SOCK RR SOCK							
USFI6224	36	F	SN SOR				FAINT STAR LR SOCK							
USFI6225	144	N	MULE SOR				NO OTHER MARKINGS							
USFI6226	60	N	QH SOR				STAR STRIP SNIP							
USFI6227	120	F	QH BAY				STAR LR ANKLE RF CORNET RR ANKLE							
USFI6228	72	F	PN SOR				WHT BALD LR ANKLE RR ANKLE							
USFI6229	276	F	SN BLK				LR ANKLE RF ANKLE LIP?							
USFI6230	228	F	SN BLK				LIP?							
USFI6231	156	F	SN BAY				STAR LIP?							
USFI6232	216	F	SN BLK				LR CORNET RR ANKLE LIP?							
USFI6233	204	F	SN BAY				STAR SNIP LR ANKLE RF CORNET RR ANKLE BRAND							
USFI6234	144	F	SN BAY				LF HEEL RR ANKLE BRAND?							
USFI6235	168	F	SN BAY				BRAND ? BRAND 237							
USFI6236	180	N	SN BAY				LIP?							
USFI6237	84	N	SN BAY				STAR							
USFI6238	108	N	SN BAY				BRAND V5780							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB. 18, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: DANIEL E HARPSTER, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USF1	5306						PAL		X				X				
17		5307					X			X				X				
18		5308		X									APP	X				
19		5309				BLIND WINT							PAINT	X				
20		5310					X			X				X				
21		5311	X							X				X				
22		5312	X							X				X				
23		5313	X										STD	X			LIP—	
24		5314	X										STD	X			BRAND—	
25		5315	X										STD			X	BRAND—	
26		5316	X										STD			X	LIP—	
27		5317	X										STD			X	LIP—	
28		5318	X										STD			X		
29		5319					X						SB			X		
30		5320		X									APP	X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 7882490

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	USFI	5291		X					X					X			LIP-	
2		5292			X				X					X			LIP-	
3		5293	X						X					X			LIP-	
4		5294					X		X					X			LIP-	
5		5295					X		X					X			LIP-	
6		5296	X						X					X			LIP-	
7		5297	X						X					X			LIP-	
8		5298	X						X					X			LIP-	
9		5299	X						X					X			LIP-	
10		5300		X					X					X			LIP-	
11		5301		X					X					X			LIP-	
12		5302	X						X					X			LIP-	
13		5303	X						X					X			LIP-	
14		5304	X										STD	X			BRAND	
15		5305						PAL		X				X				

HORSES [redacted] CONSECUTIVE HOURS IN

SIGNATU [redacted] (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: G07097

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEUI INC,

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MAION MARIN RD
LA RUE, OH 43332

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
USFI5310	84	F	QH	SOR	BLAZE									
USFI5311	48	F	QH	BAY	SMALL STAR									
USFI5312	180	F	QH	BAY	STAR									
USFI5313	144	F	SN	BAY	STR LIP?									
USFI5314	156	F	SN	BAY	LR ANKLE RR ROAN ANKLE							RR ANKLE	BRAND?	
USFI5315	180	M	SN	BAY	STAR BRAND?									
USFI5316	240	M	SN	BAY	FAINT STR LIP?									
USFI5317	84	M	SN	BAY	RR CORNET LIP?									
USFI5318	120	M	SN	BAY	STAR LR ANKLE RR CORNET									
USFI5319	48	M	SN	SOR	STAR RR SOCK									
USFI5320	36	F	AP	GRAY	NO OTHER MARKINGS									

1. THE ANIMALS WERE INSEPCTED AND WERE F OUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNCIAEBL DISEA DISEASE WITHIN 30 DAYS. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIN NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTIO 3. THE ANIMALS WE HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. the animals were INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CODNITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAORION IN HEALTH OR PHYSICAL CODNITION THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS HAVE NOT BEEN IN THE STATE OF FL TEXAS. 7. FIT TO BE TRANSPORTED MEAN THAT NO ANIMALS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

Jill M. Hirsch 7 JAN 2010

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER FRED E	G 07097	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1-7-010	PORT HURON MICHIGAN	26	1849 MARION HARDIN RD	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]	VIANDE RIHLIUE INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFI5291	48	F	TH		GRAY STAR LR SOCK RF ANKLE LIP?									
USFI5292	144	F	TH		BLK LR ANKLE LIP?									
USFI5293	168	F	TH		BAY STAR SNIP LF ANKLE LR SOCK LIP?									
USFI5294	48	F	TH		SOR STAR STRIP SNIP LR ANKLE RF SOCK RR SOCK LIP?									
USFI5295	48	F	TH		SOR LIP?									
USFI5296	60	F	TH		BAY STAR SNIP LR CORNET LIP?									
USFI5297	60	F	TH		BAY STAR LR SOCK RR SOCK LIP?									
USFI5298	60	F	TH		BAY LR CORNET LIP?									
USFI5299	48	F	TH		BAY FAINT STAR LIP?									
USFI5300	60	F	TH		GRAY LR CORNET RR CORRNET LIP?									
USFI5301	48	F	TH		GRAY STAR STRIP SNIP LIP?									
USFI5302	60	F	TH		BAY LIP?									
USFI5303	48	F	TH		BAY SMALL STAR RR CORNET LIP?									
USFI5304	36	F	SH		BAY BRAND?									
USFI5305	72	F	QH		PAL STAR STRIP SNIP									
USFI5306	60	F	QH		PAL STAR									
USFI5307	120	F	QH		SOR BLAZE LR CORNET RF ANKLE									
USFI5308	96	F	AP		GRAY NO OTHER MARKINGS									
USFI5309	72	F	PN		DUN WHITE STAR STRP									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN. 07, 2010	KEARNS, EARNEST D 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
Jill M Duel DVM	JILL M DUEL, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

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	USF1	$336				BLK WHT							PAINT	↓				
17		$337					↓			↓				↓				
18		$338					↓			↓				↓				
19		$339	↓							↓				↓			BRAND R	
20		$340				BAY WHT							PAINT	↓			BRAND J	
21		$341				BLK WHT							PAINT	↓				NO RIGHT EYE
22		$342						PAL		↓				↓				
23		$343				SOR WHT							PAINT	↓				
24		$344				BAY WHT							PAINT	↓				
25		$345					↓			↓				↓				
26		$346				BAY WHT							PAINT	↓				
27		$347					↓			↓				↓				
28		$348	↓							↓				↓				
29		$349					↓			↓				↓				
30		$350					↓			↓				↓				
31																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC JOG1KO
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	$321	✓							✓				✓				LARGE RIGHT REAR ANKLE
2		$322					✓			✓						✓		
3		$323					✓			✓						✓		
4		$324					✓			✓						✓		
5		$325					✓			✓						✓		
6		$326						BLUE ROAN		✓						✓		BLUE LEFT EYE
7		$327	✓							✓				✓				
8		$328			✓					✓				✓				SCAR LEFT FRONT LEG
9		$329	✓							✓				✓				
10		$330			✓					✓				✓				
11		$331					✓			✓				✓				
12		$332				SOR WHT							PAINT	✓				
13		$333					✓			✓				✓				
14		$334	✓							✓				✓				
15		$335				BAY WHT							PAINT	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNATU [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: GD7085

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIADE RICHLIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MARIN HARDIN RD
LA RUE, OH 43332

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
USFI5340	108	F	PN	BAY	WHT BLAZE BRAND J									
USFI5341	84	F	PN	BLK	WHT BALD NO RIGHT EYE									
USFI5342	48	F	QH	PAL	STAR									
USFI5343	120	F	PN	SOR	WHT BLAZE									
USFI5344	36	F	PN	BAY	WHT BLAZE									
USFI5345	132	F	QH	SOR	STAR SNIP RR CORNET									
USFI5346	48	F	PN	BAY	WHT STAR STRIP SNIP									
USFI5347	84	F	QH	SOR	STAR									
USFI5348	84	F	QH	BAY	STAR									
USFI5349	132	F	QH	SOR	STAR STRIP SNIP LR SOCK RF CORNET RR SOCK									
USFI5350	72	F	QH	SOR	BLAZE LF SOCK LR SOCK RR SOCK									

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT ANSD WERE FOUND HEALTHY AND FREE FROM EVIDNEC OF COMMUNICABEL DISESAAE. 2. THE ANIAMLS WERE THE THE BEST OF THE KNOWLEDGE AND BELEIF OF THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNCAIEBO DISEAE WITHIN ~~60~~ 60 DAYS PRECEDINGT THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CAANDA SINCE BIRTH. 4. THE ANIAMLS HAVE BEEN INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CODNTIION FIT TO BE TRANSPOR TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIAOTION IN HEALTH OR PHYSCAL CONDITIN THAT COLD RENDER THE ANIAMLS UNFIT FRO TRANSPOCT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVSIOU 21 DAYS THE ANIAMLS HAVE NOT BEEN IN THESTATE OF TEXAS. 7. FIT TO BE TRASNPROT MEANS THAT NO ANIAMLS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIAMLS TO SUFFER. 8. HORSESA ARE FIT FRO SLAUGHTER ONLY.

Jeff M. Noel DVM
7 JAN 2010

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER FRED E	G 07085	2 1 OF

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
1-7-10	PORT HURON MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHLIUE INC 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFI5321	72	F	QH	BAY	STAR		LR SOCK		LARGE		RR ANKLE			
USFI5322	240	N	QH	SOR	STAR		STRIP		SNIP		LF CORNET RR CORNET			
USFI5323	120	N	QH	SOR	SMALL STAR		LR CORNET							
USFI5324	240	N	QH	SOR	STAR		STRIP		SNIP		LR SOCK RR ANKLE			
USFI5325	60	N	QH	SOR	STAR		STRIP		SNIP		LR SOCK			
USFI5326	36	N	QH	BLUE ROAN			BLUE LEFT EYE							
USFI5327	48	F	QH	BAY	NO OTHER MARKINGS									
USFI5328	108	F	QH	BLK	STAR		LR CORNET		SCAR LEFT FRONT LEG					
USFI5329	36	F	QH	BAY	STAR		STRIP		SNIP					
USFI5330	108	F	QH	BLK	STAR		LR CORNET		RR CORNET					
USFI5331	120	F	QH	SOR	STAR		LF ANKLE		LR SOCK		RR SOCK			
USFI5332	48	F	PN	SOR	WHT BLAZE									
USFI5333	60	F	QH	SOR	BALD		LF SOCK		LR SOCK		RF SOCK RR SOCK			
USFI5334	120	F	QH	BAY	BLAZE		LR SOCK		RF CORNET					
USFI5335	132	F	PN	BAY	WHT BALD									
USFI5336	132	F	PN	BLK	WHT BALD									
USFI5337	120	F	QH	SOR	STAR									
USFI5338	60	F	QH	SOR	STAR									
USFI5339	120	F	QH	BAY	STAR		BRAND LINE OVER A K							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN. 07, 2010	KEARNS, EARNEST D 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
Jill M Duel DVM	JILL M DUEL, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

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	USF1	S276		✓							PERCH			✓				
17		S277	✓						✓					✓			LIP–	
18		S278	✓						✓					✓			LIP–	
19		S279					✓			✓				✓				
20		S280			✓					✓				✓				
21		S281					✓			✓				✓				
22		S282	✓							✓				✓				
23		S283	✓						✓							✓	LIP–	
24		S284	✓							✓				✓				
25		S285					✓			✓				✓				
26		S286			✓					✓				✓				
27		S287					✓			✓						✓		
28		S288					✓				BELG			✓				SCAR RIGHT REAR LEG
29		S289	✓										STD	✓			LIP–	
30		S290	✓										STD	✓			LIP–	
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFI	5261					X		X					X			LIP—	
2		5262					X			X				X				
3		5263					X		X					X			LIP—	
4		5264	X						X					X			LIP—	
5		5265	X							X				X				
6		5266	X						X					X			LIP—	
7		5267				BLK WHT							PAINT	X				
8		5268	X						X					X			LIP—	
9		5269					X			X				X				
10		5270			X								TWH	X				
11		5271	X							X						X		
12		5272					X			X				X				
13		5273					X			X				X				
14		5274					X			X				X				
15		5275					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE [redacted]

I HEREBY AU[redacted]ATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FREED E

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: G07098

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MARION HARDIN RD	USFI5279	120	F	QH	sorrel,blaze,LF,LR,RF,RR-sock									
LA RUE, OH 43332	USFI5280	120	F	QH	black,small star									
	USFI5281	96	F	QH	sorrel,star,strip,LR,RR-sock									
	USFI5282	36	F	QH	bay,LF,RF-coronet									
	USFI5283	108	N	TH	bay,star, unrd. lip tatoo									
	USFI5284	144	F	QH	bay,star,snip, LF,LR,RR-sock									
	USFI5285	96	F	QH	sorrel,star,strip,snip									
	USFI5286	120	F	QH	black,star									
	USFI5287	48	N	QH	sorrel,blaze,LF-sock									
	USFI5288	180	F	BL	sorrel,blaze									
	USFI5289	228	F	SN	bay,unrd. lip tatoo									
	USFI5290	240	F	SN	bay,star,unrd. lip tatoo									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICBALE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIN NOT EXPOSED TO ANY COMMUNICABE DISEAE WTHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDTION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIOARIN IN HEALTH OR PHYSICAL CONDITION THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANSPROT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS HAVE NOT BEEN IN THE STATE OF TEXAS. 6.8.7. FIT TO BE TRANSPROTED MEANS THAT NO ANIAMLS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIMAS TO SUFFER. 8. HORSES ARE FIT FOR SLUGHTER ONLY.

DVM
7 JAN 2010

DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER FRED E	G 07098	2 OF 1

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
1-7-10	PORT HURION MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARIDIN RD	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHLIUE INC. 595 RUE ROYALE C.P. 101 MASSEUVILLE QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.		DISEASE	DISEASE	DISEASE
	CERTIFIED BRUCELLOSIS FREE AREA	TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

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
BAUER FRED E 1849 MARIN HARDIN RD LA RUE, OH 43332	USFI5261	48	F	TH	sorrel,star,LF-ankle,unread. lip tatoo									
	USFI5262	108	F	QH	sorrel, no other markings									
	USFI5263	48	F	TH	sorrel, LF,LR,RF,RR-sock, unrd. lip tatoo									
	USFI5264	96	F	TH	bay,star,snip,unrd. lip tatoo									
	USFI5265	36	F	QH	bay,star									
	USFI5266	180	F	TH	bay,unrd. lip tatoo									
	USFI5267	24	F	PN	black-white,snip									
	USFI5268	192	F	TH	bay,star,LR,RR-ankle,unrd. lip tatoo									
	USFI5269	48	F	QH	sorrel,star,LF-ankle									
	USFI5270	120	F	TW	black,small star,LR,RR-sock									
	USFI5271	108	M	QH	bay,star,strip,snip,LF,LR-ankle									
	USFI5272	192	F	QH	sorrel,star									
	USFI5273	156	F	QH	sorrel, no other markings									
	USFI5274	132	F	QH	sorrel,star									
	USFI5275	120	F	QH	sorrel,blaze,RR-sock									
	USFI5276	240	F	PE	dgray,no other markings									
	USFI5277	1108	F	TH	bay,unrd. lip tatoo									
	USFI5278	108	F	TH	bay,LF,RF,RR-ankle,LR-sock,unrd. lip tatoo									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN. 07, 2010	Kearns, Earnest D.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
Jill M Duel DVM	JILL M DUEL, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF1	5426	✓						✓							✓	LIP–	
17		5427	✓						✓					✓			LIP–	
18		5428					✓		✓							✓	LIP–	
19		5429						OLIN		✓				✓				SCAR ON FACE
20		5430				BLUE ROAN WHT							PAINT	✓				
21		5431		✓					✓							✓	LIP–	
22		5432					✓			✓				✓				
23		5433	✓							✓				✓				
24		5434			✓								STD			✓	LIP–	
25		5435	✓							✓						✓		
26		5436						PAL		✓				✓				
27		5437	✓							✓				✓				
28		5438					✓			✓				✓				
29		5439					✓			✓				✓				
30		5440					✓			✓				✓				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER		CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD		STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332		CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995		AREA CODE & TELEPHONE NO.: 4507882490

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	USFI	5411	✓										STO	✓			BRAND IA696	
2		5412						PAL		✓				✓				
3		5413			✓					✓				✓				
4		5414	✓							✓				✓				
5		5415	✓							✓						✓		
6		5416					✓		✓							✓	LIP	
7		5417					✓			✓				✓				BLIND LEFT EYE
8		5418					✓		✓							✓	LIP	
9		5419	✓							✓						✓		
10		5420	✓						✓					✓			LIP	
11		5421	✓						✓							✓	LIP	
12		5422					✓		✓							✓	LIP	
13		5423					✓		✓					✓			LIP	
14		5424					✓			✓				✓				
15		5425	✓						✓					✓			LIP	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF	5396			b								STD	b			LIP–	
17		5397			b					b				b				
18		5398	b						b					b			LIP–	
19		5399					b			b				b				
20		5400	b										STD			b	LIP–	
21		5401			b				b						b		LIP–	
22		5402					b						NAFL			b		
23		5403					b						NAFL	b				
24		5404					b						NAFL			b		
25		5405			b							b				b		
26		5406					b						NAFL	b				
27		5407					b				BELG			b				
28																		
29																		
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 7882490

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.
- [ ] 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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	5381	b										STD	b			LIP—	
2		5382	b										STD			b	BRAND XN933	
3		5383	b										STD	b			BRAND	
4		5384	b										STD			b	BRAND SY283	
5		5385	b										STD			b	BRAND	
6		5386			b					b				b				
7		5387	b										STD	b				
8		5388					b						HAFL	b				
9		5389					b				BELG					b		
10		5390	b										STD	b			LIP—	
11		5391			b								STD			b	LIP—	
12		5392			b								STD			b	LIP—	
13		5393					b						STD	b			LIP—	
14		5394	b										STD			b		
15		5395	b										STD			b	LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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	USF1	5366			✓					✓						✓		
17		5367					✓			✓						✓		
18		5368				BAY WHT							PAINT	✓				
19		5369			✓								STD			✓	BRAND X1169	
20		5370	✓							✓				✓				
21		5371		✓									APP	✓				
22		5372					✓						SB			✓		
23		5373		✓									APP	✓				
24		5374					✓			✓				✓				
25		5375	✓										STD			✓	BRAND —	
26		5376					✓				BELG			✓				
27		5377						PAL		✓				✓				
28		5378					✓						SB			✓		
29		5379	✓							✓					✓		BRAND —	SCAR LEFT FRONT HOOF
30		5380	✓							✓				✓				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VINNDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 4993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	5351					✓			✓				✓				
2		5352					✓			✓				✓				
3		5353	✓										STD			✓	BRAND— LIP—	
4		5354	✓							✓				✓				
5		5355	✓						✓							✓	LIP—	
6		5356				SDR WHT							PRINT	✓				
7		5357			✓					✓						✓		
8		5358	✓						✓							✓		
9		5359					✓			✓				✓				
10		5360					✓			✓						✓		
11		5361						BRW WHT					APP			✓		
12		5362					✓			✓						✓		
13		5363	✓						✓							✓	LIP—	SCAR LEFT FRONT LEG
14		5364			✓								STD			✓	LIP—	
15		5365	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM

SIGNATUR (b) (6)

I HEREBY T AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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)*: BAUER FRED E

2. CERTIFICATE NO: G 07089

3. PAGE NO: 2 1 OF

4. DATE ISSUED: 1-11-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC
595 RUE ROAYEL C.P.101
MASSEUVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E 1849 MAIRON AHRDIN RD LA RUE, OH 43332														
USFI5351	108	F	OH		sorrel,star,strip,snip,LF,LR-sock,RR-ankle									
USFI5352	96	F	OH		sorrel,star,LR-sock,RF-coronet									
USFI5353	108	N	SN		bay,LR-sock,Unread. brand and lip tatoo									
USFI5354	96	F	OH		bay,star,strip,snip,LF,LR,RR-sock									
USFI5355	60	N	TH		bay,star,strip,snip,LR-sock,unrd. lip tatoo									
USFI5356	84	F	PN		sorrel-white,bald									
USFI5357	48	N	OH		black,no other markings									
USFI5358	36	N	TH		bay,star,snip,LR,RR-sock,RF-ankle									
USFI5359	36	F	OH		sorrel,star,strip,									
USFI5360	72	N	OH		sorrel,star,strip,snip,LR-coronet,RR-sock									
USFI5361	96	N	AP		brown-white,									
USFI5362	108	N	OH		sorrel,star,strip,snip									
USFI5363	108	N	TH		bay,unrd. lip tatoo,LF-scar on leg									
USFI5364	192	N	SN		black,unrd. lip tatoo									
USFI5365	216	F	OH		bay,bald,RR-ankle									
USFI5366	108	N	OH		black,star,strip									
USFI5367	168	N	OH		sorrel,bald,LR-coronet									
USFI5368	180	F	PN		bay-white,star,strip,snip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 11 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: ~~KEARNS EARNEST D~~ 7713
Kearns, Earnest D.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: G07089

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHOIUE INC

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER FRED E														
1849 MAION HARDIN RD														
LA RUE, OH 43332														
USFI5369	108	M	SN		BLACK BRAND X1			169						
USFI5370	72	F	QH		BAY STAR STRIP SNIP									
USFI5371	96	F	AP		GRAY NO OTHER MARKINGS									
USFI5372	36	M	SN		SOR STAR RR SOCK									
USFI5373	36	F	AP		GRAY NO THER MARKINGS									
USFI5374	36	F	QH		SOR BIG STAR LR SOCK RR ANKLE									
USFI5375	120	M	SN		BAY STAR BRAND?									
USFI5376	24	F	BL		SOR STAR									
USFI5377	36	F	QH		PAL STAR STRIP									
USFI5378	36	M	SN		SOR									
USFI5379	60	M	QH		BAY STAR STRIP SNIP BRAND?							SCAR L FRONT HOOF		
USFI5380	20	F	QH		BAY STAR LR ANKLE									

1. THE ANIAMLS WERE INSPECTED AND PRIOR TO #30 DAYDS AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEAE. 2. THE ANIAMLS WERE TO THE FBST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIN NOT EXPOSED TO ANY COMMUNICABLE DISEAE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPROTER HAS BEEN ADVISED THAT ANY DETERIADRIN IN HEALHT OR PHYSICAL DONTIION THAT COULD RENDER THE ANIAMLS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUED ENTRY IN CAANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMNET HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICAO 7. FIT TO BE TRANPOSRTED MEANS THAT NO ANIAMLS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIMALS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

DVM

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER FRED E	G 07090	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
1/11/10	PORT HURON MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROAYEL C.P.1901 MASSEUVILLE QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.		DISEASE	DISEASE	DISEASE
	CERTIFIED BRUCELLOSIS FREE AREA	TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

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
USFI5381	120	F	SN BAY				STAR SNIP	LR	ANKLE		RR	ANKLE LIP?		
USFI5382	108	N	SN BAY				BRAND XN933							
USFI5383	132	F	SN BAY				STAR LR ANKLE BRAND?							
USFI5384	156	N	SN BAY				STAR STRIP SNIP BRAND SY283							
USFI5385	96	N	SN BAY				STAR BRAND?							
USFI5386	180	F	QH BLK				STAR							
USFI5387	108	F	SN BAY				STAR LR SOCK RF SOCK RR SOCK							
USFI5388	240	F	HL SOR				STAR STRIP SNIP RR ANKLE							
USFI5389	192	N	BL SOR				BLAZE							
USFI5390	168	F	SN BAY				LIP?							
USFI5391	132	N	SN BLK				LR SOCK RR HEEL LIP?							
USFI5392	180	N	SN BLK				STAR LF CORNET LIP?							
USFI5393	120	F	SN SOR				STAR STRIP SNIP LR ASOCK RR SOCK LIP?							
USFI5394	36	N	SN BAY				NO OTHER MARKINGS							
USFI5395	132	N	SN BAY				STAR LR CORNET LIP?							
USFI5396	168	F	SN BLK				STAR LIP?							
USFI5397	60	F	QH BLK				STAR LR ANKLE RR CORNET							
USFI5398	96	F	TH BAY				STAR STRIP SNIP LIP?							
USFI5399	120	F	QH SOR				STAR LR ANKLE RR ANKLE							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 11 2010	KEARNS, EARNEST D 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	27 30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A. HOUGH DVM	KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: G07090

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DISEASE / TYPE TEST / 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
BAUER FRED E	USFI5400	180	N	SN	BAY	LIP?								
1849 MARION HARDIN RD	USFI5401	84	M	TH	BLK	STAR STRIP	SNP LF ANKLE LK SOCK						RR ANKLE LP?	
LA RUE, OH 43332	USFI5402	108	N	HL	SOR	STAR STRIP								
	USFI5403	36	F	HL	SOR	BLAZE								
	USFI5404	144	N	HL	SOR	STAR								
	~~USFI4~~													
	USFI5405	96	N	PONY	BLK									
	USFI5406	120	F	HL	SOR	STRIP								
	USFI5407	24	F	BL	SOR	STRIP								

1. THE ANIAMLS WERE INPSECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OCF COMMUNCIABLE IDSEAE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWELDGE AND BELIEF OF TH THE ISSUING VETERIANRIN NOT EXPOSED TO ANY COMMUNCIAEBL IDSEAE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLD HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSCIAL CODNITION FIT TO BE TRANSPORED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIROATION IN HEALTHY OR PHYSCIAL CONTIION THAT COULD RENDER THE ANIAMLS UNFIT RFOR TRANSPOT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO. 7. FIT TO BE TRANPSORTED MEANS THAT NO ANIAMLS HACS AND INFIRMTIYT, ILLNESS, INJURY OR ANY OTHER CONDITOIN THAT COULD AGGRAVATE THE ANIAMLS CAUSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

Richard Hart DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)

FORM APPROVED - OMB NO. 0579-0020

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER FRED E	G 07091	2 OF 1

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
1-11-10	PORT HURON MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHLIUE INC 595 RUE ROAYLE C.P.101 MASSEUVILLE QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
☐ 48 HRS. ☐ 72 HRS.		DISEASE / TYPE TEST

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
BAUER FRED E 1849 MARION HARDIN RD LA RUE, OH 43332														
USFI5411	96	F	SN BAY		BRAND		IA696							
USFI5412	84	F	QH PAL		BLAZE									
USFI5413	120	F	QH BLK		FAINT STAR									
USFI5414	60	F	QH BAY		STAR STRIP									
USFI5415	36	N	QH BAY		STAR LF CORNET									
USFI5416	48	N	TH SOR		STAR STRIP SNIP RF SOCK LIP?									
USFI5417	240	F	QH SOR		BLAZE LR SOCK RR SOCK							BLIND L EYE		
USFI5418	108	N	TH SOR		STAR STRIP LR SOCK RR SOCK LIP?									
USFI5419	36	N	QH BAY		FAINT STAR									
USFI5420	132	F	TH BAY		LF CORNET LR ANKE LIP?									
USFI5421	72	N	TH BAY		BLAZE LF ANKLE LIP?									
USFI5422	120	N	TH SOR		STAR STRIP SNIP LIP?									
USFI5423	60	F	TH STAR		LF SOCK LR SOCK LIP?									
USFI5424	96	F	QH SOR		BLAZE LF SOCK LR SOCK									
USFI5425	120		TH BAY		STAR LIP?									
USFI5426	84													
USFI5425	120	F	TH BAY		STAR LIP?									
USFI5426	84	N	TH BAY		BLAZE LF SOCK LR SOCK RF SOCK RR SOCK LIP?									
USFI5427	108	F	TH BAY		LIP?									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 11 2010	KEARNS EARNEST D 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: G07091

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIUE INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USFI5422	84	N	TH	SOR	STAR		STRIP	SNIP	LR	SOCK		RR SOCK LIP?		
USFI5420	72	F	OH	DUN	STAR		LF ANKLE		LR	SOCK		RR HEEL	SCAR ON FACE	
USFI5430	120	F	PN	BLUE ROAN	WHT		BALD		LF	SOCK		LR SOCK	RF SOCK RR	SOCK
USFI5431	144	N	TH	GRAY	SNIP		LIP?							
USFI5432	120	F	OH	SOR	BLAZE		LF ANKEL		LR	SOCK		RR SOCK		
USFI5433	96	F	OH	BAY	STAR		STRIP	SNIP	LR	SOCK		RR RF CORNET		
USFI5434	132	N	SN	BLK	LIP?									
USFI5435	144	N	OH	BAY	LR HEEL									
USFI5436	180	F	OH	PAL	STAR		STRIP	SNIP	LR	SOCK				
USFI5437	132	F	OH	BAY	STAR									
USFI5438	120	F	OH	SOR	STRIP									
USFI5439	120	F	OH	SOR	STRIP									
USFI5440	144	F	OH	SOR	STRIP									

1. THE ANIAMLS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE HFOUND HEALTHY AND FREE FROM EVIDECEN OCF COMMUNCIABEL DISEAE. 2. THE ANIAMLS WERE TO THE BEST OF THE KNOWEDDGE AND BELEIF OF THE ISSUING VETERINAIN NOT EXPOSED TO ANY COMMUNCIABLE DISEAE WITIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS WERE ISNPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIROATION IN HEALTHY OR PHYSICAL CODNITION THAT COULD RENDER THE ANIAMLS CAUSING THE ANIAMSL UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT OT BE REFUSED ENTRY IN CANADA. 6. DURING THE PREVIOUD 21 FDASTS DAYS THE ANIAMLS IN THIS SHIPMENT HCAVE NOT BEEN IN THE STATE OF TEXAS, OR NEW MEXICO. 7. FIT TO BE TRANSPORTE DMEANS THAT NO ANIMALS HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD AGGRAVATE THE ANIAMLS CUAINSING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF1	5201	✓						✓							✓	LIP—	
2		5202	✓						✓					✓			LIP—	
3		5203	✓						✓							✓	LIP—	
4		5204	✓						✓							✓	LIP—	
5		5205					✓		✓							✓	LIP—	
6		5206						RED ROAN	✓					✓			LIP—	
7		5207	✓						✓					✓			LIP—	
8		5208	✓						✓					✓			LIP—	
9		5209	✓						✓					✓			LIP—	
10		5210	✓						✓							✓	LIP—	
11		5211					✓		✓							✓	LIP—	
12		5212					✓		✓							✓	LIP—	
13		5213			✓				✓							✓	LIP—	
14		5214				SOR WHT							PAINT	✓				
15		5215	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF1	S216					✓				BELG			✓				
17		S217	✓							✓				✓				
18		S218	✓							✓				✓				
19		S219			✓				✓						✓		LIP—	
20		S220	✓										STD			✓	BRAND—	
21		S221			✓								STD	✓			LIP—	
22		S222	✓							✓						✓		
23		S223				SOR WHT							PAINT	✓				
24		S224	✓										STD			✓	LIP—	
25		S225					✓						WAFL	✓				
26		S226			✓								STD			✓	BRAND—	
27		S227				BK WHT							PAINT	✓				
28		S228		✓							PERCH			✓				
29		S229	✓										STD			✓	LIP—	
30		S230	✓										STD			✓	LIP—	
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0020

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO: G 07100

3. PAGE NO: 2 OF 1

4. DATE ISSUED: 1-4-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RIHCLIUE INC. 595 RUE ROYALE C.,P.101 MASSEUVILLE QWUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST: | DISEASE / TYPE TEST: | DISEASE / TYPE TEST:

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARIN HARDIN RD
LA RUE, OH 43332

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
USFI5201	72	N	TBH		BAY STAR		STRIP SNIP LF SOCK LR SOCK RR SOCK LIP?							
USFI5202	36	F	TH		BAY LIP?									
USFI5203	60	N	TH		BAY STAR		LR SOCK LIP?							
USFI5204	60	N	TH		BAY STAR		LIP?							
USFI5205	96	N	TH		SOR BLAZE		LIP?							
USFI5206	48	F	TH		RED ROAN		BLAZE LF SOK LR SOCK RF SOCK RR SOCK LIP							
USFI5207	84	F	TH		BAY STAR		LIP?							
USFI5208	48	F	TH		BAY STAR		SNIP LR SOCK RR SOCK LIP?							
USFI5209	60	F	TH		BAY STAR		LR SOCK LIP?							
USFI5210	60	N	TH		BAY LIP?									
USFI5211	48	N	TH		SOR BLAZE		LR SOCK LIP?							
USFI5212	120	N	TH		SOR STAR		STRIP SNIP LR SOCK RF ANKLE RR ANKLE LP?							
USFI5213	96	N	TH		BLK LIP?									
USFI5214	84	F	PN		SOR WHT BLAZE									
USFI5215	48	F	QH		BAY BLAZE		LF CORNET							
USFI5216	24	F	BL		SOR STAR		STRIP SNIP							
USFI5217	240	F	QH		BAY STAR		LR ANKLE							
USFI5218	229	F	QH		BAY STAR		SNIP							
USFI5219	60	M	TH		BLK LIP?									

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: JAN 4 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian: Jill M Duel DVM

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: JILL M DUEL, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: G07100

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHLIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MARION HARIN RD
LA RUE, OH 43332

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	DISEASE TYPE TEST 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
USFI5220	12	N	SN	BAY	BRAND?									
USFI5221	21	F	SN	BLK	LR ANKLE LIP?									
USFI5222	18	N	QH	BAY	STAR STRIP SNIP		LR SOCK RF CORNET							
USFI5223	84	F	PN	SOR	WHT BALD									
USFI5224	132	N	SN	BAY	STAR LR ANKLE LIP?									
USFI5225	120	F	HL	SOR	STAR SNIP									
USFI5226	96	N	SN	BLK	BRAND?									
USFI5227	96	F	PN	BLK	WHT STAR STRIP SNIP									
USFI5228	240	F	PE	GRAY	NO OTHER MARKINGS									
USFI5229	144	N	SN	BAY	STAR LR ANKLE RR ANKLE LIP?									
USFI5230	108	N	SN	BAY	STAR LR CORNET LIP?									

1. THE ANIAMLS WERE ISNEPCTED WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEATHY AND FREE FROM EVIDNECE OF COMMUNICABEL DISEASE WITHIN. 2. THE ANIAMLS WERE TO THE EBST OF THE KNOWLEDGEA AND BELEF OF THE ISSHING VETERIANRIN NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHNIN 60 days 60 DAYS PRECEDING THE DATE OF INSPECTIN. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS AHVE BEEN INSPECTED AND WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPROTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETIROATION IN HEALT OR PHYSICAL CONDITION THAT COULD RENDER THE ANIMALDS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY IN CANADA. 6. DIURING THE PREVIOUS 21 DAYS THE ANIAMS HAVE NOT BEEN IN THE DSTATE OF TEXAS. 7. FIT TO BE TRASNPORTED NEASHT AT NO ANIAMLS HAVE AN INFIRNTIY, ILLNESS, INJURY OR ANY OTHER VCONDITION THAT COULD AGGRAVATE THE ANIMALS CUASING THE ANIAMLS TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

4 JAN 2014

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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	USF1	5246						WHITE		✓						✓		
17		5247	✓						✓					✓			LIP—	
18		5248	✓							✓				✓				
19		5249					✓			✓				✓				
20		5250					✓			✓				✓				
21		5251						RED ROAN		✓						✓		
22		5252	✓							✓						✓		
23		5253					✓			✓						✓		
24		5254	✓						✓							✓	LIP—	
25		5255	✓							✓				✓				
26		5256				SOR WHT							PAINT	✓				
27		5257	✓										STD			✓	BRAND—	
28		5258					✓			✓						✓		
29		5259					✓			✓				✓				
30		5260		✓						✓				✓				
31																		
32																		
33																		
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35																		
36																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARO/N ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J06 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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	USF1	$231						BAY ROAN					APP	☒				
2		$232		☒						☒				☒				
3		$233	☒						☒					☒			LIP –	
4		$234					☒				BELG			☒				
5		$235						RED ROAN			BELG					☒		
6		$236					☒			☒				☒				
7		$237	☒							☒						☒		
8		$238					☒			☒				☒				
9		$239	☒							☒				☒				
10		$240	☒						☒							☒	LIP –	
11		$241	☒										STO	☒			LIP –	
12		$242				BLK WHT							PAINT			☒		
13		$243						PAL		☒						☒		
14		$244					☒			☒				☒				
15		$245						WHITE		☒						☒		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM

SIGNATUR [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER FRED E	G 07099	2 1 OF

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1-4-10	PORT HURON MICHIGAN	26	1849 MARION HARDIN RD	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS (1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean)	16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
☐		2	VIANDE RICHLIUE INC. 595 RUE ROYALE C.P.101 MASSEUVILLE QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) | CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFI5231	84	F	APP		BAY ROAN STAR STRIP SNIP LR SOCK									
USFI5232	96	F	QH		GRAY NO OTHER MARKINGS									
USFI5233	144	F	TH		BAY STAR LF CORNET RR HEEL LIP?									
USFI5234	84	F	BL		SOR BLAZE									
USFI5235	120	N	BL		RED ROAN STRIP RR SOCK									
USFI5236	120	F	QH		SOR STAR LF ANKLE LR SOCK RR ANKLE									
USFI5237	132	N	QH		BAY STAR STRIP SNIP, LF-coronet, LR, RR-sock									
USFI5238	48	F	QH		Sorrel, star, strip, RF-sock									
USFI5239	96	F	QH		Bay, star,									
USFI5240	144	N	TBH		Bay, star, LF, RF-coronet, LR, RR-sock, unred. lip ta									
USFI5241	132	F/S	N SN		Bay, star, LF, LR, RR-ankle, Unrd. lip tatoo									
USFI5242	180	N	PN		black-white, balsd									
USFI5243	120	N	QH		palamino, star, strip, snip									
USFI5244	192	F	QH		sorrel, blaze, RR-sock									
USFI5245	108	N	QH		white, no other markings									
USFI5246	108	N	QH		white, no other markings									
USFI5247	96	F	TB		bay, star, strip, unrd. lip tatoo									
USFI5248	84	F	QH		bay, star,									
USFI5249	240	F	QH		sorrel, blaze, LR, RR-sock									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JAN 4 2010	Kearns, Earnest D.	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
Jill M Duel	JILL M DUEL, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER FRED E

16. CONSIGNEE'S NAME: MANDE RICHLIEU INC

2. CERTIFICATE NO. FROM VS FORM 17-140: G07099

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER FRED E
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USFI5250	60	F	QH	sorrel, star, strip, snip										
USFI5251	60	N	QH	red roan, strip, LF-ankle, LR, RR-sock										
USFI5252	84	N	QH	BAY STAR										
USFI5253	!)*													
USFI5253	108	N	QH	SOR NO OTHER MARKINGS										
USFI5254	120	N	TH	BAY STAR SNIP RR ANKLE LIP?										
USFI5255	96	F	QH	BAY STAR SNIP										
USFI5256	60	F	PN	SOR WHT BALD										
USFI5257	120	N	SN	BAY BRAND?										
USFI5258	72	N	QH	SOR BLAZE										
USFI5259	96	F	QH	SOR STAR LR SOCK RF ANKLE RR CORNET										
USFI5260	144	F	QH	GRAY NO OTHER MARKINGS										

1. THE ANIAMLS WERE INSPEFTED AND WITHIN 30 DAYS PRIOR TO EXPORT AND WERE FOUND HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABEL DISEAE WITH. 2. THE ANIMALS WERE TO THE EBST OF THE KNOWLEDGE AND BELIEE OF THE ISUING VETERIANRIN NOT EXPOED TO ANY COMMUNCIAEBL DISEAS WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIAMLS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIAMLS AWERE INSEPCTED AND WERE FOUND HEALTHY AND IN A PHYSCIAL CODNTIION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIOARTION INE HEALTH OR PHYSICAL CONDITION THAT COULD RENDER THE ANIAML UNFIT FOR TRANSPROT MAY RESULT IN THE SHIPMENT TO BE RREFUSED ENTRY IN CANDA. 6. DURING THE PREVIOUS 21 DAYS THE ANIAMLS HAVE NOT BEEN ITN THE STATE OF TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT NO ANIAMLS HAS AN INFIRMTIY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD RENDER THE ANIMAS UNFIT FRO TRANSPORT CAUSING THE ANIMALS TO SUFFER. 8. HRSES ARE FIT FOR SLAUGHTER ONLY.

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	USGC	1356	✓										STD	✓			BRAND VA 846	
17		1357					✓						HAFL	✓				
18		1358					✓			✓						✓		
19		1359			✓					✓						✓		
20		1360					✓			✓				✓				
21		1361					✓						ANFL			✓		
22		1362					✓			✓						✓		
23		1363					✓			✓				✓				
24		1364	✓							✓				✓				
25		1365	✓						✓							✓	LIP—	
26		1366			✓				✓							✓	LIP—	
27		1367					✓			✓				✓				
28		1368			✓					✓				✓				
29		1369				DUN WHT							PAINT	✓				
30		1370			✓				✓						✓		LIP—	
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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	USGC	1341					X			X						X		
2	1	1342			X					X						X		
3		1343				CHESTN WHT							PAINT			X		
4		1344					X			X				X				
5		1345					X			X						X		
6		1346	X										STD	X			BRAND Z4332	
7		1347	X										STD			X	BRAND TAIB	
8		1348	X										STD			X	BRAND SG505	
9		1349	X						X							X	CLIP	
10		1350	X										STD			X	BRAND 9G578	
11		1351					X			X				X				
12		1352						BRN WHT					APP			X		
13		1353	X							X				X				
14		1354					X			X						X	BRAND (P)	LARGE LEFT KNEE
15		1355				BLK WHT							PAINT	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52100

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGC1357	60	F	HAFLINGER	CHESTNUT STAR										
USGC1358	96	N	QH	CHESTNUT STAR SNIP										
USGC1359	144	N	QH	BLACK LF SOCK LR SOCK RF SOCK RR ANKLE										
USGC1360	24	F	QH	CHESTNUT BLAZE										
USGC1361	120	N	HAFLINGER	CHESTNUT BLAZE LR SOCK RR SOCK										
USGC1362	108	N	QH	CHESTNUT STAR										
USGC1363	120	F	QH	CHESTNUT STAR										
USGC1364	96	F	QH	BAY STAR										
USGC1365	60	N	TH	BAY STAR LF HEEL LR SOCK LIP?										
USGC1366	48	N	TH	BLACK FAINT STAR SNIP LF ANKLE RR CORNET LIP?										
USGC1367	84	F	QH	CHESTNUT STAR STRIP										
USGC1368	144	F	QH	BLACK LF CORNET LR ANKLE RF CORNET RR ANKLE										
USGC1369	132	F	PAINT	DUN WHITE STAR STRIP SNIP										
USGC1370	84	M	TH	BLACK STAR STRIP LF SOCK LR SOCK RR SOCK LIP?										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PREDCEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER, FRED E	H 52100	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
8-16-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
☐ 48 HRS. ☐ 72 HRS.		DISEASE / TYPE TEST / 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)

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
USGC1341	96	N	QH CHESTNUT				STAR STRIP SNIP LF CORNET							
USGC1342	96	N	QH BLACK				STAR STRIP SNIP LR SOCK							
USGC1343	60	N	PAINT CHESTNUT WHITE				BALD LF CORNET LR SOCK RR SOCK							
			RR SOCK											
USGC1344	120	F	QH CHESTNUT				STAR STRIP SNIP LF SOCK LR SOCK							
USGC1345	72	N	QH CHESTNUT				STAR STRIP SNIP LR ANKLE							
USGC1346	96	F	SN BAY				STAR BRAND Z4332							
USGC1347	48	N	SN BAY				LF HEEL RF CORNET BRAND TA187							
USGC1348	84	N	SN BAY				RR HEEL BRAND SG505							
USGC1349	144	N	TH BAY				STAR LIP?							
USGC1350	180	N	SN BAY				BRAND 9C578							
USGC1351	180	F	QH CHESTNUT				STAR STRIP SNIP							
USGC1352	120	N	AP BROWN WHITE				NO OTHER MARKINGS							
USGC1353	96	F	QH BAY				LR CORNET RR CORNET							
USGC1354	144	N	QH CHESTNUT				STAR STRIP LR SOCK BRAND DIAMOND WITH P							
			INSIDE LARGE LEFT KNEE											
USGC1355	120	F	PAINT BLACK WHITE				SNIP LF SOCK LR SOCK RF SOCK							
							RR SOCK							
USGC1356	132	F	SN BAY				BRAND VA846							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
AUG 16, 2010	KEARNS, EARNEST D 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USGC	1386				PAL WHT							PAINT	✓				
17		387	✓										MORGAN	✓				
18		388			✓								STD			✓	LIP—	
19		389					✓						STD			✓	LIP—	
20		390			✓								STD	✓			BRAND—	
21		391	✓										STD			✓	BRAND VA98	SCAR LEFT KNEE
22		392	✓										STD	✓			LIP—	
23		393	✓						✓					✓			LIP—	
24		394				CHESTN WHT							PAINT			✓		
25		395	✓						✓					✓			LIP—	
26		396	✓										STD			✓		
27		397	✓										STD			✓	LIP—	
28		398			✓					✓				✓				
29		399				CHESTN WHT							PAINT			✓		
30		1400			✓					✓					✓			
31																		
32																		
33																		
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35																		
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42																		
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44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	1371	✓						✓					✓			LIP –	SCAR LEFT REAR ANKLE
2		1372	✓						✓							✓	LIP –	
3		1373					✓		✓							✓	LIP –	
4		1374	✓						✓							✓		
5		1375			✓								STY			✓		
6		1376	✓						✓					✓			LIP –	
7		1377		✓					✓					✓			LIP –	
8		1378	✓							✓						✓		
9		1379						DUN		✓				✓				
10		1380					✓			✓						✓		
11		1381						BLK WHT					APP			✓		
12		1382				BRN WHT							PAINT	✓				
13		1383			✓								STY			✓		
14		1384					✓		✓					✓			LIP –	
15		1385						PAL		✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6)

I HEREBY INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC

2. CERTIFICATE NO. FROM VS FORM 17-140: L024270

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

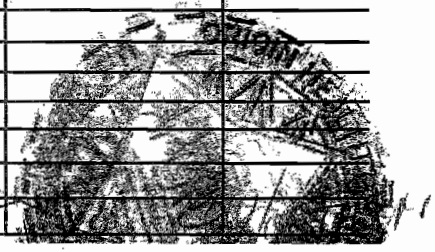
17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGC1389	108	N	SN	CHESTNUT FAINT STAR LR ANKLE RR SOCK LIP?										
USGC1390	120	F	SN	BLACK BRAND ?										
USGC1391	132	N	SN	BAY LR CORNET BRAND VA98 SCAR LEFT KNEE										
USGC1392	120	F	SN	BAY FAINT STAR LIP?										
USGC1393	60	F	TH	BAY BLAZE LF SOCK LR CORNET LIP?										
USGC1394	108	N	PAINT	CHESTNUT WHITE BLAZE LF SOCK LR SOCK RR SOCK										
USGC1395	60	F	TH	BAY STAR STRIP SNIP LR ANKLE RR SOCK LIP?										
USGC1396	132	N	SN	BAY STAR STRIP SNIP										
USGC1397	144	N	SN	BAY FAINT STAR LIP?										
USGC1398	96	F	QH	BLACK STAR										
USGC1399	120	N	PAINT	CHESTNUT WHITE BLAZE										
USGC1400	84	M	QH	BLACK FAINT STAR LR ANKLE										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION: A. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITON THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED CAUSING THE ANIMAL TO SUFFER.



VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

...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)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024270	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
8-16-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	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

CERTIFIED BRUCELLOSIS FREE AREA

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC1371	60	F	TH									BAY STAR STRIP SNIP LR SOCK RR SOCK LIP?		
												SCAR LEFT REAR ANKLE		
USGC1372	36	M	TH									BAY STAR STRIP LF CORNET RF ANKLE LIP?		
USGC1373	36	M	TH									CHESTNUT LIP?		
USGC1374	24	M	TH									BAY STAR LF ANKLE LR ANKLE RR ANKLE		
USGC1375	36	M	SM									BLACK NO OTHER MARKINGS		
USGC1376	180	F	TH									BAY RR CORNET LIP?		
USGC1377	108	F	TH									GRAY SNIP LIP?		
USGC1378	72	M	QH									BAY STAR STRIP SNIP LF ANKLE LR SOCK		
USGC1379	120	F	QH									DUN STAR		
USGC1380	120	M	QH									CHESTNUT STAR STRIP SNIP		
USGC1381	144	M	AP									BLACK WHITE NO OTHER MARKINGS		
USGC1382	120	F	PAINT									BROWN WHITE BALD		
USGC1383	60	M	SM									BLACK STAR LR CORNET RR ANKLE		
USGC1384	180	F	TH									CHESTNUT STAR STRIP LF SOCK RR SOCK LIP?		
USGC1385	144	M	QH									PALOMINO STAR SNIP LR SOCK		
USGC1386	120	F	PAINT									PALOMINO WHITE BALD		
USGC1387	96	F	MN									BAY STAR		
USGC1388	144	M	SM									BLACK FAINT STAR LR HEEL LIP?		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
AUG 16, 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

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	USGC	1416					✓			✓				✓				
17		1417					✓			✓				✓				
18		1418	✓							✓				✓				
19		1419	✓						✓					✓			LIP—	
20		1420					✓		✓					✓			LIP—	
21		1421					✓		✓							✓	LIP—	
22		1422	✓						✓					✓			LIP—	BUMP ON FACE
23		1423	✓							✓				✓				
24		1424						DUN ROAN				APP				✓		
25		1425					✓		✓					✓			LIP—	
26		1426			✓				✓					✓			LIP—	
27		1427					✓			✓				✓				
28		1428	✓						✓	✓						✓	LIP—	
29		1429						DUN		✓						✓		
30		1430				CHESTN WHT							PAINT			✓		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEU
STREET ADDRESS		STREET ADDRESS
1849 MARION WARDIN ROAD		595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LARUE ONIO 43332		MASSUEVILLE, QUEBEC J0G 1K
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
740 499 3995		450 788 2490

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	USBC	1401				PAL WHT							PAINT	✓				
2		1402				BAY WHT							PAINT			✓		
3		1403	✓						✓							✓	CLIP	
4		1404					✓			✓						✓	BRAND 220	BLIND RIGHT EYE
5		1405	✓							✓				✓				
6		1406	✓										STD	✓				
7		1407			✓					✓				✓				
8		1408	✓										STD			✓		SCAR LEFT FRONT LEG
9		1409					✓			✓						✓		
10		1410	✓							✓						✓		
11		1411				BAY WHT							PAINT	✓				
12		1412	✓							✓				✓				
13		1413	✓							✓						✓		
14		1414				BAY WHT							PAINT	✓				
15		1415				CHESTN WHT							PAINT	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC

CERTIFICATE NO. FROM VS FORM 17-140: 152099

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGC1419	108	F	TH	BAY	STAR LR SOCK RR SOCK LIP?									
USGC1420	120	F	TH	CHESTNUT	STAR RR SOCK LIP?									
USGC1421	84	N	TH	CHESTNUT	STAR STRIP LIP?									
USGC1422	120	F	TH	BAY	FAINT STAR LIP? BUMP ON FACE									
USGC1423	144	F	QH	BAY	NO OTHER MARKINGS									
USGC1424	132	N	AP	DUN	ROAN STAR									
USGC1425	72	F	TH	CHESTNUT	STRIP SNIP RF ANKLE LIP?									
USGC1426	144	F	TH	BALACK	LIP?									
USGC1427	120	F	QH	CHESTNUT	STAR									
USGC1428	132	N	TH	BAY	STAR STRIP SNIP RR SOCK LIP?									
USGC1429	144	N	QH	DUN	BLAZE LR CORNET RR SOCK									
USGC1430	108	N	PAINT	CHESTNUT WHITE	STAR STRIF SNIP LF SOCK LR SOCK RF SOCK RR SOCK									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL HAS, 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: A)THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER, FRED E

2. CERTIFICATE NO: H 52099

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-16-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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.

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

BAUER, FRED E.
1849 MARION HARDIN RD
LA RUE, OH 43332

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
USGC1401	120	F	PAINT PALOMINO				WHITE BLAZE LR SOCK RF SOCK RR ANKLE							
USGC1402	108	N	PAINT BAY WHITE				BLAZE LF SOCK LR SOCK RF SOCK							
							RR SOCK							
USGC1403	36	N	TH BAY STAR				STRIP LR SOCK LIP?							
USGC1404	108	N	QH CHESTNUT				STAR BRAND PAW PRINT BLIND RIGHT EYE							
USGC1405	96	F	QH BAY STAR				STRIP SNIP LR ANKLE RR SOCK							
USGC1406	144	F	SN BAY				LR ANKLE RR CORNET							
USGC1407	180	F	QH BLACK STAR				STRIP SNIP LR SOCK RF CORNET RR SOCK							
USGC1408	60	N	SN BAY				SCAR LF LEG							
USGC1409	36	N	QH CHESTNUT				STAR STRIP SNIP RF CORNET RR SOCK							
USGC1410	36	N	QH BAY STAR				STRIP SNIP RF CORNET							
USGC1411	108	F	PAINT BAY WHITE				BLAZE							
USGC1412	120	F	QH BAY				SNIP							
USGC1413	60	N	QH BAY STAR				STRIP SNIP LF SOCK LR SOCK RF ANKLE RR SOCK							
USGC1414	96	F	PAINT BAY WHITE				BLAZE							
USGC1415	108	F	PAINT CHESTNUT				WHITE BALD							
USGC1416	180	F	QH CHESTNUT				STAR LF ANKLE LR CORNET RF CORNET RR SOCK							
USGC1417	84	F	QH CHESTNUT				STAR STRIP SNIP LF SOCK LR SOCK RR CORNET							
USGC1418	84	F	QH BAY				NO OTHER MARKINGS							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUG 16,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D 7713

21. STATUS ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM [illegible] (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USGC	1476			✓					✓						✓		
17		1477					✓			✓				✓				
18		1478	✓						✓					✓		✓	LIP—	
19		1479	✓						✓					✓			LIP—	
20		1480						BLUE ROAN	✓					✓				
21		1481					✓		✓					✓			LIP—	
22		1482		✓					✓					✓			LIP—	
23		1483	✓										STD	✓			LIP—	
24		1484	✓										STD	✓			BRAND 28457	
25		1485	✓										STD	✓			BRAND TF292	SCAR RIGHT REAR Hoof
26		1486	✓										STD	✓			LIP—	
27		1487					✓			✓						✓		
28		1488	✓										STD			✓	BRAND T8356	
29		1489					✓			✓						✓		
30		1490	✓										STD	✓			LIP—	
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSELIEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7409993995	AREA CODE & TELEPHONE NO.: 9507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	1461					✓			✓				✓				
2		1462			✓					✓				✓				
3		1463	✓							✓						✓		
4		1464						PAL		✓				✓				
5		1465	✓							✓						✓		
6		1466	✓							✓				✓				SCAR RIGHT REAR LEG
7		1467	✓							✓				✓				
8		1468			✓					✓						✓		
9		1469					✓			✓				✓				
10		1470	✓							✓				✓			BRAND L◇	
11		1471					✓			✓						✓		
12		1472				CHSTN WHT							PAINT	✓				
13		1473					✓			✓				✓				SCAR LEFT EYE
14		1474					✓			✓				✓				
15		1475	✓							✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
	BAUER

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER	VIANDE RICHELIEU
STREET ADDRESS	STREET ADDRESS
1849 MARION WARDIN ROAD	595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
LARUE OHIO 43332	MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.
7404993995	4507882490

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	USGC	1431						BLUE ROAN	X					X			LIP~	
2		1432					X			X				X				
3		1433	X							X				X				
4		1434		X						X						X		
5		1435		X					X					X			LIP~	
6		1436						PAL		X				X				
7		1437					X			X						X		
8		1438		X						X						X		
9		1439					X			X						X		
10		1440					X			X						X		
11		1441						RED ROAN					APP	X				
12		1442					X			X				X				BLIND RIGHT EYE
13		1443	X							X				X				
14		1444	X										MORGAN	X				
15		1445					X						ARAB	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUT[redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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	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	USGC	1446					b						ARAB			b		
17		1447	b										STD	b			BRAND XO258	
18		1448	b										STD			b	LIP —	
19		1449					b				BELG			b				
20		1450			b					b						b		
21		1451				REBRAND WHITE							PAINT	b				
22		1452				DUN PAINT							PAINT			b		
23		1453	b										STD	b			LIP —	
24		1454	b							b						b		
25		1455	b										STD	b			LIP — BRAND 149	
26		1456	b										STD	b			BRAND RB742	SCARS ON HOCKS
27		1457	b										STD	b			BRAND SB066	
28		1458			b								STD			b	BRAND 25426	
29		1459	b										STD			b	BRAND YM638	
30		1460	b										STD	b			BRAND 26137	
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	1506						CHESTN WHT					RPP	b				
17		1507			b					b				b				
18		1508	b						b							b	LIP–	
19		1509					b			b				b				
20		1510					b			b				b				
21		1511					b						SB			x		
22		1512	b							b				b				
23		1513					b			b				b				
24		1514						BAY ROAN					RPP			b		
25		1515					b			b				b			BRAND G 62	
26		1516				CHESTP WHT							PAINT	b				
27		1517			b					b						b		
28		1518	b										STD			b	LIP–	
29		1519			b								STD			b	LIP–	
30		1520	b										STD			b	LIP–	
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*U.S. Government Printing Office: 2004—616-624/99766

...AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEN
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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	USGC	1491	X						X							X	LIP–	
2		1492			X								STD	X				
3		1493	X							X				X			BRAND 706	
4		1494					X			X				X				
5		1495	X							X						X		
6		1496					X			X						X		
7		1497	X							X				X				
8		1498						RED ROAN		X				X				
9		1499					X			X				X				
10		1500			X					X				X				
11		1501	X										STD			X	BRANDS 396 & L2954	
12		1502	X							X				X				
13		1503				DUN WHT							PAINT			X	BRAND CV	
14		1504	X						X							X	LIP–	
15		1505				GRAY WHT							PAINT			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATUR (b) (6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: LO24279

3. PAGE NO.: 1 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGC1509	60	F	QH	chestnut										
USGC1510	72	F	QH	chestnut,snip										
USGC1511	96	N	SN	chestnut,star,LF ankle,LR,RF,RR sock										
USGC1512	120	F	QH	bay										
USGC1513	72	F	QH	chestnut,strip										
USGC1514	180	N	AP	bay roan,bald,LF,LR,RR sock,RF ankle										
USGC1515	60	F	QH	chestnut,brand 5 over 62										
USGC1516	72	F	PAINT	chestnut/white,star,snip										
USGC1517	120	N	QH	black,snip,LF heel										
USGC1518	192	N	SN	bay,LR, RR cornet, UNRD tip										
USGC1519	180	N	SN	black,star,UNRD tip										
USGC1520	156	N	SN	bay,LR ankle,UNRD tip										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION, THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, ANY ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E	L024279	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
8-19-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD	LA RUE

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	OHIO	39	43332

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

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
BAUER, FRED E. 1849 MARION HARDIN RD LA RUE, OH 43332														
USGC1491	120	N	TH		bay,star,strip,snip,LR sock,RR ankle,UNRD lip									
USGC1492	180	F	SN		black									
USGC1493	84	F	QH		bay,star,LR,RR ankle,brand 706									
USGC1494	120	F	QH		chestnut,blaze,LF sock									
USGC1495	72	N	QH		bay									
USGC1596	108	N	QH		chestnut,blaze,LR,RR ankle									
USGC1497	120	F	QH		bay,LR heel									
USGC1498	132	F	QH		red roan,blaze,LF,LR,RF sock, RR ankle									
USGC1499	108	F	QH		chestnut,star,strip,snip,LR,RR ~~ankle~~ ankle									
USGC1500	144	F	QH		black									
USGC1501	120	N	SN		bay,brands 396, LZ954									
USGC1502	120	F	QH		bay,star,LR ankle									
USGC1503	144	N	PAINT		dun/white,star,strip,snip,LR,RF,RR sock,brand crescent beside heart									
USGC1504	72	N	TH		bay,star,strip,snip,LR cornet,UNRD lip									
USGC1505	190	N	PAINT		gray/white,blaze									
USGC1506	144	F	AP		chestnut/white,star,strip,LR,RR sock									
USGC1507	180	F	QH		black,star,LR cornet									
USGC1508	60	N	TH		bay,UNRD lip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
AUG 19,2010	KEARNS, EARNEST D 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0242272

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code
BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC1449	18	0 F	BL	CHESTNUT		BLAZE	LR	SOCK		RR	SOCK			
USGC1450	14	4 N	QH	BLACK	BALD	LR	SOCK							
USGC1451	12	0 F	PAINT	RED	ROAN	WHITE	BLAZE	LF	SOCK LR	SOCK RF	SOCK			
							RR	SOCK						
USGC1452	72	N	PAINT	DUN	WHITE	BLAZE	LF	SOCK	LR SOCK	RF SOCK	RR SOCK			
USGC1453	14	4 F	SN	BAY	PAINT	STAR	LR	CORNET	RR CORNET	LIP?				
USGC1454	12	0 N	QH	BAY	STAR									
USGC1455	18	0 F	SN	BAY	LR	ANKLE	RR	ANKLE	LIP?	BRAND 149				
USGC1456	14	4 F	SN	BAY	LR	CORNET	BRAND	R8742	SCARS	ON	HOCKS			
~~USGC1456~~														
~~USGC1457~~	~~19~~	~~0 F~~	~~SN~~	~~BAY~~	~~BRAND~~	~~S8066~~								
~~USGC1458~~	~~19~~	~~0 N~~	~~SN~~	~~BLACK~~	~~BRAND~~	~~Z5426~~								
~~USGC1459~~	~~14~~	~~4 N~~	~~SN~~	~~BAY~~	~~STAR~~	~~BRAND~~	~~XH633~~							
~~USGC1460~~	~~19~~	~~2 F~~	~~SN~~	~~BAY~~	~~BRAND~~	~~Z6137~~								

~~1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE ANIMALS TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO AND ARIZONA. 6. FIT TO BE TRANSPORTED ME[illegible]T. ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.~~

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

This 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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024272

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-19-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC1431	48	F	TH BLUE ROAN STAR LIP?											
USGC1432	120	F	QH CHESTNUT STAR SNIP LR CORNET RR CORNET											
USGC1433	108	F	QH BAY LR ANKLE											
USGC1434	144	N	QH GRAY NO OTHER MARKINGS											
USGC1435	96	F	TH GRAY LIP?											
USGC1436	120	F	QH PALOMINO FAINT STAR											
USGC1437	180	N	QH CHESTNUT BLAZE LF ANKLE LR SOCK RF SOCK RR SOCK											
USGC1438	144	N	QH GRAY STAR											
USGC1439	120	N	QH CHESTNUT BLAZE											
USGC1440	108	N	QH CHESTNUT BLAZE LR ANKLE											
USGC1441	180	F	AP RED ROAN STAR SNIP											
USGC1442	108	F	QH CHESTNUT BLAZE LF SOCK LR SOCK RF SOCK RR SOCK BLIND RIGHT EYE											
USGC1443	72	F	QH BAY BLAZE											
USGC1444	120	F	MN BAY STAR LR HEEL											
USGC1445	144	F	AB CHESTNUT BLAZE LR ROAN ANKLE RR ANKLE											
USGC1446	120	N	AB CHESTNUT STAR BIG SNIP LR SOCK RR SOCK											
USGC1447	144	F	SN BAY BRAND X0258											
USGC1448	120	N	SN BAY LIP?											

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: AUG 19,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0241771

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGC1480	36	F	TH	BLUE ROAN			STAR	STRIP	SHIP			LR CORNET		
USGC1481	36	F	TH	CHESTNUT			STAR	STRIP		LR	SOCK	LIP?		
USGC1482	72	F	TH	GRAY			LIP?							
USGC1483	144	F	SN	BAY			FAINT STAR			LR ANKLE		RR CORNET	LIP?	
USGC1484	132	F	SN	BAY			STAR	BRAND	Z8457					
USGC1485	180	F	SN	BAY			STAR	BRAND	TF292			SCAR RR HOOF		
USGC1486	192	F	SN	BAY			STAR	LR ANKLE		RF CORNET		RR CORNET	LIP?	
USGC1487	144	M	OH	CHESTNUT			STAR	STRIP	SHIP	LR CORNET				
USGC1488	156	M	SN	BAY			BRAND	T8356						
USGC1489	144	M	OH	CHESTNUT			STAR	STRIP	LF ANKLE	LR ANKLE				
USGC1490	180	F	SN	BAY			STAR	RR SOCK	LIP?					

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR BODY CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION OR CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024271

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-19-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC1461	144	F	QH				CHESTNUT STAR LR CORNET							
USGC1462	240	F	TH				BLACK FAINT STAR							
USGC1463	72	N	QH				BAY STAR SNIP RF ANKLE RR SOCK							
USGC1464	96	F	QH				PALOMINO BLAZE LR SOCK RR SOCK							
USGC1465	120	N	QH				BAY STAR STRIP SNIP LR CORNET RR CORNET							
USGC1466	96	F	QH				BAY STAR LR ANKLE RR ANKLE SCAR RR LEG							
USGC1467	108	F	QH				BAY STAR							
USGC1468	60	N	QH				BLACK FAINT STAR							
USGC1469	132	F	QH				CHESTNUT LR CORNET RR ANKLE							
USGC1470	240	F	QH				BAY STAR BRAND UPSIDE DOWN T WITH A DIAMOND							
USGC1471	120	N	QH				CHESTNUT STAR STRIP SNIP							
USGC1472	96	F	PAINT				CHESTNUT WHITE BLAZE							
USGC1473	120	F	QH				CHESTNUT STAR STRIP SNIP SCAR LEFT EYE							
USGC1474	120	F	QH				CHESTNUT BLAZE RF SOCK							
USGC1475	168	N	QH				BAY NO OTHER MARKINGS							
USGC1476	60	N	QH				BLACK STAR							
USGC1477	120	F	QH				CHESTNUT STAR STRIP SNIP							
USGC1478	36	N	TH				BAY STAR LR ANKLE RF ANKLE RR ANKLE LIP?							
USGC1479	36	F	TH				BAY LIP?							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUG 19,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

30 (KNH)

VS FORM 17-140 (MAR 98) Previous edition may be used.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (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		2406	✓						✓							✓	LIP—	
17		2407			✓				✓							✓	LIP—	
18		2408					✓		✓							✓	LIP—	BLIND RIGHT EYE
19		2409					✓			✓				✓				
20		2410	✓							✓						✓		
21		2411	✓										STD	✓			BRAND IB 341	
22		2412	✓							✓				✓				
23		2413						DUN		✓				✓				
24		2414	✓										STD			✓	BRAND 8DC13	
25		2415	✓										STD	✓			BRAND 54 LIP—	
26		2416	✓										STD	✓			LIP—	
27		2417	✓										STD			✓		
28		2418	✓							✓				✓				
29		2419	✓							✓						✓		
30		2420	✓							✓						✓		
31																		
32																		
33																		
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44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN RD,	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC JOGIKO
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2391	✓							✓				✓				
2		2392			✓					✓				✓				
3		2393			✓					✓				✓				
4		2394				CHESTN WHT							PAINT	✓				
5		2395						BLUE ROAN					APP	✓				
6		2396	✓							✓				✓				
7		2397					✓			✓				✓				
8		2398			✓					✓				✓				
9		2399			✓					✓				✓				
10		2400	✓							✓				✓				
11		2401	✓							✓				✓				
12		2402	✓							✓						✓		
13		2403					✓			✓					✓			
14		2404	✓						✓					✓			LIP-	
15		2405	✓						✓							✓	LIP-	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

HEREBY AU[redacted] THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

APHIS FORM 10-13 (AUG 2004) Previous editions are obslete

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140
L824209

PAGE NO.
2

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS, IF REQ.

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — 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
BAUER, FRED E.	USGC2410	60	N	QH	bay,star,snip,LR sock									
1849 MARION HARDIN RD.	USGC2411	96	F	SN	bay,brand I8341									
LA RUE, OH 43332	USGC2412	120	F	QH	bay,star,strip,snip,LF sock,LR ankle,RR cornet									
	USGC2413	180	F	QH	dun									
	USGC2414	120	M	SN	bay,faint star,LF heel,brand 8DC13									
	USGC2415	144	F	SN	bay,LR ankle brand 54,UNRD lip									
	USGC2416	180	F	SN	bay,UNRD lip									
	USGC2417	144	M	SN	bay,LR,RR ankle									
	USGC2418	120	F	QH	bay									
	USGC2419	36	M	QH	bay,star,LR cornet									
	USGC2420	120	M	QH	bay									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; 2 THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED, MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024209

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9-30-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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)*												DISEASE / TYPE TEST / DATE	DISEASE / TYPE TEST / DATE	DISEASE / TYPE TEST / DATE
	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	M	N	O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USGC2391	144	F	QH		bay,star,LR cornet									
	USGC2392	108	F	QH		black,star,LR,RR cornet									
	USGC2393	108	F	QH		black,star									
	USGC2394	120	F	PAINT		chestnut/white,blaze									
	USGC2395	180	F	AP		blue roan,star,strip,snip									
	USGC2396	120	F	QH		bay,star									
	USGC2397	96	F	QH		chestnut,star,strip,snip,LR ankle									
	USGC2398	72	F	QH		black									
	USGC2399	120	F	QH		black									
	USGC2400	180	F	QH		bay,star									
	USGC2401	132	F	QH		bay,star,LR,RR ankle									
	USGC2402	108	N	QH		bay									
	USGC2403	120	M	QH		chestnut,blaze,LR sock									
	USGC2404	60	F	TH		bay,star,UNRD lip									
	USGC2405	84	N	TH		bay,star,UNRD lip									
	USGC2406	48	N	TH		bay,star,RR ankle,UNRD lip									
	USGC2407	60	N	TH		black,star,UNRD lip									
	USGC2408	60	N	TH		chestnut,star,snip,UNRD lip,blind R eye									
	USGC2409	72	F	QH		dark chestnut,blaze									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: SEP 30,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(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	USGC	2466			✓					✓				✓				
17		2467					✓			✓				✓				
18		2468	✓						✓					✓			LIP—	
19		2469	✓						✓							✓	LIP—	
20		2470	✓						✓							✓	LIP—	
21		2471	✓										STD			✓		
22		2472					✓			✓						✓		
23		2473			✓					✓				✓				
24		2474	✓						✓					✓			LIP—	
25		2475	✓							✓						✓		
26		2476					✓				BELG			✓				BLIND LEFT EYE
27		2477					✓				BELG			✓				
28		2478					✓			✓						✓		
29		2479	✓						✓					✓			LIP—	
30		2480	✓						✓							✓	LIP—	
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2451			6				6							6	LIP	
2		2452	6						6							6	LIP	
3		2453						RED ROAN			BELG					6		
4		2454						RED ROAN			BELG					6		
5		2455						RED ROAN		6				6				
6		2456					6			6						6	BRAND ZZ X	
7		2457			6					6				6				
8		2458	6						6					6			LIP	
9		2459	6							6						6		
10		2460	6							6						6		
11		2461					6		6					6			LIP	
12		2462			6					6				6				
13		2463	6							6						6		
14		2464					6			6						6		
15		2465						PAL		6				6				BLIND RIGHT EYE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATU [redacted] (b) (6)

I HEREBY AUTHORIZE THE USDA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024210

PAGE NO.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USGC2469	84	N	TH	BAY	STAR STRIP SNIP RR ANKLE LIP?									
USGC2470	84	N	TH	BAY	RR CORNET LIP?									
USGC2471	144	N	SN	BAY	STAR LR ANKLE									
USGC2472	120	N	QH	CHESNUT	RR SOCK									
USGC2473	96	F	QH	BLACK	STAR RR HEEL									
USGC2474	190	F	TH	BAY	LIP?									
USGC2475	60	M	QH	BAY	LR CORNET RR CORNET									
USGC2476	180	F	BL	CHESNUT	STAR SNIP BLIND L EYE									
USGC2477	192	F	BL	CHESNUT	STAR STRIP SNIP									
USGC2478	96	M	QH	CHESNUT	BLAZE LF ANKLE LR SOCK RR SOCK									
USGC2479	192	F	TH	BAY	STAR LF CORNET LIP?									
USGC2480	48	M	TH	BAY	STAR LR CORNET RR CORNET LIP?									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

...requires 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)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024210	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
9-30-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	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

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC2451	72	N	TH									LF CORNET LR ANKLE RR ANKLE LIP?		
USGC2452	72	N	TH									BAY LR ANKLE RR ANKLE LIP?		
USGC2453	168	N	BL									RED ROAN BLAZE		
USGC2454	180	N	BL									RED ROAN BLAZE LF SOCK LR SOCK RF SOCK RR SOCK		
USGC2455	144	F	QH									RED ROAN STAR RR ANKLE		
USGC2456	180	N	QH									CHESTNUT STAR STRIP SNIP LR ANKLE RR CORNET BRANDS ZZ X		
USGC2457	120	F	QH									BLACK STAR STRIP SNIP LR CORNET RR CORNET		
USGC2458	144	F	TH									BAY STAR LIP?		
USGC2459	100	N	QH									BAY STAR LR CORNET		
USGC2460	60	N	QH									BAY STAR RR ANKLE		
USGC2461	240	F	TH									CHESTNUT STAR LIP?		
USGC2462	84	F	QH									BLACK STAR LR ANKLE RR ANKLE		
USGC2463	36	N	QH									BAY STAR LF ANKLE LR ANKLE RF SOCK RR ANKLE		
USGC2464	348	N	QH									CHESTNUT BLAZE LF SOCK LR SOCK RF SOCK RR ANKLE		
USGC2465	144	F	QH									PALOMINO STAR STRIP LR ANKLE BLIND R EYE		
USGC2466	120	F	QH									BLACK STAR SNIP		
USGC2467	108	F	QH									CHESNUT BLAZE LR SOCK RR SOCK		
USGC2468	60	F	TH									BAY STAR SNIP LR ANKLE LIP?		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
SEP 30,2010	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

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	USGC	2436						PAL		✓				✓			4 UA 4132	
17		2437	✓							✓				✓			UA 1086	
18		2438				BAY WHT							PAINT	✓			LE S-1 UA 641	
19		2439				CHESTN WHT							PAINT	✓			4 UA 813	
20		2440	✓							✓				✓				
21		2441					✓			✓				✓			UA 483	
22		2442	✓							✓				✓			LE UA 755	
23		2443				BAY WHT							PAINT	✓				
24		2444					✓			✓				✓			UA 608	
25		2445					✓			✓				✓			LW	
26		2446					✓			✓				✓			UA 1389	
27		2447	✓							✓				✓				
28		2448	✓							✓				✓			UA 8150	
29		2449					✓			✓				✓			GS UA 6028	
30		2450				BAY WHT							PAINT		✓			
31																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LAKE ONIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN RD.	STREET ADDRESS: 595 RUE ROYALE C.P. 107
CITY, STATE, ZIP CODE: LA RUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7409993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	2421			X					X				X			WA A647	
2		2422	X							X				X			198 WA S06	
3		2423	X							X				X				
4		2424	X							X				X			4 WA 427	
5		2425			X					X				X			WA 536	
6		2426	X							X				X			WA 952	
7		2427				BAY WHT							PRINT	X			WA 9205	
8		2428					X			X				X				
9		2429						DUN		X				X			WA 439	
10		2430						DUN		X				X				
11		2431						PAL		X				X				
12		2432				BAY WHT							PRINT	X				
13		2433					X			X				X			WA 0449	
14		2434	X							X				X			S 133 WA 2230	
15		2435						DUN		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 1

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — 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
BAUER, FRED E.	USGC2438	132	F	PAINT	BAY	WHITE	STAR	LE	S	sideways	T	UA641		
1849 MARION HARDIN RD.	USGC2439	156	F	PAINT	CHESTNUT	WHIE	BALD	Y	UA813					
LA RUE, OH 43332	USGC2440	96	F	QH	BAY	STAR								
	USGC2441	132	F	QH	CHESTNUT	STAR	STRIP	SHIP	UA483					
	USGC2442	144	F	QH	BAY	STAR	L TWO	E	OVER	EACH	OTHER	UA755		
	USGC2443	156	F	PAINT	BAY	WHITE	BLAZE	LF	ANKLE	LR	SOCK	RR SOCK		
	USGC2444	156	F	QH	CHESTNUT	STAR	STRIP	SHIP	LF	SOCK	LR	SOCK		
				RR	SOCK	UA608								
	USGC2445	108	F	QH	CHESTNUT	BLAZE	LR	SOCK	RF	ANKLE	RR	ANKLE	LW	
	USGC2446	132	F	QH	CHESTNUT	BLAZE	LR	SOCK	RR	SOCK	UA1389			
	USGC2447	180	F	QH	BAY	STAR	STRIP	SHIP	LR	ANKLE	RF	CORNET		
	USGC2448	180	F	QH	BAY	STAR	UA 8150							
	USGC2449	96	F	QH	CHESTNUT	BLAZE	RR	ANKLE	UA6028	GS				
	USGC2450	84	M	PAINT	BAY	WHITE	BALD							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND [illegible] IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT [illegible] IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT [illegible] MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 2[illegible] ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. [illegible] to be transported means that, on the day of inspection, no ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L0242111	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
9-30-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS
☐ 48 HRS ☐ 72 HRS	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ 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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC2421	168	F	QH	BLACK	LR		CORNET	U	OVER A		UA647			
USGC2422	108	F	QH	BAY	STAR		SNIP RR		CORNET	198	UA 506			
USGC2423	180	F	QH	BAY	STAR		STRIP SNIP LF ANKLE LR SOCK RR SOCK							
							r angle over sideways R							
USGC2424	108	F	QH	BAY	STAR		STRIP SNIP LR SOCK RR SOCK Y				UA427			
USGC2425	156	F	QH	BLACK	FAINT STAR		UA 536							
USGC2426	120	F	QH	BAY	STAR		UA952							
USGC2427	132	F	PAINT	BAY	WHITE BALD		LF SOCK RF SOCK RR SOCK							
							UA9205							
USGC2428	156	F	QH	CHESTNUT	BLAZE		LF SOCK LR SOCK RF SOCK RR SOCK							
USGC2429	168	F	QH	DUN	STAR		STRIP SNIP LR SOCK RF ANKLE				UA439			
USGC2430	144	F	QH	DUN	STAR		LR ANKLE							
USGC2431	120	F	QH	PALOMINO	STAR		STRIP SNIP							
USGC2432	120	F	PAINT	BAY WHITE	STAR		STRIP SNIP							
USGC2433	156	F	QH	CHESTNUT	BLAZE		LR SOCK RF SOCK				UA0449			
USGC2434	120	F	QH	BAY	STAR		SNIP UA2230		S133					
USGC2435	108	F	QH	DUN	STAR		LF CORNET LR ANKLE							
USGC2436	144	F	QH	PALOMINO	LF ANKLE		RF ANKLE RR ANKLE					4 UA4132		
USGC2437	96	F	QH	BAY	STAR		STRIP SNIP LR SOCK RR SOCK				UA 1086			

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
SEP 30,2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	CHERIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (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	USFR	2086					✓			✓						✓		
17		2087	✓							✓				✓				
18		2088					✓		✓							✓	LIP—	
19		2089			✓						PERCH			✓				
20		2090					✓			✓				✓				
21		2091					✓			✓						✓		
22		2092	✓							✓				✓				
23		2093					✓			✓						✓		
24		2094				BLK WHT							PAINT	✓				SCAR RIGHT SHOULDER
25		2095					✓				BELG				✓			
26		2096					✓			✓				✓				
27		2097	✓							✓				✓				
28		2098	✓										STD	✓			BRAND 76 LIP —	
29		2099	✓										STD			✓	BRAND 9 DOS8	
30		2100					✓			✓				✓				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993993	AREA CODE & TELEPHONE NO.: 4507882490

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	USFR	2071			✓					✓				✓				
2		2072			✓					✓				✓				
3		2073	✓						✓					✓			LIP—	
4		2074				CHESTN WHT							PAINT			✓		
5		2075						PAL		✓						✓		
6		2076	✓										STD			✓	BRAND WA787	
7		2077	✓							✓				✓				
8		2078					✓			✓				✓				
9		2079						DUN		✓				✓				
10		2080						RED ROAN					APP	✓				
11		2081						DUN		✓				✓				
12		2082		✓									APP			✓		
13		2083						RED ROAN					APP			✓		
14		2084					✓			✓						✓		
15		2085						RED ROAN		✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: H5 2077

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E														
1849 MARION HARDIN RD	USFR2090	14	F	QH	CHESTNUT STAR			STRIP						
LA RUE, OH 43332	USFR2091	13	M	QH	CHESTNUT STAR			STRIP	LR	SOCK	RR ANKLE			
	USFR2092	12	F	QH	BAY STAR LR HEEL									
	USFR2093	96	N	QH	CHESTNUT BLAZE			LF	SOCK	RR		CORNET		
	USFR2094	108	F	PA	INT BLACK WHITE BLAZE			SCAR	R SHOULDER					
	USFR2095	36	M	BL	CHESTNUT STAR			LR	SOCK	RR	SOCK			
	USFR2096	96	F	QH	CHESTNUT STAR			STRIP	SNIP					
	USFR2097	84	F	QH	BAY STAR LR ANKLE									
	USFR2098	72	F	SN	BAY BRAND 76 LIP?									
	USFR2099	108	N	SN	BAY LR ANKLE RR ANKLE			BRAND 90058						
	USFR2100	180	F	QH	CHESTNUT BLAZE									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4 THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

APPROVED

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52077

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-17-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR2071	144	F	QH BLACK NO OTHER MARKINGS											
USFR2072	156	F	QH BLACK STAR											
USFR2073	108	F	TH BAY STAR LIP?											
USFR2074	84	N	PAINT CHESTNUT WHITE BLAZE											
USFR2075	96	N	QH PALOMINO STAR STRIP SNIP											
USFR2076	132	N	SN BAY STAR RR SOCK BRAND WA787											
USFR2077	60	F	QH BAY STAR LR ANKLE											
USFR2078	72	F	QH CHESTNUT FAINT STAR RF CORNET											
USFR2079	72	F	QH DUN RF ANKLE											
USFR2080	60	F	AP RED ROAN BLAZE LF CORNET RF SOCK RR SOCK											
USFR2081	72	F	QH DUN STAR STRIP LR ANKLE RR ANKLE											
USFR2082	96	N	AP GRAY ROAN STAR SNIP RR CORNET											
USFR2083	96	N	AP RED ROAN NO OTHER MARKINGS											
USFR2084	144	N	QH CHESTNUT STAR LR ANKLE RR ANKLE											
USFR2085	120	N	QH RED ROAN BLAZE LF SOCK LR SOCK RR SOCK											
USFR2086	180	N	QH CHESTNUT BLAZE LR SOCK RR ANKLE											
USFR2087	144	F	QH BAY STAR RF SOCK RR SOCK											
USFR2088	144	N	TH CHESTNUT STAR STRIP SNIP LR CORNET LIP?											
USFR2089	180	F	PE BLACK BLAZE											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 17,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VE VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	2101				BLK WHT							PAINT	☒				
2		2102					☒			☒				☒			BRAND m	
3		2103	☒							☒				☒				
4		2104					☒			☒				☒				
5		2105					☒			☒				☒				
6		2106	☒							☒				☒				
7		2107					☒			☒				☒				
8		2108				CHESTN WHT							PAINT	☒				
9		2109	☒							☒				☒				
10		2110			☒					☒				☒				
11		2111				CHESTN WHT							PAINT			☒		
12		2112					☒			☒						☒		
13		2113						RED ROAN		☒						☒		
14		2114					☒			☒						☒		
15		2115					☒			☒						☒		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	2116				CHSTN WHT							PAINT			✓		
17		2117					✓			✓						✓		
18		2118						DUN		✓						✓		
19		2119						PAL		✓						✓		
20		2120					✓			✓						✓		
21		2121					✓			✓						✓		
22		2122			✓					✓						✓		
23		2123	✓						✓					✓			LIP—	LARGE LEFT FRONT ANKLE
24		2124					✓			✓				✓				
25		2125					✓			✓						✓		
26		2126					✓		✓					✓			LIP—	
27		2127					✓		✓					✓			LIP—	
28		2128	✓						✓							✓	LIP—	
29		2129						DUN		✓						✓		
30		2130	✓						✓							✓	LIP—	
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: H520775

3. PAGE NO.: 1

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR2119	9 84	N	QH	PALOMINO STAR										
USFR2120	9 84	N	QH	CHESTNUT STAR										
USFR2121	4 48	N	QH	CHESTNUT STAR STRIP SNIP										
USFR2122	1 120	N	QH	BLACK STAR STRIP SNIP LR								ANKLE RR	CORNET	
USFR2123	2 40	F	TH	BAY LIP? LARGE LF ANKLE										
USFR2124	4 48	F	QH	CHESTNUT STAR										
USFR2125	9 96	N	QH	CHESTNUT STAR STRIP SNIP LR SOCK										
USFR2126	3 36	F	TH	CHESTNUT STAR STRIP LF SOCK LR SOCK RF SOCK RR SOCK LIP?										
USFR2127	3 36	F	TH	CHESTNUT STAR LIP?										
USFR2128	4 48	N	TH	BAY STAR STRIP SNIP LR SOCK LIP?										
USFR2129	1 120	N	QH	DUN STAR STRIP SNIP										
USFR2130	4 48	N	TH	BAY SNIP LF ANKLE LR SOCK LIP?										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 30 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

APPROVED

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52075

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-17-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR2101	108	F	PAINT BLACK WHITE				LF SOCK LR SOCK RF SOCK RR SOCK							
USFR2102	60	F	OH CHESTNUT				STAR STRIP SNIP LR SOCK BRAND LINE OVER AN M							
USFR2103	72	F	OH BAY				STAR SNIP							
USFR2104	60	F	OH CHESTNUT				NO OTHER MARKINGS							
USFR2105	72	F	OH CHESTNUT				STAR							
USFR2106	144	F	OH BAY				NO OTHER MARKINGS							
USFR2107	120	F	OH CHESTNUT				STAR							
USFR2108	84	F	PAINT CHESTNUT				WHITE BLAZE							
USFR2109	60	F	OH BAY				SNIP LF HEEL LR SOCK							
USFR2110	144	F	OH BLACK				STAR STRIP SNIP LF SOCK LR CORNET RF ANKLE							
USFR2111	48	N	PAINT CHESTNUT				WHITE BLAZE							
USFR2112	120	N	OH CHESTNUT				BLAZE LF SOCK LR SOCK RF CORNET							
USFR2113	96	N	OH RED ROAN				STAR STRIP RR SOCK							
USFR2114	48	N	OH CHESTNUT				STAR LR CORNET RR ANKLE							
USFR2115	60	N	OH CHESTNUT				STAR STRIP SNIP LR SOCK							
USFR2116	60	N	PAINT CHESTNUT				WHITE BALD LF SOCK LR SOCK RF SOCK RR CORNET							
USFR2117	72	N	OH CHESTNUT				STAR STRIP SNIP LR ANKLE RR SOCK							
USFR2118	72	N	OH DUN				NO OTHER MARKINGS							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 17,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFI	2056	✓										STD			✓	LIP—	
17		2057				CHESTN WHT							PAINT		✓			
18		2058			✓					✓						✓		
19		2059	✓										STD			✓	BRAND X5364	
20		2060	✓						✓							✓	LIP—	
21		2061					✓						STD	✓			LIP— BRAND178	
22		2062		✓									ARAB			✓		
23		2063	✓						✓					✓			LIP—	
24		2064	✓						✓							✓	LIP—	
25		2065	✓						✓							✓		
26		2066	✓						✓					✓			LIP—	
27		2067					✓		✓							✓	LIP—	
28		2068					✓			✓				✓				SCAR ON FOREHEAD
29		2069					✓			✓				✓				
30		2070					✓			✓				✓				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARD IN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	2041						BLUE ROAN	✓							✓	LIP–	
2		2042					✓		✓							✓	LIP–	SCAR LEFT REAR LEG
3		2043	✓						✓							✓	LIP–	
4		2044	✓						✓							✓	LIP–	
5		2045	✓						✓					✓			LIP–	
6		2046		✓					✓					✓			LIP–	
7		2047	✓						✓					✓			LIP–	
8		2048					✓		✓					✓			LIP–	
9		2049					✓			✓				✓				
10		2050			✓					✓				✓				
11		2051	✓										STD			✓	BRAND SB312	
12		2052	✓										STD			✓	BRAND 4B254	
13		2053	✓										STD	✓			BRAND Z6318	
14		2054	✓										STD			✓	BRAND RJ659	
15		2055	✓										STD	✓			BRAND V3948	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM

SIGNATUR [redacted]

I HEREBY [redacted] TION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52078

3. PAGE NO: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR2058	180	N	OH	BLACK FAINT STAR RR HEEL										
USFR2059	192	N	SN	BAY STAR LR ANKLE BRAND X5364										
USFR2060	60	N	TH	BAY STAR LR SOCK RR SOCK LIP?										
USFR2061	180	F	SN	CHESTNUT STAR STRIP SNIP LR SOCK RF SOCK LIP? BRAND 178										
USFR2062	96	N	AB	GRAY BLAZE LF SOCK RF ANKLE RR SOCK										
USFR2063	36	F	TH	BAY STAR LIP?										
USFR2064	48	N	TH	BAY STAR STRIP SNIP LIP?										
USFR2065	48	N	TH	BAY STAR LF ANKLE LR SOCK RF ANKLE RR SOCK										
USFR2066	48	F	TH	BAY STAR LR CORNET RR ANKLE LIP?										
USFR2067	48	N	TH	CHESTNUT STAR STRIP SNIP LR SOCK RR CORNET LIP?										
USFR2068	60	F	OH	CHESTNUT STAR STRIP SNIP LF SOCK LR SOCK SCAR ON FOREHEAD										
USFR2069	168	F	OH	CHESTNUT BLAZE										
USFR2070	168	F	OH	CHESTNUT BLAZE										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THIS SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52078

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-17-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.*														
1849 MARION HARDIN RD														
LA RUE, OH 43332														
USFR2041	36	N	TH	BLUE ROAN	STAR LIP?									
USFR2042	84	N	TH	CHESTNUT	STAR STRIP SNIP LR							CORNET RR SOCK		
					LIP? SCAR LR LEG									
USFR2043	72	N	TH	BAY	STAR LIP?									
USFR2044	60	N	TH	BAY	STAR STRIP SNIP LR ANKLE							LIP?		
USFR2045	60	F	TH	BAY	STAR LF ANKLE LR ANKLE RF ANKLE RR ANKLE							LIP?		
USFR2046	84	F	TH	GRAY	LIP?									
USFR2047	60	F	TH	BAY	STAR STRIP SNIP LF SOCK LR SOCK RF SOCK									
					RR SOCK LIP?									
USFR2048	36	F	TH	CHESTNUT	STAR SNIP LIP?									
USFR2049	144	F	QH	CHESTNUT	STAR									
USFR2050	156	F	QH	BLACK	STAR SNIP RF HEEL									
USFR2051	144	N	SN	BAY	STAR BRAND SB312									
USFR2052	72	N	SN	BAY	STAR LR CORNET RF HEEL RR ANKLE BRAND 48254									
USFR2053	108	F	SN	BAY	BRAND 26318									
USFR2054	144	N	SN	BAY	FAINT STAR BRAND RJ659									
USFR2055	120	F	SN	BAY	BRAND Y3948									
USFR2056	180	N	SN	BAY	STAR LIP?									
USFR2057	36	M	PAINT	CHESTNUT	WHITE STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 17, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS EARNEST D 7713

21. STATUS ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	1756	○										STD			○	LIP~	
17		1757					○			○				○				SCARS REAR LEGS
18		1758			○					○				○				
19		1759					○			○				○				
20		1760					○			○				○				
21		1761						RED ROAN					APP			○		
22		1762				DUN WHT							PAINT	○				
23		1763					○			○				○				
24		1764					○			○				○				
25		1765	○							○				○				
26		1766					○			○				○				BLIND RIGHT EYE
27		1767	○							○				○				
28		1768				BAY WHT CHESTN WHT							PAINT			○		
29		1769											PAINT			○		
30		1770	○						○					○			LIP~	
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1741					✓			✓						✓		
2		1742						RED ROAN					APP	✓				
3		1743			✓								STD	✓				SCAR LEFT REAR LEG
4		1744					✓			✓						✓		
5		1745				CHESTN. WHT							PAINT	✓				
6		1746	✓										STD	✓				
7		1747		✓						✓				✓				
8		1748	✓										STD			✓		
9		1749	✓										STD			✓	BRAND V394B	
10		1750			✓								STD	✓			LIP—	
11		1751				BAY WHT							PAINT	✓				
12		1752	✓										STD			✓	BRAND RJ659	
13		1753					✓			✓				✓				
14		1754		✓						✓				✓				
15		1755	✓						✓						✓		LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS [illegible]

SIGNATU[illegible] (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52057

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR1758	144	F	QH	BLACK	LONG STAR									
USFR1759	180	F	QH	CHESTNUT	STAR SNIP									
USFR1760	120	F	QH	CHESTNUT	STAR LR CORNET RR SOCK									
USFR1761	72	N	AP	RED ROAN	LR SOCK									
USFR1762	120	F	APAINT	DUN	WHITE STAR SNIP LF SOCK LR SOCK RF SOCK RR SOCK									
USFR1763	132	F	QH	CHESTNUT	NO OTHER MARKINGS									
USFR1764	96	F	QH	CHESTNUT	STAR STRIP SNIP RR ANKLE									
USFR1765	60	F	QH	BAY	STAR SNIP LF SOCK LR SOCK RR SOCK									
USFR1766	120	F	QH	CHESTNUT	BLAZE LF ANKLE LR SOCK RF SOCK RR SOCK BLIND R EYE									
USFR1767	108	F	QH	BAY	NO OTHER MARKINGS									
USFR1768	60	N	PAINT	BAY	WHITE STAR									
USFR1769	144	N	PAINT	CHESTNUT	WHITE BALD LF SOCK LR SOCK RR SOCK									
USFR1770	36	F	TH	BAY	LIP?									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER, FRED E.	H 52057	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
6-7-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR1741	240	N	QH		CHESTNUT STAR LF ANKLE LR SOCK RR SOCK									
USFR1742	180	F	AP		RED ROAN RR HEEL									
USFR1743	192	F	SN		BLACK SCAR LEFT REAR LEG									
USFR1744	144	N	QH		CHESTNUT STAR STRIP SNIP RR SOCK									
USFR1745	108	F	PAINT		CHESTNUT WHITE BLAZE									
USFR1746	96	F	SN		BAY RR ANKLE									
USFR1747	120	F	QH		GRAY NO OTHER MARKINGS									
USFR1748	108	N	SN		BAY NO OTHER MARKINGS									
USFR1749	120	N	SN		BAY BRAND V3948									
USFR1750	144	F	SN		BLACK LF HEEL LR ANKLE LIP?									
USFR1751	84	F	PAINT		BAY WHITE BLAZE LF SOCK									
USFR1752	144	N	SN		BAY FAINT STAR LR HEEL BRAND RJ659									
USFR1753	84	F	QH		CHESTNUT BLAZE LF CORNET LR SOCK RF ANKLE RR CORNET									
USFR1754	72	F	QH		GRAY SNIP									
USFR1755	48	M	TH		BAY LIP?									
USFR1756	180	N	SN		BAY SMALL STAR LF ANKLE LR SOCK RR							SOCK LIP?		
USFR1757	72	F	QH		CHESTNUT STAR STRIP SNIP LR SOCK RF SOCK RR SOCK SCARS REAR LEGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUN 7 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

23. Signature of endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	1786					✓				BEL G					✓		
17		1787	✓						✓						✓		LIP—	
18		1788						CHESTN WHT					APP			✓		
19		1789			✓				✓					✓			LIP—	
20		1790	✓							✓				✓				
21		1791	✓						✓					✓			LIP—	
22		1792	✓						✓					✓			LIP—	
23		1793	✓						✓							✓	LIP—	
24		1794	✓						✓					✓			LIP—	
25		1795	✓						✓					✓			LIP—	
26		1796					✓		✓					✓			LIP—	
27		1797	✓						✓					✓			LIP—	
28		1798			✓					✓				✓				
29		1799			✓								TW H	✓				
30		1800					✓			✓				✓				
31																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER		CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARDIN ROAD		STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332		CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K
AREA CODE & TELEPHONE NO.: 7404993995		AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1771	✓						✓							✓	LIP	
2		1772	✓						✓					✓			LIP	
3		1773					✓		✓					✓			LIP	
4		1774	✓										STD	✓			BRAND S7242	
5		1775	✓										STD	✓			LIP	
6		1776	✓										STD	✓			LIP	BLIND RIGHT EYE
7		1777	✓										STD			✓		BLIND RIGHT EYE
8		1778	✓										STD			✓	LIP	
9		1779			✓								STD			✓		
10		1780					✓			✓				✓				
11		1781	✓										STD	✓			LIP	
12		1782		✓							PERCH			✓				
13		1783			✓					✓				✓				
14		1784	✓										STD			✓	BRAND — LIP	BLIND LEFT EYE
15		1785	✓										STD			✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52056

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR1788	96	N	AP	CHESTNUT WHITE										
USFR1789	84	F	TH	BLACK STAR LIP?										
USFR1790	204	F	QH	BAY LR ANKLE RR ANKLE										
USFR1791	60	F	TH	BAY LR ANKLE LIP?										
USFR1792	60	F	TH	BAY STAR SNIP LF ANKLE LR SOCK RR SOCK LIP?										
USFR1793	60	N	TH	BAY RR SOCK LIP?										
USFR1794	60	F	TH	BAY STAR LIP?										
USFR1795	48	F	TH	BAY LF CORNET LR SOCK RR SOCK LIP?										
USFR1796	48	F	TH	CHESTNUT BLAZE RR CORNET LIP?										
USFR1797	48	F	TH	BAY LIP?										
USFR1798	120	F	QH	BLACK LR CORNET										
USFR1799	144	F	TH	BLACK BLAZE LR ANKLE RR SOCK										
USFR1800	132	F	QH	CHESTNUT STAR STRIP SNIP LR CORNET										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF 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 ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52056

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-7-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR1771	180	N	TH BAY STAR STRIP SNIP LF SOCK LIP?											
USFR1772	192	F	TH BAY STAR SNIP LIP?											
USFR1773	144	F	TH CHESTNUT BLAZE LR SOCK RF SOCK RR ANKLE LIP?											
USFR1774	132	F	SN BAY SMALL STAR BRAND S7242											
USFR1775	204	F	SN BAY STAR LIP?											
USFR1776	156	F	SN BAY LIP? BLIND R EYE											
USFR1777	180	N	SN BAY STAR LR ANKLE BLIND R EYE											
USFR1778	156	N	SN BAY STAR LR SOCK RR ANKLE LIP?											
USFR1779	72	N	SN BLACK STAR											
USFR1780	72	F	QH CHESTNUT BLAZE LF SOCK LR SOCK RF SOCK RR SOCK											
USFR1781	180	F	SN BAY LIP?											
USFR1782	192	F	PE GRAY NO OTHER MARKINGS											
USFR1783	120	F	QH BLACK STAR											
USFR1784	180	N	SN BAY STAR LF SOCK LR SOCK RF ANKLE RR SOCK BRAND? LIP? BLIND L EYE											
USFR1785	192	N	SN BAY NO OTHER MARKINGS											
USFR1786	36	N	BL CHESTNUT STAR STRIP SNIP											
USFR1787	72	M	TH BAY STAR LIP?											
~~USFR1787~~ EDK														

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 7 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	1816					✓			✓						✓	BRAND 07	
17		1817					✓			✓				✓				
18		1818	✓							✓				✓				
19		1819	✓							✓				✓				
20		1820				BAY WHT							PAINT			✓		
21		1821						WHITE					APP			✓		
22		1822			✓					✓				✓				
23		1823	✓							✓						✓		
24		1824					✓			✓						✓		
25		1825				CHESTN WHT							PAINT			✓		
26		1826					✓			✓				✓				
27		1827					✓			✓				✓				
28		1828					✓			✓				✓				
29		1829					✓			✓				✓				
30		1830					✓			✓				✓			BRAND	
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

CITY, STATE, ZIP CODE: LARUE ONIO 43332

CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0

AREA CODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

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	USFR	1801						DUN		✓				✓				
2		1802					✓			✓				✓				
3		1803	✓						✓							✓	LIP–	
4		1804	✓						✓							✓	LIP–	
5		1805						BLK WHT					APP	✓				
6		1806					✓		✓					✓			LIP–	
7		1807	✓						✓					✓				
8		1808	✓						✓							✓	LIP–	
9		1809	✓						✓					✓			LIP–	
10		1810	✓						✓							✓	LIP–	
11		1811					✓		✓					✓			LIP–	
12		1812	✓						✓					✓			LIP–	
13		1813			✓					✓				✓				
14		1814					✓			✓				✓			BRAND VW	
15		1815					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52065

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR1820	6 0	N	PAINT		BAY WHITE STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK									
USFR1821	1 4	4 N	AP		WHITE NO OTHER MARKINGS									
USFR1822	1 2	0 F	QH		BLACK FAINT STAR									
USFR1823	1 2	0 N	QH		BAY STAR STRIP SNIP LRF CORNET									
USFR1824	6 0	N	QH		SOCHESTNUT RR SOCK									
USFR1825	7 2	N	PAINT		CHESTNUT WHITE STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK									
USFR1826	1 3 2	F	QH		CHESTNUT STAR STRIP SNIP LR SOCK RF SOCK RR SOCK									
USFR1827	1 2 0	F	QH		CHESTNUT STAR SNIP									
USFR1828	2 4 0	F	QH		CHESTNUT NO OTHER MARKINGS									
USFR1829	2 4 0	F	QH		CHESTNUT STAR									
USFR1938	8 4	F	QH		CHESTNUT STAR BRAND TRIANGLE OVER H									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52065

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-7-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON , MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR1801	60	F	QH DUN		STAR									
USFR1802	48	F	QH CHESTNUT		STAR STRIP LR CORNET RR ANKLE									
USFR1803	60	N	TH BAY		STAR STRIP SNIP LR SOCK RR HEEL LIP?									
USFR1804	72	N	TH BAY		LIP?									
USFR1805	132	F	AP BLACK WHITE NO OTHER MARKINGS											
USFR1806	60	F	TH CHESTNUT		STAR STRIP SNIP LR SOCK RF SOCK LIP?									
USFR1807	48	F	TH BAY		SNIP LR CORNET RF HEEL									
USFR1808	132	N	TH BAY		LR ANKLE LIP?									
USFR1809	120	F	TH BAY		SNIP LF SOCK LR SOCK RR SOCK LIP?									
USFR1810	36	N	TH BAY		STAR LIP?									
USFR1811	84	F	TH CHESTNUT		STAR STRIP SNIP LR SOCK LIP?									
USFR1812	240	F	TH BAY		STAR LR ANKLE RR ANKLE LIP?									
USFR1813	72	F	QH BLACK		STAR SNIP LR CORNET RF CORNET									
USFR1814	120	F	QH CHESTNUT		STAR STRIP SNIP LR ANKLE BRAND JW									
USFR1815	60	F	QH CHESTNUT		STAR STRIP SNIP LR SOCK RRANKLE									
USFR1816	144	N	QH CHESTNUT		STAR STRIP SNIP LR SOCK BRAND 07									
USFR1817	96	F	QH CHESTNUT		BLAZE LF SOCK LR SOCK RF SOCK RR SOCK									
USFR1818	120	F	QH BAY		STAR STRIP SNIP RR SOCK									
USFR1819	96	F	QH BAY		STAR									

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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: JUN 7 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	2206	✓							✓						✓		
17		2207					✓			✓						✓		
18		2208				BAY WHT							PAINT			✓		
19		2209						DUN		✓						✓		
20		2210						RED ROAN		✓						✓		
21		2211	✓							✓				✓				SCAR RIGHT FRONT LEG
22		2212						RED ROAN		✓				✓				
23		2213	✓							✓				✓				
24		2214						DUN		✓				✓				BLIND RIGHT EYE
25		2215					✓			✓				✓				
26		2216						DUN ROAN					APP	✓				
27		2217						RED ROAN		✓				✓				BLIND LEFT EYE
28		2218				BLK WHT							PAINT	✓				
29		2219					✓			✓				✓				
30		2220					✓			✓				✓				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE, OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	2191						RED ROAN		✓				✓				
2		2192				CHESTN WHT							PAINT	✓				
3		2193					✓			✓						✓		
4		2194				CHESTN WHT							PAINT			✓		
5		2195				CHESTN WHT							PAINT			✓		SCAR LEFT REAR LEG
6		2196				CHESTN WHT							PAINT			✓		
7		2197	✓						✓							✓	LIP—	SCARS FRONT ANKLES
8		2198						PAL		✓						✓		
9		2199						BLUE ROAN		✓						✓		
10		2200					✓			✓						✓		
11		2201						BLUE ROAN		✓						✓		
12		2202	✓							✓						✓		
13		2203					✓			✓						✓		BLIND RIGHT EYE
14		2204			✓					✓						✓	BRAND BK	
15		2205						RED ROAN		✓						✓	BRAND BST	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E

2. CERTIFICATE NO. FROM VS FORM 17-140: M52072

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR2209	144	N	OH	DUN	NO OTHER MARKINGS								
1849 MARION HARDIN RD	USFR2210	156	N	OH	RED	ROAN BLAZE LR SOCK RF SOCK RR SOCK								
LA RUE, OH 43332	USFR2211	60	F	OH	BAY	STAR SNIP LF HEEL SCAR RF LEG								
	USFR2212	144	F	OH	RED	ROAN BLAZE LF CORNET LR SOCK RF SOCK RR SOCK								
	USFR2213	108	F	OH	BAY	STAR STRIP SNIP LR ANKLE								
	USFR2214	156	F	OH	DUN	BLIND R EYE								
	USFR2215	36	F	OH	CHESTNUT	STAR								
	USFR2216	72	F	AP	DUN	ROAN STRIP LR SOCK RR ANKLE								
	USFR2217	84	F	OH	RED	ROAN STAR STRIP SNIP LR SOCK BLIND L EYE								
	USFR2218	48	F	PAINT	BLACK	WHITE STAR STRIP								
	USFR2219	96	F	OH	CHESTNUT	STAR STRIP SNIP								
	USFR2220	60	F	OH	CHESTNUT	STAR LF SOCK LR CORNET RF SOCK RR SOCK								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION: THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT WILL RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATES OF TEXAS OR NEW MEXICO OR ARIZONA. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52072

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-21-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR2191	120	F	QH	RED ROAN		STAR	STRIP	SNIP			LR	CORNET RF	CORNET RR	SOCK
USFR2192	60	F	PAINT	CHESTNUT		WHITE	STAR	STRIP	SNIP					
USFR2193	120	N	QH	CHESTNUT		NO OTHER MARKINGS								
USFR2194	48	N	PAINT	CHESTNUT		WHITE	STAR	SNIP	LF SOCK		LR SOCK			
			RF SOCK RR SOCK											
USFR2195	60	N	PAINT	CHESNUT		WHITE	STAR	SNIP	SCAR LR LEG					
USFR2196	60	N	PAINT	CHESTNUT		WHITE	STAR	SNIP						
USFR2197	84	N	TH BAY	STAR		STRIP	SNIP	LIP?	SCARS FRONT ANKLES					
USFR2198	120	N	QH	PALOMINO		BLAZE	LF ANKLE	RF ANKLE						
USFR2199	120	N	QH	BLUE ROAN		NO OTHER MARKINGS								
USFR2200	36	N	QH	CHESTNUT		STAR	STRIP	SNIP						
USFR2201	36	N	QH	BLUE ROAN		LF SOCK	LR ANKLE	RF SOCK						
USFR2202	72	N	QH	BAY		STAR	SNIP	LR SOCK	RF ANKLE	RR SOCK				
USFR2203	48	N	QH	CHESTNUT		STAR	BLIND R EYE							
USFR2204	120	N	QH	BLACK		SNIP	BRAND BK							
USFR2205	120	N	QH	RED ROAN		LR ANKLE	BRAND BST							
USFR2206	144	N	QH	BAY		STAR	STRIP	SNIP	LR HEEL	RR SOCK				
USFR2207	72	N	QH	CHESTNUT		STAR								
USFR2208	60	N	PAINT	BAY WHITE		BALD	LF SOCK	LR SOCK	RR SOCK	RF SOCK				

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian: Kellie A. Hough

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: JUN 21,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	2176	✓						✓							✓	LIP–	
17		2177	✓							✓						✓		
18		2178			✓						PERCH					✓		
19		2179	✓								PERCH			✓				
20		2180	✓										STD			✓	BRAND T2472	
21		2181						DUN		✓						✓		
22		2182	✓										STD			✓	BRAND 3A097	
23		2183			✓								STD			✓	LIP–	
24		2184	✓										STD			✓	BRAND 10050	
25		2185	✓										STD			✓	LIP–	
26		2186	✓										STD	✓				
27		2187			✓								STD			✓	LIP–	
28		2188	✓										STD			✓	LIP–	
29		2189	✓										STD			✓	BRAND 4AN65	
30		2190	✓										STD			✓	LIP–	
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Instructions, searching existing data sources, maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
	BAUER

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER	VIANDE RICHELIEU
STREET ADDRESS	STREET ADDRESS
1849 MARION WARDIN ROAD	595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
LARUE OHIO 43332	MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.
740 499 3995	4507882490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [b] Pregnant mares are not likely to foal (give birth) during the trip.
- [b] 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.
- [b] 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	USFR	2161					b						STD			b	BRAND W870	SCAR LEFT FRONT HOOF
2		2162						RED ROAN					APP	b				
3		2163	b										STD			b	LIP- BRAND C40	
4		2164					b			b				b				
5		2165	b										STD			b	BRAND S8037	BLIND LEFT EYE
6		2166					b				BELG			b				
7		2167					b		b					b			LIP-	
8		2168	b										STD	b			LIP- BRAND ●26	
9		2169					b			b						b		
10		2170	b							b				b				LARGE FRONT ANKLES
11		2171					b		b					b			LIP-	
12		2172	b						b							b	LIP-	
13		2173	b						b					b			LIP-	
14		2174	b						b							b	LIP-	
15		2175	b										STD			b		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM[redacted]

SIGNATUR[redacted] (b) (6)

I HEREBY [redacted] ORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52068

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR2179	84	F	PE	BLACK STAR		SNIP	BAY						
1849 MARION HARDIN RD.	USFR2180	132	N	SN	BAY STAR		LR HEEL	RF	CORNET	RR ANKLE	BRAND T2412			
LA RUE, OH 43332	USFR2181	36	N	OH	DUN STAR									
	USFR2182	84	N	SN	BAY LR		CORNET	RR ANKLE	BRAND 3A097					
	USFR2183	132	N	SN	BLACK STAR		LR ANKLE	RR ANKLE	LIP?					
	USFR2184	84	N	SN	BAY STAR		LR CORNET	RF ANKLE	RR ANKLE	BRAND 100S0				
	USFR2185	192	N	SN	BAY STAR		LR SOCK	RF ANKLE	RR SOCK	LIP?				
	USFR2186	180	F	SN	BAY STAR		LR ANKLE	RR CORNET						
	USFR2187	120	N	SN	BLACK STAR		LIP?							
	USFR2188	144	N	SN	BAY STAR		SNIP	LR SOCK	RR SOCK	LIP?				
	USFR2189	84	N	SN	BAY LR		ANKLE	RR ANKLE	BRAND 4AN65					
	USFR2190	144	N	SN	BAY STAR		LIP?							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FOR TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52068

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-21-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

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.

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
BAUER, FRED E.	USFR2161	120	N	SN	CHESTNUT	STAR STRIP SNIP					LR SOCK RR	CORNET		
1849 MARION HARDIN RD.				BRAND W8707		SCAR LF HOOF								
LA RUE, OH 43332	USFR2162	60	F	AP	RED ROAN	STAR SNIP RR CORNET								
	USFR2163	240	N	SN	BAY	RR CORNET LIP? BRAND C40								
	USFR2164	72	F	QH	CHESTNUT	STAR STRIP SNIP								
	USFR2165	96	N	SN	BAY	STAR LR ANKLE BRAND S8037 BLIND L EYE								
	USFR2166	120	F	BL	CHESTNUT	BLAZE LF CORNET LR SOCK RR						SOCK		
	USFR2167	60	F	TH	CHESTNUT	STAR LIP?								
	USFR2168	180	F	SN	BAY	LR SOCK RR SOCK LIP? BRAND 026								
	USFR2169	84	N	QH	CHESTNUT	LR CORNET								
	USFR2170	96	F	QH	BAY	LARGE FRONT ANKLES								
	USFR2171	60	F	TH	CHESTNUT	STAR STRIP LF CORNET LR SOCK LIP?								
	USFR2172	60	M	TH	BAY	STAR SNIP LF SOCK LIP?								
	USFR2173	48	F	TH	BAY	STAR LR ANKLE RR ANKLE LIP?								
	USFR2174	108	M	TH	BAY	STAR LIP?								
	USFR2175	180	N	SN	BAY	STAR								
	USFR2176	84	N	TH	BAY	STAR LF CORNET RR ANKLE LIP?								
	USFR2177	84	N	QH	BAY	STAR								
	USFR2178	60	N	PE	BLACK	FAINT 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: JUN 21,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	2146	✓										STD			✓	BRAND WS998	
17		2147	✓										STD			✓	BRAND 4BV73	
18		2148						WHT					APP			✓		
19		2149					✓						MULE			✓		
20		2150	✓										STD	✓			BRAND T6273	
21		2151					✓				BELG					✓		
22		2152	✓										STD			✓	LIP— BRAND 1	
23		2153	✓						✓							✓	LIP—	
24		2154			✓								STD			✓	LIP— BRAND E37	
25		2155	✓										STD			✓	BRAND VEY13	
26		2156					✓			✓						✓		SCAR ON FOREHEAD
27		2157	✓										STD	✓			LIP—	
28		2158	✓										STD			✓	BRAND T9683	
29		2159			✓								STD			✓	LIP— BRAND 193	
30		2160	✓							✓						✓		SCAR RIGHT EYE
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIMF HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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	USFR	2131				BLK WHT							PAINT	☒				
2		2132					☒			☒				☒				
3		2133					☒			☒				☒				
4		2134					☒			☒				☒				
5		2135			☒								STD			☒		
6		2136	☒							☒						☒		
7		2137				CHESTN WHT							PAINT			☒		
8		2138					☒			☒				☒				
9		2139	☒							☒				☒				
10		2140					☒			☒						☒		
11		2141	☒										STD	☒			CLIP	
12		2142	☒							☒						☒		
13		2143	☒										STD			☒		
14		2144	☒							☒				☒				
15		2145					☒			☒				☒				SCARS RIGHT HOCK + RIGHT FRONT HOOF

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE H

SI [redacted] (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved. OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52074

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR2149	192	N	MULE	CHESTNUT ROAN FACE										
USFR2150	96	F	SN	BAY	BRAND I6273									
USFR2151	84	N	BL	CHESTNUT STAR STRIP SNIP LR SOCK										
USFR2152	192	N	SN	BAY	FAINT STAR LIP?				BRAND L R SIDE OF NECK					
USFR2153	132	N	TH	BAY	LIP?									
USFR2154	168	N	SN	BLACK STAR LR CORNET RR ANKLE LIP?								BRAND E37		
USFR2155	144	N	SN	BAY	FAINT STAR RR ANKLE BRAND VE413									
USFR2156	156	N	OH	CHESTNUT STAR SNIP LR SOCK RR ANKLE								SCAR ON FOREHEAD		
USFR2157	192	F	SN	BAY	STAR LR ANKLE RR ANKLE LIP?									
USFR2158	108	N	SN	BAY	FAINT STAR BRAND T9683									
USFR2159	252	N	SN	BLACK LIP? BRAND 193										
USFR2160	168	N	OH	BAY	BALD LR SOCK RF SOCK RR SOCK SCAR R EYE									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN THE HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL ADDITIONAL SUFFERING.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52074

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-21-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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.

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR2131	108	F	PAINT				BLACK WHITE BALD							
USFR2132	108	F	QH				CHESTNUT STAR STRIP SNIP LR					SOCK RR	SOCK	
USFR2133	132	F	QH				CHESTNUT STAR STRIP LR SOCK							
USFR2134	144	F	QH				CHESTNUT STAR STRIP SNIP LR					SOCK RR	SOCK	
USFR2135	168	N	SN				BLACK STAR STRIP SNIP							
USFR2136	48	N	QH				BABY STAR SNIP LF CORNET							
USFR2137	192	N	PAINT				CHESTNUT WHITE BLAZE							
USFR2138	108	F	QH				CHESTNUT STAR STRIP SNIP LR					SOCK RF	SOCK RR	SOCK
USFR2139	192	F	QH				BAY STAR STRIP SNIP LR ANKLE					RR ANKLE		
USFR2140	132	N	QH				CHESTNUT STAR							
USFR2141	192	F	SN				BAY ROAN FACE LIP?							
USFR2142	72	N	QH				BAY STAR RF CORNET							
USFR2143	180	N	SN				BAY STAR LR CORNET							
USFR2144	36	F	QH				BAY STAR LR CORNET							
USFR2145	156	F	QH				CHESTNUT STAR STRIP SNIP LF					ANKLE RR	ANKLE	
							SCARS R HOCK AND RF HOOF							
USFR2146	132	N	SN				BAY RR HEEL BRAND W5998							
USFR2147	96	N	SN				BAY STAR SNIP LR ANKLE RR ANKLE BRAND 4BV73							
USFR2148	204	N	AP				WHITE NO OTHER MARKINGS							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 21,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, , EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	2026				CHST WHT							PAINT	✓				
17		2027				BAY WHT							PAINT	✓				
18		2028						PAL		✓				✓				SCAR RIGHT REAR ANKLE
19		2029					✓			✓				✓				
20		2030					✓			✓				✓				
21		2031	✓							✓				✓				
22		2032			✓					✓				✓				
23		2033						DUN		✓				✓				
24		2034	✓							✓				✓				
25		2035					✓			✓				✓				
26		2036					✓			✓				✓				
27		2037	✓							✓				✓				SCARS RIGHT NECK + RIGHT REAR ANK
28		2038				BAY WHT							PAINT	✓				
29		2039					✓			✓				✓				
30		2040	✓							✓				✓				
31																		
32																		
33																		
34																		
35																		
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41																		
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43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
	BAUER

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER	VIANDE RICHELIEU
STREET ADDRESS	STREET ADDRESS
1849 MARION WARDIN ROAD	595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
LARUE OHIO 43332	MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.
740 499 3995	450 7882490

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	USFR	2011						ARL		X				X				
2		2012				CHESTN WHT							PINT			X		
3		2013				CHESTN WHT							PINT			X		
4		2014				BLK WHT							PINT			X		
5		2015	X							X						X		
6		2016			X					X						X		
7		2017	X							X						X		SCAR LEFT HOCK
8		2018	X						X					X			LIP-	
9		2019				BAY WHT							PINT			X		
10		2020				CHESTN WHT							PINT	X				
11		2021					X			X				X			BRAND -S	
12		2022	X						X							X	LIP-	
13		2023	X						X							X	LIP-	
14		2024					X			X				X				
15		2025					X			X				X			BRAND S	SCAR LEFT HOCK

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOU

SIG [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1452070

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR2027	60	F	PAINT BAY WHITE BALD LF SOCK LR ANKLE RF SOCK RR SOCK										
1849 MARION HARDIN RD.	USFR2028	48	F	QH PALOMINO BLAZE RR ANKLE SCAR RR ANKLE										
LA RUE, OH 43332	USFR2029	60	F	QH CHESTNUT STAR SNIP LR SOCK RR ANKLE										
	USFR2030	120	F	QH CHESTNUT BLAZE LF SOCK LR SOCK RR SOCK										
	USFR2031	240	F	QH BAY STAR STRIP SNIP RR ANKLE										
	USFR2032	144	F	QH BLACK LF ANKLE LR ANKLE RF ANKLE RR ANKLE										
	USFR2033	144	F	QH DUN STAR LR ANKLE										
	USFR2034	120	F	QH BAY FAINT STAR LF CORNET										
	USFR2035	48	F	QH CHESTNUT STAR SNIP LF SOCK RF SOCK										
	USFR2036	36	F	QH CHESTNUT STAR STRIP SNIP										
	~~USFR2036~~													
	~~USFR2037~~	~~60~~	~~F~~	~~QH BAY STAR STRIP SNIP SCARS R SIDE OF NECK RR ANKLE~~										
	~~USFR2038~~	~~120~~	~~F~~	~~PAINT BAY WHITE STAR STRIP SNIP~~										
	~~USFR2039~~	~~36~~	~~F~~	~~QH CHESTNUT NO OTHER MARKINGS~~										
	~~USFR2040~~	~~36~~	~~F~~	~~QH BAY RR ANKLE~~										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ~~ARIZONE~~ ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52070

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-14-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USFR2011	120	F	QH PALOMINO			S	STAR STRIP SNIP RR SOCK				LF	SOCK LR	ANKLE RF	SOCK
USFR2012	60	N	PAINT CHESTNUT WHITE				BLAZE RF SOCK							
USFR2013	60	N	PAINT CHESTNUT WHITE				STAR STRIP SNIP							
USFR2014	72	N	PAINT BLACK WHITE				STAR STRIP SNIP							
USFR2015	48	N	QH BAY				STAR SNIP LF SOCK LR SOCK RR SOCK							
USFR2016	144	N	QH BLACK				STAR							
USFR2017	72	N	QH BAY				STAR SNIP SCAR L HOCK							
USFR2018	48	F	TH BAY				STAR LR SOCK RF CORNET LIP?							
USFR2019	48	N	PAINT BAY WHITE				BALD							
USFR2020	120	F	PAINT CHESTNUT WHITE				STAR STRIP SNIP							
USFR2021	96	F	QH CHESTNUT				STAR BRAND -S							
USFR2022	60	N	TH BAY				LIP?							
USFR2023	48	N	TH BAY				STAR STRIP SNIP LR ANKLE RF ANKLE RR CORNET LIP?							
USFR2024	60	F	QH CHESTNUT				BALD LF SOCK RF SOCK RR SOCK							
USFR2025	120	F	QH CHESTNUT				STAR BRAND UPSIDE DOWN K OVER AND S SCAR LEFT HOCK							
USFR2026	96	F	PAINT CHESTNUT WHITE				STAR STRIP SNIP							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 14,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-33 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	1996	b										STD			b	LIP—	
17		1997			b								STD	b				
18		1998					b						STD			b		
19		1999	b										STD	b			LIP—	
20		2000	b										STD			b	BRAND TR547	
21		2001			b								STD			b		
22		2002	b										STD			b	BRAND S7412	
23		2003	b										STD			b	LIP—	
24		2004	b										STD	b				
25		2005			b								MORGAN	b				
26		2006	b										STD	b			BRAND 76 LIP—	
27		2007	b										STD			b	LIP—	SCAR RIGHT REAR ANKLE
28		2008	b							b						b	BRAND —	
29		2009			b								STD	b				
30		2010	b										STD	b			BRAND VE137	
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LaRue Ohio
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Baker
CONSIGNOR (OWNER/SHIPPER) NAME: Fred E. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu
STREET ADDRESS: 1849 Marion Hardin Road	STREET ADDRESS: 595 Rue Royale C.P. 101
CITY, STATE, ZIP CODE: LaRue Ohio 43332	CITY, STATE, ZIP CODE: Masseleville, Quebec J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1981	☒										STD			☒	BRAND 9 D058	
2		1982	☒										STD	☒			LIP-	
3		1983	☒										STD	☒			BRAND WE068	
4		1984	☒										STD	☒			BRAND 3E983	
5		1985	☒										STD			☒	BRAND WA81B	
6		1986				BAY WHT							PAINT	☒				
7		1987	☒										STD			☒	LIP- BRAND 35	
8		1988	☒										STD			☒	BRAND XL934	
9		1989	☒										STD			☒	BRAND ZG130	
10		1990	☒										STD	☒				
11		1991	☒										STD	☒			LIP-	
12		1992	☒										STD			☒	LIP-	
13		1993	☒										STD	☒			LIP-	
14		1994	☒										STD			☒	BRAND VQ344	
15		1995	☒										STD	☒				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved, OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 052073

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1999	15	6 F	SN	BAY	STAR		LR ANKLE	LIP?						
USFR2000	10	8 M	SN	BAY	STAR		STRIP	LF	SOCK	LR	SOCK		BRAND TR547	
USFR2001	12	0 M	SN	BLACK	NO		OTHER	MARKINGS						
USFR2002	13	2 M	SN	BAY	STAR		LR ANKLE	RR	ANKLE				BRAND 57412	
USFR2003	19	2 M	SN	BAY	LIP?									
USFR2004	96	F	SN	BAY	FAINT		STAR							
USFR2005	14	4 F	MN	BLACK	STAR		STRIP	SNIP	LF	SOCK	LR	SOCK	RR SOCK	
USFR2006	72	F	SN	BAY	BRAND		76	LIP?						
USFR2007	13	2 M	SN	BAY	STAR		LIP?	SCAR	RR	ANKLE				
USFR2008	84	M	OH	BAY	STAR		SNIP	LR	SOCK	RF	CORNET	RR	SOCK BRAND?	
USFR2009	16	8 F	SN	BLACK	NO		OTHER	MARKINGS						
USFR2010	14	4 F	SN	BAY	STAR		LR SOCK	RR	SOCK	BRAND	YE137			

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

APPROVED

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52073

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-14-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR1981	108	N	SN BAY		LR ANKLE		RR ANKLE			BRAND		9DOS8		
USFR1982	180	F	SN BAY		STAR		RR CORNET			LIP?				
USFR1983	156	F	SN BAY		STAR		LR SOCK			BRAND		WE068		
USFR1984	144	F	SN BAY		STAR		BRAND			3E983				
USFR1985	108	N	SN BAY		STAR		BRAND			WAU18				
USFR1986	60	F	PAINT BAY		WHITE BLAZE									
USFR1987	180	N	SN BAY		STAR		LR ANKLE			RR SOCK		LIP? BRAND 35		
USFR1988	120	N	SN BAY		STAR		BRAND			XL934				
USFR1989	156	N	SN BAY		STAR		BRAND			ZG130				
USFR1990	84	F	SN BAY		STAR		SNIP			LR SOCK		RF ANKLE		
USFR1991	108	F	SN BAY		RF ROAN		ANKLE			LIP?				
USFR1992	120	N	SN BAY		STAR		STRIP			LF SOCK		LR ANKLE RF ANKLE RR ANKLE LIP?		
USFR1993	144	F	SN BAY		LIP?									
USFR1994	120	N	SN BAY		LR HEEL		BRAND			VQ344				
USFR1995	180	F	SN BAY		LF ANKLE		RF ANKLE							
USFR1996	156	N	SN BAY		LIP?									
USFR1997	132	F	SN BLACK		STAR									
USFR1998	144	N	SN CHESTNUT		STAR		STRIP							

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 14,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 1-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	1966	b										STD	b				
17		1967	b										STD			b		SCARS ON KNEES
18		1968					b		b							b	LIP–	
19		1969	b						b							b	LIP–	
20		1970			b				b							b	LIP–	
21		1971	b							b						b		
22		1972					b			b						b		
23		1973	b							b						b		
24		1974					b		b						b		LIP–	
25		1975					b		b							b	LIP–	
26		1976	b						b							b	LIP–	
27		1977	b						b							b	LIP–	
28		1978	b						b							b	LIP–	
29		1979	b						b					b			LIP–	
30		1980	b										STD			b	BRAND RJ65P	
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
	BAUER

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER	VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION MARION ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1951					X				BELG					X		
2		1952					X				BELG			X				
3		1953			X						PERCH			X				
4		1954	X										STD			X	BRAND 18 LIP –	
5		1955	X										STD			X	LIP –	
6		1956					X						MULE			X		
7		1957	X										STD			X	BRAND SR312	
8		1958	X										STD	X			BRAND 26318	
9		1959					X				BELG			X				
10		1960					X				BELG			X				SCAR LEFT REAR LEG
11		1961					X			X				X				SCAR RIGHT REAR HOCK
12		1962					X			X				X				
13		1963					X						HAFL			X		
14		1964					X				BELG			X				
15		1965		X							PERCH			X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIA[illegible]

SIGNATURE [redacted]

I HEREBY AUTH[illegible]RMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: A52069

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.	USFR1969	48	N	TH	BAY	LR ANKLE LIP?								
1849 MARION HARDIN RD.	USFR1970	84	N	TH	BLACK	RF HEEL RR HEEL LIP?								
LA RUE, OH 43332	USFR1971	60	N	OH	BAY	STAR SNIP								
	USFR1972	72	N	OH	CHESTNUT	STAR								
	USFR1973	84	N	OH	BAY	NO OTHER MARKINGS								
	USFR1974	144	M	TH	CHESTNUT	STAR LIP?								
	USFR1975	60	N	TH	CHESTNUT	STAR STRIP LF CORNET LR SOCK RR ANKLE LIP?								
	USFR1976	84	N	TH	BAY	STAR STRIP SNIP LF CORNET LR ANKLE RF SOCK LIP?								
	USFR1977	36	N	TH	BAY	STAR LIP?								
	USFR1978	84	N	TH	BAY	LF CORNET RF HEEL RR ANKLE LIP?								
	USFR1979	48	F	TH	BAY	LR ANKLE LIP?								
	USFR1980	144	N	SN	BAY	FAINT STAR BRAND RJ653								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52069

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-14-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICOLLET INC 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

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

BAUER, FRED E.
1849 ~~MARION~~ MARION HARDIN RD
LA RUE, OH 43332

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
USFR1951	108	N	BL CHESTNUT BLAZE LR ANKLE RR ANKLE											
USFR1952	144	F	BL CHESTNUT BLAZE											
USFR1953	168	F	PE BLACK NO OTHER MARKINGS											
USFR1954	168	N	SN BAY BRAND 18 LIP?											
USFR1955	156	N	SN BAY LR ACORNET RR CORNET LIP?											
USFR1956	24	N	MULE CHESTNUT STAR											
USFR1957	144	N	SN BAY STAR BRAND SR312											
USFR1958	108	F	SN BAY BRAND Z6318											
USFR1959	108	F	BL CHESTNUT BLAZE											
USFR1960	36	F	BL CHESTNUT BLAZE SCAR LR LEG											
USFR1961	180	F	QH CHESTNUT BLAZE RR ANKLE SCAR R HOCK											
USFR1962	192	F	QH CHESTNUT STAR SNIP											
USFR1963	108	N	HAFLINGER CHESTNUT STAR STRIP SNIP											
USFR1964	132	F	BL CHESTNUT BLAZE											
USFR1965	180	F	PE GRAY NO OTHER MARKINGS											
USFR1966	96	F	SN BAY LR ANKLE RR ANKLE											
USFR1967	192	N	SN BAY STAR LR ANKLE RR ANKLE									SCARS ON	KNEES	
USFR1968	84	N	TH CHESTNUT STAR STRIP SNIP LF SOCK LR RF SOCK RR SOCK LIP?									SOCK LR	SOCK	

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 14,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	1936			✓					✓				✓				
17		1937		✓						✓						✓		
18		1938						DUN		✓				✓				LARGE RIGHT KNEE
19		1939	✓										STD			✓	LIP—	
20		1940					✓			✓						✓		
21		1941					✓			✓						✓		
22		1942				CHESTN WHT							PAINT	✓				
23		1943						RED ROAN					APP	✓				
24		1944					✓			✓				✓				
25		1945		✓						✓						✓		
26		1946					✓			✓				✓				
27		1947					✓			✓				✓				
28		1948	✓							✓				✓				
29		1949						RED ROAN					APP	✓				
30		1950	✓										STD			✓		
31																		
32																		
33																		
34																		
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36																		
37																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the ... instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1921	X						X							X	LIP—	
2		1922		X							PERCH			X				
3		1923	X										STD			X	BRAND RS177	
4		1924			X					X						X		
5		1925	X										STD			X	LIP—	
6		1926	X							X				X				
7		1927					X			X						X		
8		1928					X			X						X		SCAR RIGHT EYE
9		1929	X							X				X				
10		1930	X							X						X		
11		1931						BAY WHT					APP			X		
12		1932					X			X				X				
13		1933	X							X				X				
14		1934					X			X						X		
15		1935				BAY WHT							PAINT	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE [redacted] (b) (6)

I HEREBY A[redacted]S COMPLETED[redacted]Y USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obslete

PART 1 - INSPECTOR

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: H52971

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR1939	180	N	SN BAY	STAR LIP?										
USFR1940	72	N	QH	CHESTNUT	BLAZE LF CORNET LR SOCK RR							SOCK		
USFR1941	120	N	QH	CHESTNUT	BLAZE LR SOCK RF							CORNET RR	ANKLE	
USFR1942	84	F	PAINT	CHESTNUT WHITE BLAZE										
USFR1943	120	F	AP	RED ROAN	ROAN FACE LR CORNET									
USFR1944	132	F	QH	CHESTNUT	STAR LR SOCK RR ANKLE									
USFR1945	84	N	QH	GRAY RR SOCK										
USFR1946	72	F	QH	CHESTNUT	STAR									
USFR1947	60	F	QH	CHESTNUT	LR SOCK RR ANKLE									
USFR1948	72	F	QH	BAY	STAR									
USFR1949	84	F	AP	RED ROAN	ROAN FACE									
USFR1950	60	N	SN	BAY	STAR SNIP LR SOCK									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52071

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-14-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

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.

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR1921	84	N	TH BAY		STAR SNIP RR ANKLE LIP?									
USFR1922	180	F	PE GRAY		NO OTHER MARKINGS									
USFR1923	120	N	SN BAY		BRAND RS177									
USFR1924	108	N	OH BLACK		LR CORNET RR ANKLE									
USFR1925	180	N	SN BAY		LR ANKLE RR ANKLE LIP?									
USFR1926	36	F	OH BAY		STAR STRIP SNIP LRF CORNET RR CORNET									
USFR1927	120	N	OH CHESTNUT		STAR									
USFR1928	72	N	OH CHESTNUT		BLAZE LR SOCK RF CORNET RR SOCK SCAR R EYE									
USFR1929	60	F	OH BAY		FAINT STAR									
USFR1930	72	N	OH BAY		NO OTHER MARKINGS									
USFR1931	84	N	AP BAY		WHITE ROAN FACE									
USFR1932	84	F	OH CHESTNUT		STAR STRIP LR ANKLE RF ANKLE RR SOCK									
USFR1933	120	F	OH BAY		STAR SNIP									
USFR1934	132	N	OH CHESTNUT		STAR STRIP LF ANKLE LR SOCK RR SOCK									
USFR1935	72	F	PAINT BAY		WHITE STAR LF SOCK LR SOCK RF SOCK RR SOCK									
USFR1936	120	F	OH BLACK		STAR									
USFR1937	108	N	OH GRAY		NO OTHER MARKINGS									
USFR1938	240	F	OH DUN		STAR LARGE R KNEE									

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: JUN 14,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	1876					✓			✓						✓		
17		1877						DUN		✓						✓		SCAR LEFT REAR LEG
18		1878					✓			✓						✓		
19		1879					✓			✓						✓		
20		1880						DUN		✓						✓		
21		1881						DUN		✓				✓				
22		1882				BAY WHT							PAINT	✓			BRAND C 2 X	
23		1883					✓			✓				✓				SCAR LEFT KNEE
24		1884	✓							✓				✓				
25		1885					✓			✓				✓				BLIND LEFT EYE
26		1886				BAY WHT							PAINT	✓				
27		1887					✓			✓						✓		
28		1888					✓		✓							✓	LIP—	
29		1889					✓		✓							✓	LIP—	
30		1890					✓			✓						✓		
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LAKE ONIO

VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
	BAUER

CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER	VIANDE RICHELIEU
STREET ADDRESS	STREET ADDRESS
1849 MARION HARDIN ROAD	595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
LAKE ONIO 43332	MASSELIEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.
740 499 3993	4507882490

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	USFR	1861					✓			✓				✓				
2		1862					✓			✓						✓		
3		1863	✓							✓				✓			BRAND TC	
4		1864	✓							✓				✓			BRAND EE	
5		1865	✓							✓				✓				SCAR LEFT HIP
6		1866				BR WHT							PAINT			✓		
7		1867				BLK WHT							PAINT			✓		
8		1868			✓					✓				✓				
9		1869			✓					✓				✓				
10		1870						RED ROAN					APP	✓			BRAND CK	
11		1871				CHSTN WHT							PAINT	✓				
12		1872	✓							✓						✓		
13		1873						RED ROAN		✓				✓				SCAR LEFT EYE
14		1874					✓			✓				✓				
15		1875					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 5 2 0 6 1

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
USFR1880	96	N	QH		dun,blaze,LR,RR sock,RF							cornet and white knee		
USFR1881	132	F	QH		dun,star,snip									
USFR1882	192	F	PAINT		bay/white,blaze,brand C over O over X									
USFR1883	60	F	QH		chestnut,blaze,sock all 4,scar L knee									
USFR1884	120	F	QH		bay,star,LR cornet									
USFR1885	144	F	QH		chestnut,star,strip,snip,blind L eye									
USFR1886	240	F	PAINT		bay/white,blaze									
USFR1887	60	N	QH		chestnut,blaze,LR sock									
USFR1888	120	N	TH		chestnut,star,strip,snip,LR ankle,UNRD tip									
USFR1889	36	N	TH		chestnut,star,strip,snip,LR sock,UNRD tip									
USFR1890	144	N	QH		chestnut,star,strip,snip,RR sock									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERIARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DATE OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52061

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-10-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean — 2

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE IRCHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR1861	60	F	QH		chestnut,star,strip,snip,LF ankle,LR sock									
USFR1862	120	N	QH		chestnut,star,LR,RF sock									
USFR1863	132	F	QH		bay,star,brand line over L overC									
USFR1864	156	F	QH		bay,star,LR ankle,brand EE									
USFR1865	60	F	QH		bay,faint star,scar L hip									
USFR1866	48	N	PAINT		black/white,bald,sock all 4 legs									
USFR1867	96	N	PAINT		black/white,star,strip,snip,sock all 4 legs									
USFR1868	240	F	QH		black,LR cornet									
USFR1869	240	F	QH		black,LR cornet									
USFR1870	144	F	AP		red roan,star,strip,snip,brand C hooked to top of K									
USFR1871	132	F	PAINT		chestnut/white,blaze									
USFR1872	120	N	QH		bay,star,LF cornet									
USFR1873	96	F	QH		red roan,star,strip,snip,scar L eye									
USFR1874	60	F	QH		chestnut,blaze,LF,LR,RR sock,RF ankle									
USFR1875	144	F	QH		chestnut,blaze,LR sock									
USFR1876	60	N	QH		chestnut,star,strip,RF ankle									
USFR1877	72	N	QH		dun,scar LR leg									
USFR1878	120	N	QH		chestnut,star,strip,snip,RR sock									
USFR1879	120	N	QH		chestnut,star,strip,snip,LF ankle,LR,RR cornet									

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: JUN 10, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

VS FORM 17-140 (MAR. 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	1906		✓						✓				✓				
17		1907	✓							✓						✓		
18		1908					✓		✓					✓			LIP—	SCAR RIGHT REAR LEG
19		1909			✓								TWH			✓		
20		1910	✓							✓						✓		
21		1911						CHEST WHT					APP	✓				
22		1912					✓			✓				✓				
23		1913	✓							✓				✓				
24		1914					✓			✓						✓		
25		1915						RED ROAN		✓						✓		
26		1916						CHEST WHT					APP			✓		
27		1917						RED ROAN		✓				✓				
28		1918						CHEST WHT					APP	✓				
29		1919					✓			✓				✓				
30		1920	✓							✓				✓				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

...number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1891	✓						✓					✓			LIP	
2		1892	✓							✓				✓				
3		1893					✓			✓						✓		
4		1894					✓			✓				✓				
5		1895	✓						✓					✓			LIP	
6		1896	✓						✓					✓			LIP	
7		1897	✓						✓					✓			LIP	
8		1898						PAL		✓						✓		BLIND RIGHT EYE
9		1899	✓						✓					✓			LIP	
10		1900	✓						✓							✓		
11		1901	✓						✓					✓				
12		1902	✓							✓				✓				
13		1903	✓							✓				✓				
14		1904	✓						✓					✓				
15		1905						PAL		✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140
[illegible]

3. PAGE NO.
2

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.	USFR1909	120	N	TH	black									
1849 MARION HARDIN RD.	USFR1910	60	N	QH	bay,star,strip,snip,LR coronet									
LA RUE, OH 43332	USFR1911	96	F	AP	chestnut/white,star,strip									
	USFR1912	144	F	QH	chestnut									
	USFR1913	120	F	QH	bay,star									
	USFR1914	132	N	QH	chestnut,star,strip,									
	USFR1915	108	N	QH	red roan									
	USFR1916	120	N	AP	chestnut/white,blaze									
	USFR1917	108	F	QH	red roan,RF ankle									
	USFR1918	132	F	AP	chestnut/white,blaze									
	USFR1919	120	F	QH	chestnut,star									
	USFR1920	120	F	QH	bay,LR ankle									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO AND ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

APPROVED

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
BAUER, FRED E.	H 52063	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
6-10-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean 2	OHIO	39	43332

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USFR1891	84	F	TH	bay,star,UNRD lip									
	USFR1892	72	F	QH	bay,star,LR ankle,RF,RR cornet									
	USFR1893	144	N	QH	chestnut,star,strip,snip,LR sock,RF ankle									
	USFR1894	84	F	QH	chestnut,									
	USFR1895	120	F	TH	bay,star,LR ankle,UNRD lip									
	USFR1896	108	F	TH	bay,star,RF cornet,RR sock,UNRD lip									
	USFR1897	144	F	TH	bay,star,strip,snip,LF ankle,LR cornet,RR sock, UNRD lip									
	USFR1898	180	N	QH	palomino,star,strip,snip,blind R eye									
	USFR1899	108	F	TH	bay,star,UNRD lip									
	USFR1900	36	N	TH	bay,faint star,LR,RR sock									
	USFR1901	72	F	TH	bay,LR ankle,RF,RR cornet									
	USFR1902	120	F	QH	bay,star,snip,LR cornet									
	USFR1903	108	F	QH	bay,star,LF,RR cornet									
	USFR1904	120	F	TH	bay,star,LR,RF ankle									
	USFR1905	72	N	QH	palomino,star,strip,snip,RF ankle,LR,RR sock									
	USFR1906	60	F	QH	gray									
	USFR1907	48	N	QH	bay,star									
	USFR1908	48	F	TH	chestnut,star,LR,RF cornet,RR sock,UNRD lip,scarRR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
JUN 10, 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30

23. Signature of endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	1846				QUN WHT							PAINT			✓		
17		1847	✓								CLYDE					✓		
18		1848					✓			✓				✓				
19		1849			✓					✓				✓				
20		1850	✓										STD			✓		
21		1851					✓				BEL6			✓				
22		1852				CHSTD WHT							PAINT	✓				
23		1853	✓							✓						✓		
24		1854				BAY WHT							PAINT	✓				
25		1855	✓							✓						✓		
26		1856	✓										STD			✓		
27		1857					✓				BEL6			✓				
28		1858		✓						✓						✓		
29		1859					✓			✓						✓		
30		1860	✓						✓						✓			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION NARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1831				CHESTN WHT							PAINT	X				
2		1832			X								TWH	X				
3		1833	X						X					X			LIP—	
4		1834					X			X				X				
5		1835					X			X				X				
6		1836			X								TWH	X				
7		1837				BAY WHT							PAINT			X		
8		1838			X						PERCH					X		
9		1839				CHESTN WHT							PAINT	X				
10		1840						RED ROAN					APP	X			BRAND LM	
11		1841	X							X				X				
12		1842			X					X				X				
13		1843					X			X				X				SCAR LEFT FRONT ANKLE
14		1844						BLUE ROAN	X					X			LIP—	
15		1845					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUT[redacted]RMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 0532066

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR1849	156	F	OH	BLACK STAR SNIP RF HEEL									
1849 MARION HARDIN RD.	USFR1850	180	N	SN	BAY FAINT STAR									
LA RUE, OH 43332	USFR1851	192	F	BL	CHESTNUT STAR STRIP SNIP									
	USFR1852	60	F	PAINT	CHESTNUT WHITE BALD									
	USFR1853	72	N	OH	BAY STAR									
	USFR1854	84	F	PAINT	BAY WHITE STAR SNIP									
	USFR1855	72	N	OH	BAY STAR STRIP SNIP LR SOCK RR SOCK									
	USFR1856	60	N	SN	BAY STAR									
	USFR1857	120	F	BL	CHESTNUT BLAZE LR ANKLE RR SOCK									
	USFR1858	72	N	OH	GRAY NO OTHER MARKINGS									
	USFR1859	144	N	OH	CHESTNUT STAR STRIP SNIP RR SOCK									
	USFR1860	36	M	TH	BAY STAR									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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; THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH. 3. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 4. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 5. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF TEXAS, NEW MEXICO OR ARIZONA. 6. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52066

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-10-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1831	120	F	PAINT CHESTNUT WHITE BLAZE LR									ANKLE		
USFR1832	144	F	MTW BLACK NO OTHER MARKINGS											
USFR1833	132	F	TH BAY STAR LR ANKLE RR ANKLE									LIP?		
USFR1834	156	F	OH CHESTNUT SMALL STAR RR CORNET											
USFR1835	144	F	OH CHESTNUT STAR STRIP SNIP LR SOCK RF									SOCK		
USFR1836	144	F	TW BLACK BLAZE LR SOCK RR SOCK											
USFR1837	120	N	PAINT BAY WHITE BALD											
USFR1838	180	N	PE BLACK STAR SNIP LR CORNET											
USFR1839	108	F	PAINT CHESTNUT WHITE STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK											
USFR1840	84	F	AP RED ROAN STAR LF CORNET LR CORNET BRAND LM											
USFR1841	60	F	OH BAY RR ANKLE											
USFR1842	120	F	OH BLACK LR CORNET											
USFR1843	72	F	OH CHESTNUT STAR STRIP SNIP SCAR LF ANKLE											
USFR1844	48	F	TH BLUE ROAN STAR STRIP SNIP RF ANKLE LIP?											
USFR1845	132	F	OH CHESTNUT STAR STRIP SNIP LR CORNET											
USFR1846	120	N	PAINT DUN WHITE STAR STRIP SNIP											
USFR1847	180	N	CL BAY BLAZE LF SOCK LR SOCK RF SOCK RR SOCK											
USFR1848	144	F	OH CHESTNUT STAR											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 10,2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR.98) Previous edition may be used.

PART 4 - FIELD STATION

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	USFR	1036					✓			✓				✓				
17		1037					✓			✓						✓		
18		1038	✓							✓				✓				
19		1039	✓						✓						✓		LIP—	
20		1040					✓		✓					✓			LIP—	
21		1041					✓		✓					✓			LIP—	
22		1042			✓				✓							✓	LIP—	
23		1043	✓							✓				✓				
24		1044	✓							✓				✓				SCAR RIGHT FRONT LEG
25		1045					✓			✓						✓		
26		1046						SOR WHT					APP			✓		
27		1047					✓			✓						✓		
28		1048			✓				✓							✓	LIP—	
29		1049					✓						SB			✓		
30		1050				GRAY WHT							PAINT	✓				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	
NAME OF AUCTION/MARKET: BAUER	
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEN
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 525 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1021	✓						✓					✓			LIP—	
2		1022				SOR WHT							PAINT	✓				
3		1023	✓						✓							✓	LIP—	
4		1024						BLUE ROAN		✓				✓				BLIND RIGHT EYE
5		1025	✓							✓				✓				
6		1026	✓						✓					✓			LIP—	
7		1027	✓							✓				✓				
8		1028					✓				BEL6					✓		
9		1029					✓		✓					✓			LIP—	
10		1030					✓			✓				✓				
11		1031	✓										STD	✓			LIP—	
12		1032					✓			✓				✓				BLIND RIGHT EYE
13		1033					✓		✓							✓	LIP—	
14		1034	✓							✓				✓			BRAND—	
15		1035					✓						SB			✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b) (6)

I HEREBY AUTHO[redacted]RMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: D104230

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1039	48	M	TH		bay, UNRD lip									
USFR1040	84	F	TH		sorrel, star, LF cornet, LR ankle, RR sock, UNRD lip									
USFR1041	60	F	TH		sorrel, blaze, LR, RR sock, UNRD lip									
USFR1042	96	M	TH		black, LR ankle, RR cornet, UNRD lip									
USFR1043	144	F	QH		bay, star, strip, snip, LR ankle, RR cornet,									
USFR1044	108	F	QH		bay, blaze, RR sock, scar RF leg									
USFR1045	120	M	QH		sorrel, star, strip, snip, LR sock, RF, RR ankle									
USFR1046	60	M	AP		sorrel/white, star, strip, snip, LF, LR, RR ankle									
USFR1047	72	M	QH		sorrel, star, LF cornet									
USFR1048	120	M	TH		black, star, strip, snip, UNRD lip									
USFR1049	96	M	SN		sorrel, star, LR sock									
USFR1050	48	F	PAINT		gray/white, star, strip, snip									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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 US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN ANY STATE OF MISSOURI OR NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED DURING THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	D104230	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE
05-06-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2	OHIO	39	43332

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check 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 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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USFR1021	108	F	TH	bay, UNRD lip										
USFR1022	120	F	PAINT	sorrel/white,star,snip										
USFR1023	96	N	TH	bay,star,strip,UNRD lip										
USFR1024	120	F	OH	blue roan,star,snip,blind R eye										
USFR1025	48	F	OH	bay,										
USFR1026	60	F	TH	bay,snip UNRD lip										
USFR1027	96	F	OH	bay,star										
USFR1028	120	N	BL	sorrel,star,strip,snip										
USFR1029	84	F	TH	sorrel,star,LF,RF ankle, UNRD lip										
USFR1030	96	F	OH	sorrel,star,strip,snip,LR white spot on hock										
USFR1031	180	F	SN	bay,star,UNRD lip										
USFR1032	180	F	OH	sorrel,blaze,RR sock, blind R eye										
USFR1033	84	N	TH	sorrel,blaze,LR,RF,RR sock,UNRD lip										
USFR1034	144	F	OH	bay,star,strip,snip,LR,RR ankle,UNRD brand										
USFR1035	120	N	SN	sorrel,star,snip,LR,RR sock										
USFR1036	144	F	OH	sorrel,star										
USFR1037	144	N	OH	sorrel,blaze,LR,RR sock										
USFR1038	240	F	OH	bay,star										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
MAY. 06, 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	30 *(Include No. from all attached VS Forms 17-140A)*

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A HOUGH, DVM	

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

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	USFR	1066	✓						✓							✓	LIP	
17		1067	✓							✓				✓				
18		1068					✓			✓				✓				
19		1069					✓			✓				✓				WHITE SPOT ON LEFT NECK
20		1070					✓			✓				✓				
21		1071	✓							✓				✓				
22		1072					✓			✓				✓				
23		1073	✓							✓				✓				
24		1074					✓			✓				✓				
25		1075					✓			✓						✓		
26		1076	✓							✓						✓		
27		1077				SOR WHT							PRINT		✓			
28		1078	✓										ARAB			✓		
29		1079					✓						ARAB	✓				
30		1080					✓			✓				✓				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LAKE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.107
CITY, STATE, ZIP CODE: LAKE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7409993995	AREA CODE & TELEPHONE NO.: 4507882490

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	USFR	1051	✓							✓				✓				
2		1052					✓			✓				✓				
3		1053	✓							✓				✓				SCAR LEFT REAR Hoof
4		1054						SOR WHT					ADP	✓				
5		1055					✓			✓				✓				
6		1056			✓					✓						✓		
7		1057			✓					✓						✓		
8		1058	✓							✓						✓	BRAND —	
9		1059						GRULLA		✓						✓		
10		1060				BLK WHT							PAINT			✓		WART ON LEFT EAR
11		1061				BAY WHT							PAINT	✓				
12		1062					✓			✓				✓				
13		1063						RED ROAN					ADP	✓				
14		1064					✓		✓					✓			LIP —	
15		1065	✓						✓					✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b) (6)

I HEREBY AU[redacted]MATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 0104234

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN Owner's name *(Last name, two initials, & business name)* Owner's street address Owner's city/town, state code & zip code	18. INDIVIDUAL IDENTIFICATION ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR1069	144	F	OH		sorrel,white spot on L neck									
1849 MARION HARDIN RD.	USFR1070	120	F	OH		sorrel,LR sock,RR ankle									
LA RUE, OH 43332	USFR1071	36	F	OH		bay,star,snip,LR ankle									
	USFR1072	108	F	OH		sorrel,star									
	USFR1073	48	F	OH		bay									
	USFR1074	120	F	OH		sorrel,star,RR sock									
	USFR1075	108	N	OH		sorrel,star,strip									
	USFR1076	108	N	OH		bay									
	USFR1077	144	M	PAINT		sorrel/white,star,strip,snip									
	USFR1078	144	N	AB		bay,star,strip,snip,sock all 4 legs									
	USFR1079	240	F	AB		sorrel,star,strip,snip									
	USFR1080	120	F	OH		sorrel,blaze,LR,RR sock									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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 US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI OR NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	D104234	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE
05-06-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS (1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean)
☐		2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check 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 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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USFR1051	60	F	QH	bay,star,LR corn	et									
USFR1052	72	F	QH	sorrel										
USFR1053	72	F	QH	bay,star,scar			LR hoof							
USFR1054	48	F	AP	sorrel/white,star,strip,snip,LR sock										
USFR1055	60	F	QH	sorrel,faint star										
USFR1056	120	N	QH	black,star										
USFR1057	108	N	QH	black										
USFR1058	120	N	QH	bay,star,LR,RR	sock,UNRD		brand							
USFR1059	144	N	QH	grulla,star,snip,LR,RR	sock									
USFR1060	120	N	PAINT	black/white,star,strip,snip,wart								L ear		
USFR1061	84	F	PAINT	bay/white,star,strip,snip,sock all 4 legs										
USFR1062	72	F	QH	sorrel,blaze,sock all 4 legs										
USFR1063	72	F	AP	red roan,bald,sock all 4 legs										
USFR1064	60	F	TH	sorrel,star,LF,LR	sock, UNRD lip									
USFR1065	48	F	TH	bay										
USFR1066	84	N	TH	bay,star,snip,RR	sock,UNRD lip									
USFR1067	120	F	QH	bay,										
USFR1068	84	F	QH	sorrel,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	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
MAY. 06, 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	*(Include No. from all attached VS Forms 17-140A)* 30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A HOUGH, DVM	

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

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	USFR	0976					✓		✓							✓	LIP—	
17		0977	✓							✓				✓				
18		0978					✓				BELG			✓				SCAR RIGHT HOCK
19		0979					✓				BELG			✓				
20		0980					✓			✓				✓				
21		0981			✓						PERCH			✓				
22		0982	✓										STD			✓	LIP—	SCAR RIGHT REAR LEG
23		0983	✓										STD			✓	LIP—	
24		0984					✓				BELG			✓				
25		0985					✓				BELG			✓				
26		0986					✓			✓				✓				
27		0987			✓								STD	✓			BRAND—	
28		0988			✓								STD			✓	LIP— BRAND—	
29		0989	✓						✓						✓		LIP—	
30		0990					✓			✓				✓				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	0961	X										STO			X		
2		0962	X							X				X				BLIND RIGHT EYE
3		0963					X			X				X				
4		0964					X			X				X				
5		0965					X			X				X				
6		0966				DUN WHT							PAINT			X		
7		0967						PAL		X				X				
8		0968						PAL		X						X		
9		0969				BAY WHT							PAINT	X				
10		0970					X		X							X	CLIP	
11		0971	X						X							X	CLIP	
12		0972	X						X					X			CLIP	
13		0973	X						X					X			CLIP	
14		0974	X						X							X		SCAR RIGHT REAR ANKLE
15		0975	X						X					X			CLIP	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: Fred E Bauer

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 021

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR0976	72	N	TH	SORREL	STAR LF			CORNET LR ANKLE RR ANKLE LIP?						
USFR0977	120	F	QH	BAY	STAR STRIP			LR CORNET RR ANKLE						
USFR0978	60	F	BL	SORREL	STAR STRIP			SNIP SCAR R HOCK						
USFR0979	144	F	BL	SORREL	BLAZE LR SOCK									
USFR0980	72	F	QH	SORREL	BLAZE LR CORNET									
USFR0981	180	F	PE	BLACK	NO OTHER MARKINGS									
USFR0982	180	N	SN	BAY	STAR LIP?			SCAR RR LEG						
USFR0983	120	N	SN	BAY	LIP?									
USFR0984	180	F	BL	SORREL	BLAZE RR SOCK									
USFR0985	240	F	BL	SORREL	BLAZE LR SOCK									
USFR0986	144	F	QH	SORREL	STAR									
USFR0987	120	F	SN	BLACK	LR SOCK RR ANKLE BRAND?									
USFR0988	180	N	SN	BLACK	LIP? BRAND?									
USFR0989	72	N	TH	BAY	STAR LIP?									
USFR0990	180	F	QH	SORREL	BLAZE									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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 US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI (FAH) OR NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*	2. CERTIFICATE NO.	3. PAGE NO.
~~BUAER~~, FRED E. BAUER,	D104231	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
5-3-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2	OHIO	39	43332

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check 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 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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USFR0961	84	M	SN BAY		NO OTHER MARKINGS									
USFR0962	240	F	OH BAY		STAR SNIP LF SOCK LR SOCK RF ANKLE RR SOCK									
			BLIND R EYE											
USFR0963	120	F	OH SORREL		STAR STRIP SNIP									
USFR0964	48	F	OH SORREL		STAR LF ANKLE LR SOCK									
USFR0965	180	F	OH SORREL PAINT		STAR LR ANKLE RR ANKLE									
USFR0966	144	N	PAINT DUN WHITE		STAR STRIP LF SOCK LR SOCK									
			RF ANKLE RR SOCK											
USFR0967	60	F	QR PALOMINO		ROAN STAR LR SOCK RR CORNET									
USFR0968	120	N	QH PALOMINO		BLAZE LF SOCK LR SOCK RF CORNET RR SOCK									
USFR0969	144	F	PAINT BAY WHITE		BLAZE LF SOCK LR SOCK RF SOCK									
			RR SOCK											
USFR0970	84	N	TH SORREL		BLAZE LR SOCK RF SOCK RR SOCK LIP?									
USFR0971	60	N	TH BAY		LF CORNET RR CORNET LIP?									
USFR0972	84	F	TH BAY		STAR LIP?									
USFR0973	120	F	TH BAY		STAR STRIP RR CORNET LIP?									
USFR0974	48	N	TH BAY		FAINT STAR SOAR RR ANKLE									
USFR0975	60	F	TH BAY		STAR SNIP LR CORNET LIP?									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
MAY 3 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	*(Include No. from all attached VS Forms 17-140A)* 30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
	KELLIE A. MOUGH, DVM VETERINARY MEDICAL OFFICER	

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

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	USFR	0916						WHITE					APP			✓		
17		0917					✓			✓				✓				
18		0918					✓			✓				✓				
19		0919					✓						STD	✓			LIP—	
20		0920	✓										STD			✓		BLIND RIGHT EYE
21		0921					✓			✓				✓				
22		0922	✓							✓						✓		
23		0923				BAY WHT							PAINT	✓				
24		0924	✓						✓							✓	LIP—	
25		0925			✓								STD			✓	LIP—	
26		0926						DUN		✓						✓		
27		0927	✓										STD			✓	LIP—	
28		0928	✓										STD	✓			BRAND—	
29		0929						RED ROAN					APP	✓				
30		0930					✓		✓					✓			LIP—	
31																		
32																		
33																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 4993995	AREA CODE & TELEPHONE NO.: 4507882490

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	USFR	0901					☑						HAFL			☑		
2		0902				SOR WHT							PAINT	☑				
3		0903			☑					☑				☑				
4		0904			☑					☑				☑				SCAR LEFT FRONT HOOF
5		0905						WHT		☑				☑				
6		0906					☑			☑						☑		
7		0907					☑			☑						☑		
8		0908						RED ROAN					APP	☑				SCAR LEFT REAR LEG
9		0909					☑			☑				☑				
10		0910	☑						☑					☑			LIP—	
11		0911			☑					☑						☑		
12		0912						RED ROAN					APP	☑				
13		0913					☑			☑				☑				
14		0914			SOR WHT								PAINT			☑		
15		0915			SOR WHT								PAINT	☑				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 04225

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR0918	108	F	QH	SOR	REL		STAR STRIP		SNIP					
USFR0919	180	F	SN	SOR	REL		STAR LR		SOCK	RR	SOCK LIP?			
USFR0920	120	N	SN	BAY	STAR		BLIND	R	EYE					
USFR0921	192	F	QH	SOR	REL		BLAZE LR ANKLE			RR	SOCK			
USFR0922	240	N	QH	BAY	STAR		LR CORNET		RR	CORNET				
USFR0923	60	F	PAINT	BAY	WHITE		BLAZE							
USFR0924	108	N	TH	BAY	STAR		SNIP	LR	SOCK	RR	SOCK LIP?			
USFR0925	144	N	SN	BLACK	STAR		LR ANKLE		RR	ROAN ANKLE	LIP?			
USFR0926	84	N	QH	DUN	STAR		RR CORNET							
USFR0927	192	N	SN	BAY	FAINT		STAR	LR	HEEL	RR	SOCK LIP?			
USFR0928	108	F	SN	BAY	STAR		RR ANKLE		BRAND?					
USFR0929	60	F	AP	RED	ROAN		BLAZE	RR	CORNET					
USFR0930	60	F	TH	SOR	REL		STAR STRIP		SNIP	LIP?				

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI OR NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

Approved — Accredited Veterinarian in Charge — Dept. of Agriculture

Lloyd, DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	0871		✓					✓							✓	LIP—	
2		0872	✓						✓							✓	LIP—	
3		0873	✓						✓					✓			LIP—	
4		0874	✓						✓							✓	LIP—	
5		0875	✓						✓							✓	LIP—	
6		0876	✓						✓							✓	LIP—	
7		0877			✓				✓						✓		LIP—	
8		0878	✓						✓							✓	LIP—	
9		0879	✓						✓							✓	LIP—	
10		0880			✓				✓							✓	LIP—	
11		0881					✓		✓					✓			LIP—	
12		0882					✓		✓					✓			LIP—	
13		0883	✓										STG			✓	BRAND—	
14		0884	✓							✓				✓				
15		0885	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	0886	✓							✓				✓				
17		0887					✓			✓				✓				
18		0888					✓			✓				✓				
19		0889	✓							✓				✓				SCAR LCFT REAR LEG
20		0890						DUN		✓						✓		
21		0891					✓		✓							✓	LIP —	
22		0892						RED ROAN					APP	✓				
23		0893						BLK WHT					APP			✓		
24		0894				SOR WHT							PAINT			✓		
25		0895					✓				BLG			✓				
26		0896					✓			✓				✓				
27		0897	✓										STD	✓			BRAND V1978	
28		0898	✓										STD	✓			BRAND 2AJ42	
29		0899	✓										STD	✓			BRAND —	
30		0900	✓										STD			✓	BRAND —	
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004---616-624/99768

VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This Document does not replace Certificate of Inspection of Export Animals, VS Form 17-37).

BAUER, FRED E.

D104242

1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE
5-20-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean **2**

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check 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 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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1381	72	F	QH		sorrel,star,strip,snip,LF,LR,RR sock									
USFR1382	120	N	QH		sorrel,star,strip,snip,LR,RR sock									
USFR1383	48	N	QH		sorrel,faint star									
USFR1384	120	N	QH		dun,LR sock,brand IL-									
USFR1385	144	N	QH		red roan,star,LR sock									
USFR1386	72	N	QH		sorrel,star,strip,snip,LR ankle,RF,RR sock									
USFR1387	48	N	QH		gray,RR sock									
USFR1388	108	F	QH		sorrel,star,LR,RR sock,brand sun half risen,									
					scar R knee									
USFR1389	72	F	QH		bay,star,scar R rump									
USFR1390	132	F	PAINT		sorrel/white,bald									
USFR1391	144	F	PAINT		black/white,bald									
USFR1392	96	F	QH		sorrel,star,strip,snip,LF,RR sock,LR ankle									
USFR1393	240	F	QH		black									
USFR1394	72	F	PAINT		dun/white,blaze,LR,RR sock									
USFR1395	84	F	QH		bay,star,strip,snip,RR sock,no L eye									
USFR1396	72	F	QH		bay,star,strip,snip									
USFR1397	132	F	QH		sorrel,white spot near R ear									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
MAY 20 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	*(Include No. from all attached VS Forms 17-140A)* 30

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A. HOUGH, DVM	

VS FORM 17-140 (OCT 91) Previous editions may be used.

HELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 0104242

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR1398	108	F	TH		sorrel,star,strip,UNRD							11p		
USFR1399	108	F	QH		sorrel,star,RF ankle									
USFR1400	120	F	QH		bay,star,LF,LR,RR ankle,brand 96									
USFR1401	144	F	QH		bay,star,snip,LR cornet,brand 371									
USFR1402	84	F	QH		sorrel,star,snip,brand 561									
USFR1403	120	F	QH		dun,brand 68									
USFR1404	60	F	QH		sorrel,blaze,LF,RR sock,LR cornet,brand 35									
USFR1405	36	F	QH		palomino,RR cornet,brand diamond over hill									
USFR1406	120	F	AP		blue roan,star,snip,brand 519									
USFR1407	108	F	QH		bay,star									
USFR1408	120	F	QH		sorrel,blaze,LR,RR sock									
USFR1409	60	F	QH		sorrel,star,strip,snip,LF,LR sock,scar on forehead									
USFR1410	72	F	QH		bay,LF heel,LF,RR ankle									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT [illegible] ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1869 MARION NARODN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OH 43332	CITY, STATE, ZIP CODE: MASSELIEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1381					6			6				6				
2		1382					6			6						6		
3		1383					6			6						6		
4		1384						DUN		6						6	BRAND 12	
5		1385						RED ROAN		6						6		
6		1386					6			6						6		
7		1387		6						6						6		
8		1388					6			6				6			BRAND 12	SCAR RIGHT KNEE
9		1389	6							6				6				SCAR RIGHT RUMP
10		1390				FOR WHT							PAINT	6				
11		1391				BLK WHT							PAINT	6				
12		1392					6			6				6				
13		1393			6					6				6				
14		1394				DUN WHT							PAINT	6				
15		1395	6							6				6				NO LEFT EYE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This Document does not replace Certificate of Inspection of Export Animals, VS Form 17-37).

BAUER, FRED E.

D104241

1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE
5-20-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 2 - Truck 3 - Air 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. (DV) 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check 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 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) ✓ E

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

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 DATE M	DISEASE DATE N	DISEASE DATE O
BAUER, FRED E.												TYPE TEST	TYPE TEST	TYPE TEST
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1411	60	F	SH		black,star,large R knee									
USFR1412	120	F	QH		sorrel,strip,snip									
USFR1413	132	M	SH		black,star,RR ankle,brand XZ092									
USFR1414	144	F	SH		bay,LR ankle									
USFR1415	144	M	SH		black,faint star,brand T4947									
USFR1416	120	M	SH		black,star,brand TS053									
USFR1417	144	F	SH		bay,brand 2024									
USFR1418	84	F	SH		black,brand W3767									
USFR1419	240	F	SH		bay									
USFR1420	84	F	QH		bay,star,snip,LR ankle									
USFR1421	144	F	QH		dun,star,RF fornet									
USFR1422	132	F	QH		sorrel,star,strip,snip									
USFR1423	144	F	PAINT		sorrel/white,star,strip,snip									
USFR1424	120	M	PAINT		bay/white,star,strip,snip									
USFR1425	84	M	QH		black,star,strip,snip,LR,RR ankle									
USFR1426	72	F	AP		dun,star									
USFR1427	60	F	AP		red roan,roan face									
USFR1428	48	M	SH		black,UNAD brand									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
MAY 20 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	30 *(Include No. from all attached VS Forms 17-140A)*

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)* KELLIE A. HOUGH, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
ESS 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

SES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO

ICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: BAUER

OR (OWNER/SHIPPER) NAME: FRED E. BAUER

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

ADDRESS: 1849 MARION WARDIN ROAD

STREET ADDRESS: 595 RUE ROYALE C.P.101

ATE, ZIP CODE: LARUE ONIO 43332

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G1K0

ODE & TELEPHONE NO.: 740 499 3995

AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
SFR	1411			✓								STD	✓				LARGE RIGHT KNEE
	1412					✓			✓				✓				
	1413			✓								STD			✓	BRAND X2082	
	1414	✓										STD	✓				
	1415			✓								STD			✓	BRAND T4947	
	1416			✓								STD			✓	BRAND T5863	
	1417	✓										STD	✓			BRAND 2012Y	
	1418			✓								STD	✓			BRAND W8767	
	1419	✓										STD	✓				
	1420	✓							✓				✓				
	1421						OLN		✓				✓				
	1422					✓			✓				✓				
	1423				SOR WHT							PAINT	✓				
	1424				BAY WHT							PAINT			✓		
	1425			✓					✓						✓		

ES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE
S IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

TURE (b) (6)

EBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS LETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN 0 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

TURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to st of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	D104240	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE
5-13-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RECYCLEE INC 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check one - use VS form 17-6 for Poultry)*
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING
48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines 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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USFR1261	96	F	PAINT		black/white,star									
USFR1262	120	F	PAINT		sorrel/white,									
USFR1263	144	N	OH		bay,scar R jaw									
USFR1264	60	F	OH		dun,star,LF,LR cornet									
USFR1265	72	F	OH		dun,star,strip,snip									
USFR1266	120	F	AP		red roan									
USFR1267	72	N	OH		sorrel,star,strip,LR sock									
USFR1268	96	N	TH		bay,star,snip,UNRD tip									
USFR1269	120	F	PAINT		bay/white,bald									
USFR1270	132	F	OH		sorrel,star,strip,snip,LR ankle,RF,RR sock									
USFR1271	120	F	OH		black,star									
USFR1272	72	F	PAINT		sorrel/white,bald									
USFR1273	36	N	AP		white									
USFR1274	84	N	TH		bay,star,snip,LF,RF ankle,LR cornet,RR sock, UNRD tip									
USFR1275	120	F	PAINT		black/white,blaze,LR,RR sock									
USFR1276	144	F	OH		black,star,strip,snip,LR,RR sock									
USFR1277	180	F	OH		sorrel,star,strip,LR sock									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
MAY. 13, 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	*(Include No. from all attached VS Forms 17-140A)* 30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
	NANCY L. HANAWAY, DVM	

VS FORM 17-140 (OCT 91) Previous editions may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140
[illegible]

3. PAGE NO.
2

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code
BAUER, FRED E.
1649 MARION HARDIN RD.
LA RUE, OH 43332

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	DISEASE TYPE TEST 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
USFR1278	96	M	QH		sorrel,star,strip,snip,RR sock									
USFR1279	120	M	SH		bay,faint star,LR heel,RR corner									
USFR1280	132	M	SH		bay,faint star,LF corner,brand TR925									
USFR1281	108	M	SH		bay,faint star,									
USFR1282	48	M	TH		bay,star,RR ankle,UNRD tip,no L eye									
USFR1283	108	M	QH		dun,star,strip,snip									
USFR1284	240	F	QH		sorrel,star,strip,snip,LF,LR sock									
USFR1285	144	F	QH		red roan,star,LR ankle,RR corner									
USFR1286	60	F	QH		gray,roan face									
USFR1287	144	F	QH		sorrel,star,snip									
USFR1288	84	F	QH		gray									
USFR1289	156	F	TH		sorrel,star,LR,RF SOCK									
USFR1290	144	M	SH		black,star									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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 ~~INSPECTI~~INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K
AREA CODE & TELEPHONE NO: 7406993995	AREA CODE & TELEPHONE NO: 4507882490

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 aga.
- ☒ 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	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Othar	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1261				BLK WHT							PAINT	☒				
2		1262				SOR WHT							PAINT	☒				
3		1263	☒							☒						☒		SCAR RIGHT JA
4		1264						DUN		☒				☒				
5		1265						DUN		☒				☒				
6		1266						RED ROAN					APP	☒				
7		1267					☒			☒						☒		
8		1268	☒						☒							☒	LIP	
9		1269				BAY WHT							PAINT	☒				
10		1270					☒			☒				☒				
11		1271			☒					☒				☒				
12		1272				SOR WHT							PAINT	☒				
13		1273						WHITE					APP			☒		
14		1274	☒						☒							☒	LIP	
15		1275				BLK WHT							PAINT	☒				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	1276			✓					✓				✓				
17		1277					✓			✓				✓				
18		1278					✓			✓						✓		
19		1279	✓										STD			✓		
20		1280	✓										STD			✓	BRAND TR925	
21		1281	✓										STD			✓		
22		1282	✓						✓							✓	LIP	NO LEFT EYE
23		1283						DUN		✓						✓		
24		1284					✓			✓				✓				
25		1285						RED ROAN		✓				✓				
26		1286		✓						✓				✓				
27		1287					✓			✓				✓				
28		1288		✓						✓				✓				
29		1289					✓						TWH	✓				
30		1290			✓								STD			✓		
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	D104224	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE
5-13-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2	OHIO	39	43332

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check 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 needed below - use VS Form 17 - 140A.

MODIFIED ACCREDITED AREA (TB) ✓ E

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

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	DATE F	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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332												
USFR1231	108	F	SN	bay,star,RR ankle,UNRD brand								
USFR1232	120	F	SN	bay,UNRD brand								
USFR1233	168	F	QH	bay,star,strip,snip,LR,RF,RR sock								
USFR1234	96	F	QH	bay,star,snip,RR coronet								
USFR1235	60	F	HAFLINGER	sorrel,blaze,LR,RF sock,RF ankle								
USFR1236	120	F	SH	bay,star								
USFR1237	84	F	SH	bay,blaze,RF coronet,RF sock								
USFR1238	120	F	SH	bay,brand SJ400								
USFR1239	72	F	SH	bay,star								
USFR1240	144	M	PAINT	black/white,blaze,LR,RF,RR sock								
USFR1241	180	M	QH	bay								
USFR1242	60	F	QH	sorrel,star,strip,snip,RF sock								
USFR1243	120	M	BL cross	bay,star,snip,LR,RR ankle								
USFR1244	144	M	QH	sorrel,star,snip,scar L lip								
USFR1245	96	M	TH	sorrel,blaze,UNRD lip								
USFR1246	36	M	SH	bay,star,LR coronet								
USFR1247	84	M	TH	bay,UNRD lip								
USFR1248	144	F	SH	bay,star,snip,LR sock,RF ankle,RR coronet,UNRD lip								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
MAY. 13, 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	*(Include No. from all attached VS Forms 17-140A)* 30

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
NANCY L HANNAWAY, DVM	

VS FORM 17-140 (OCT 91) Previous editions may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. *Form Approved OMB No. 0579-0020*

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST M	DISEASE / TYPE TEST N	DISEASE / TYPE TEST O
BUBAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1249	180	N	SN		sorrel,star,snip									
USFR1250	240	F	OH		sorrel,star,strip,snip,scar L shoulder									
USFR1251	72	N	TH		bay,star,strip,snip,UNRD lip									
USFR1252	108	N	TH		bay,star,LR ankle,RF corpet,UNRD lip									
USFR1253	120	N	OH		duo,star,strip,snip,LR cornet									
USFR1254	120	N	OH		bay									
USFR1255	180	F	BL		sorrel,star,strip,snip									
USFR1256	144	N	BL		sorrel,blaze									
USFR1257	120	N	BL		sorrel,blaze									
USFR1258	132	F	BL		sorrel,star,strip,snip									
USFR1259	150	F	BL		sorrel,blaze									
USFR1260	180	N	OH		bay,star									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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 US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION TO BE TRANSPORTED 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMALS HAVE AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	LSFR	1231	X										STD	X			BRAND —	
2		1232	X										STD	X			BRAND —	
3		1233	X							X				X				
4		1234	X							X				X				
5		1235					X						WHITE	X				
6		1236	X										STD	X				
7		1237	X										STD	X				
8		1238	X										STD	X			BRAND SJ400	
9		1239	X										STD	X				
10		1240				BLK WHT							PAINT			X		
11		1241	X							X						X		
12		1242					X			X				X				
13		1243	X										BELG CROSS			X		
14		1244					X			X						X		SCAR LEFT HIP
15		1245					X		X							X	CLIP —	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	1246	✓										STD			✓		
17		1247	✓						✓							✓	LIP—	
18		1248	✓										STD	✓			LIP—	
19		1249					✓						SB			✓		
20		1250					✓			✓				✓				SCAR LEFT SHOULDER
21		1251	✓						✓							✓	LIP—	
22		1252	✓						✓							✓	LIP—	
23		1253						DUN		✓						✓		
24		1254	✓							✓						✓		
25		1255					✓				BEL6			✓				
26		1256					✓				BEL6					✓		
27		1257					✓				BEL6					✓		
28		1258					✓				BEL6			✓				
29		1259					✓				BEL6			✓				
30		1260	✓							✓					✓			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	D104238	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE
5-13-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS (1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean)
☐		2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check 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 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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
BAUER, FRED E.	USFR1201	60	F	QH										
1849 MARION HARDIN RD.														
LA RUE, OH 43332	USFR1202	72	F	QH										
	USFR1203	60	F	PAINT										
					F									
	USFR1204	48	F	PAINT										
	USFR1205	48	F	QH										
	USFR1206	72	F	PAINT										
	USFR1207	72	F	PAINT										
	USFR1208	120	N	QH										
	USFR1209	240	N	QH										
	USFR1210	48	N	TH										
	USFR1211	144	N	QH										
	USFR1212	144	N	QH										
	USFR1213	240	N	QH										
	USFR1214	60	N	QH										
	USFR1215	48	N	QH										
	USFR1216	144	N	QH										

VALID ONLY IF USDA VETERINARIAN SEAL APPEARS HERE

23. Signature of endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*
MAY. 13, 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☑ 3 Accredited	30

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
NANCY L HANNAWAY, DVM	

VS FORM 17-140 (OCT 01) Previous editions may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140A
D106236

PAGE NO. 1 2

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — 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
USFR1217	120	N	AP		red roan,star,strip,snip									
USFR1218	96	N	QH		black,star,strip,snip,LR,RR sock,RF ankle									
USFR1219	120	F	QH		dun,star,strip,snip									
USFR1220	96	F	QH		sorrel,star,strip,snip,RR sock									
USFR1221	144	F	QH		bay,star,strip,LR cornet									
USFR1222	60	F	QH		bay,star,strip,snip, scar on nose									
USFR1223	144	F	TH		bay,star,strip,snip,RR ankle, UNRD lip									
USFR1224	60	F	QH		sorrel,strip									
USFR1225	120	F	QH		palomino,star,strip,snip,LR,RR sock									
USFR1226	72	F	QH		sorrel,star,strip,snip,LR,RR ankle									
USFR1227	48	M	QH		sorrel,star,strip,snip,LF sock,LR cornet									
USFR1228	120	M	QH		bay,star,strip,snip,LF cornet,LR sock,RR ankle									
USFR1229	48	M	QH		cream,star,strip,snip									
USFR1230	48	F	QH		cream,blaze									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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 US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION BEFORE THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT BEING REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FOR IMMEDIATE SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1201	✓							✓				✓			BRANDS 92 4	
2		202						RED ROAN		✓				✓				
3		203				SOR WHT							PRINT	✓			BRAND L E	
4		204				BLK WHT							PRINT	✓				
5		205					✓			✓				✓				
6		1206				SOR WHT							PRINT	✓				
7		1207				BLW WHT							PRINT	✓				
8		1208	✓							✓						✓		SCARS LEFT RUMP
9		1209						RED ROAN		✓						✓		SCAR RIGHT FRONT NOO + RIGHT HIP
10		1210	✓						✓							✓	LIP—	
11		1211	✓							✓						✓		
12		1212					✓			✓						✓		
13		1213					✓			✓						✓		
14		1214					✓			✓						✓		
15		1215					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USPR	1216						RED ROAN		✓						✓		
17		1217						RED ROAN					ARP			✓		
18		1218			✓					✓						✓		
19		1219						ROAN		✓				✓				
20		1220					✓			✓				✓				
21		1221	✓							✓				✓				
22		1222	✓							✓				✓				SCAR ON NOSE
23		1223	✓						✓					✓			LIP—	
24		1224					✓			✓				✓				
25		1225						PAL		✓				✓				
26		1226					✓			✓				✓				
27		1227					✓			✓						✓		
28		1228	✓							✓						✓		
29		1229						CREAM		✓						✓		
30		1230						CREAM		✓				✓				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/89756

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: D104236

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 5-10-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check 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 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
USFR1111	48	F	BL SORREL		STAR		STRIP SNIP							
USFR1112	168	N	SN SORREL		STAR		STRIP SNIP			LF SOCK	LR SOCK			
USFR1113	36	N	PE BLACK		STAR		SNIP							
USFR1114	108	N	BL SORREL		STAR		STRIP SNIP			LR ANKLE	RR ANKLE			
USFR1115	108	F	BL SORREL		STAR		STRIP SNIP							
USFR1116	84	N	BL SORREL		BLAZE									
USFR1117	168	N	SN BAY		LIP?									
USFR1118	168	N	SN BAY		LF ANKLE		RF ANKLE	LIP?						
USFR1119	144	F	SN BLACK		BRAND		VE892							
USFR1120	192	N	SN BLACK LIP?		STAR		LF HEEL	LR ANKLE		RF CORNET	RR ANKLE			
USFR1121	48	F	IN BAY		STAR		RR ANKLE	LIP?						
USFR1122	72	N	IN BAY		STAR		STRIP SNIP	LR SOCK		LIP?				
USFR1123	48	F	IN SORREL		STAR		LIP?							
USFR1124	84	N	IN SORREL		STAR		STRIP SNIP	LIP?						
USFR1125	60	F	IN BAY		STAR		LR ANKLE	RR ANKLE		LIP?				
USFR1126	60	N	IN SORREL		STAR		RF CORNET	LIP?						
USFR1127	72	F	IN SORREL		STAR		LR ANKLE	RF CORNET		LIP?				

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY. 10, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: NANCY L HANNAWAY, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. (FROM VS FORM 17-140): D104236

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR1128	13	2 F	QH	BLACK NO OTHER MARKINGS										
USFR1129	19	2 M	SH	BAY STAR RR CORNET BRAND ? LIP?										
USFR1130	96	F	QH	SORREL STAR STRIP SNIP										
USFR1131	84	M	SH	BAY BRAND?										
USFR1132	132	M	SH	SORREL STAR LH SOCK RH SOCK BRAND?										
USFR1133	108	M	QH	SORREL STAR										
USFR1134	48	M	TH	SORREL BLAZE LIP?										
USFR1135	60	F	TH	SORREL STAR LF ANKLE UR SOCK LIP?										
USFR1136	192	M	QH	BAY STAR RR HEEL										
USFR1137	60	M	TH	SORREL STAR LF SOCK LR SOCK RF SOCK LIP?										
USFR1138	48	M	TH	BAY STAR LIP?										
USFR1139	108	F	SH	BAY STAR BRAND?										
USFR1140	132	M	SH	BAY STAR LIP?										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. ANIMAL(S) ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARD IN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7604993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1111					X				BELG			X				
2		1112					X						STD			X		
3		1113			X						PERCH					X		
4		1114					X				BELG					X		
5		1115					X						HALF	X				
6		1116					X						HAFL			X		
7		1117	X										STD			X	CLIP	
8		1118	X										STD			X	CLIP	
9		1119			X								STD	X			BRAND TE892	
10		1120			X								STD			X	CLIP	
11		1121	X						X					X			CLIP	
12		1122	X						X							X	CLIP	
13		1123					X		X					X			CLIP	
14		1124					X		X							X	CLIP	
15		1125	X						X					X			CLIP	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	1126					○		○							○	LIP—	
17		1127					○		○							○	LIP—	
18		1128			○					○				○				
19		1129	○										STD			○	BRAND 3 LIP—	
20		1130					○			○				○				
21		1131	○										STD			○	BRAND—	
22		1132					○						STD			○	BRAND—	
23		1133					○			○						○		
24		1134					○		○						○		LIP—	
25		1135					○		○					○			LIP—	
26		1136	○							○						○		
27		1137					○		○							○	LIP—	
28		1138	○						○							○	LIP—	
29		1139	○										STD	○			BRAND—	
30		1140	○										STD			○	LIP—	
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: D104237

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 5-10-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check 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 needed below - use VS Form 17 - 140A.

17. FARM ORIGIN
Owner's name *(Last name, two initials, or business name)*
Owner's street address
Owner's city/town, state code (FIPS code on reverse)&zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

CERTIFIED BRUCELLOSIS FREE AREA

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1081	84	F	PAINT	S	SORREL	WH	ITE STAR STRIP	LF SOCK	LR SOCK					
				RF	SOCK	RR	SOCK	SCAR	LEFT	FRONT	ANKLE			
USFR1082	108	M	OH SORREL	STAR	STRIP									
USFR1083	144	F	H SORREL	STAR	STRIP	SNIP								
USFR1084	36	F	H BLACK	STAR	STRIP	SNIP								
USFR1085	96	F	H SORREL	STAR	STRIP	SNIP	LR	SOCK	RF	SOCK	RR	SOCK		
USFR1086	132	F	OH BAY	STAR	RR	ANKLE								
USFR1087	192	F	SN BLACK	STAR	RR	ANKLE								
USFR1088	96	F	OH BLACK	NO	OTHER	MARKINGS								
USFR1089	96	M	OH SORREL	STAR	STRIP	SNIP								
USFR1090	72	F	TH SORREL	STAR	LR	SOCK	RR	SOCK	LIP?					
USFR1091	132	F	OH SORREL	BALD										
USFR1092	108	F	SN BAY	LIP?										
USFR1093	108	M	OH SORREL	STAR	STRIP	SNIP	LF	SOCK	LR	SOCK	RF	SOCK		
USFR1094	72	F	OH BAY	STAR	STRIP	LR	ANKLE							
USFR1095	84	F	OH GRAY	NO	OTHER	MARKINGS								
USFR1096	84	F	TH BAY	STAR	STRIP	SNIP	LF	ANKLE	LR	SOCK	RF	ANKLE		
				LIP?										

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: MAY. 10, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: NANCY T. HANNALAY, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 04 0073

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DATE

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFR1097	192	N	SN	BAY	STAR	LF CORNET LR SOCK LIP?								
USFR1098	108	F	QH	PALOMINO	STRIP	RR SOCK								
USFR1099	108	N	SN	BAY	STAR	BRAND WN546								
USFR1100	96	N	SN	BAY	STAR	STRIP SNIP								
USFR1101	168	F	AP	BLACK	WHITE GRAY FACE									
USFR1102	108	F	QH	BLACK	LR ANKLE WHITE SPOT RIGHT SIDE									
USFR1103	132	N	SN	BLACK	STAR	LR ANKLE RR CORNET								
USFR1104	72	F	TH	SORREL	STAR	STRIP SNIP LRF CORNET LIP?								
USFR1105	96	F	QH	BUCKSKIN	STAR	STRIP SNIP LR CORNET RF CORNET RR SOCK								
USFR1106	132	F	QH	BLACK	STAR									
USFR1107	84	N	PAINT	SORREL	WHITE BALD LEFT EYE BLUE									
USFR1108	144	N	SN	BAY	RR CORNET BRAND?									
USFR1109	60	N	SN	BAY	LR ANKLE RR ANKLE BRAND?									
USFR1110	108	N	SN	BAY	STAR	BRAND S6300								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

EXAMINED

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1081				SOR WHT							PAINT	✓				SCAR LEFT REAR ANKLE
2		1082					✓			✓						✓		
3		1083					✓			✓				✓				
4		1084			✓					✓				✓				
5		1085			✓		✓			✓				✓				
6		1086	✓							✓				✓				
7		1087			✓								STD	✓				
8		1088			✓					✓				✓				
9		1089					✓			✓						✓		
10		1090					✓		✓					✓			CLIP	
11		1091					✓			✓				✓				
12		1092	✓										STD	✓			CLIP	
13		1093					✓			✓						✓		
14		1094	✓							✓				✓				
15		1095		✓						✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMED

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	LSFR	1096	✓						✓					✓			LIP—	
17		1097	✓										STD			✓	LIP—	
18		1098						PAL		✓				✓				
19		1099	✓										STD			✓	BRAND WNS46	
20		1100	✓										STD			✓		
21		1101						BLK WHT					APP	✓				
22		1102			✓					✓				✓				WHITE SPOT RIGHT SIDE
23		1103			✓								STD			✓		
24		1104					✓		✓					✓			LIP—	
25		1105						BLCK SKIN		✓				✓				
26		1106			✓					✓				✓				
27		1107				SOR WHT							PAINT			✓		LEFT EYE BLUE
28		1108	✓										STD			✓	BRAND—	
29		1109	✓										STD			✓	BRAND—	
30		1110	✓										STD			✓	BRAND 96300	
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: D104239

4. DATE ISSUED: 5-10-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE IC.P. 101 MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check one - use VS form 17-6 for Poultry)*
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: 48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines 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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USFR1141	240	F	QH SORREL STAR				LR ANKLE							
USFR1142	36	N	TH GRAY STAR											
USFR1143	96	F	TH BAY LIPZ											
USFR1144	60	F	QH SORREL STAR				STRIP LR ANKLE							
USFR1145	60	F	QH BAY STAR				RR CORNET							
USFR1146	120	F	QH SORREL STAR											
USFR1147			RR CORNET											
USFR1148	132	F	QH GRAY SNIP											
USFR1149	108	N	QH SORREL STAR				STRIP LR SOCK							
USFR1150	144	F	TH BAY STAR				LR ANKLE LIPZ							
USFR1151	120	F	QH SORREL STAR				STRIP SNIP LF ANKLE LR CORNET							
			RF SOCK											
USFR1152	144	N	QH SORREL STAR				STRIP SNIP RR CORNET SCAR L HIP							
USFR1153	156	F	QH GRAY NO OTHER MARKINGS											
USFR1154	120	N	PAINT BAY WHITE STAR				STRIP SNIP LF SOCK LR SOCK							
			RF SOCK RR SOCK											
USFR1155	108	N	AS BAY LR CORNET											

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

19. DATE ENDORSED: MAY. 10, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: NANCY T. HANNAWAY, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

FIELD STATION

VS FORM 17-140 Previous editions may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D104239

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

16. 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
USFR1155	132	F	PAINT		GRAY WHITE NO OTHER MARKINGS									
USFR1157	180	F	TH		SORREL BLAZE LIP?									
USFR1158	108	M	TH		BAY BLAZE RR SOCK LIP?									
USFR1159	96	M	TH		BAY STAR STRIP SNIP LIP?									
USFR1160	120	F	QH		SORREL BLAZE LR SOCK									
USFR1161	180	F	SN		BAY LIP?									
USFR1162	108	F	SN		BAY STAR BRAND XO309 SCAR LR LEG									
USFR1163	144	F	SN		BAY LR CORNET SCAR R HOCK									
USFR1164	84	F	QH		BLACK STAR									
USFR1165	96	F	QH		SORREL STAR STRIP SNIP LR CORNET									
USFR1166	180	F	SN		BAY SCARS ON KNEES									
USFR1167	120	F	QH		SORREL STAR STRIP SNIP LR SOCK RF ANKLE RR SOCK									
USFR1168	180	F	QH		BAY STAR STRIP SNIP RF CORNET									
USFR1169	48	F	SN		BAY STAR BRAND 60P78									
USFR1170	144	F	QH		SORREL NO OTHER MARKINGS									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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 US OR CANADA SINCE BIRTH. 4. THE ANIMALS AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED CAUSING THE ANIMAL TO SUFFER. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a *Previous edition may be used.*

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

required to this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining tha data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1649 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1141					✓			✓				✓				
2	"	1142		✓					✓							✓		
3	"	1143	✓						✓					✓			LIP—	
4	"	1144					✓			✓				✓				
5	"	1145	✓							✓				✓				
6	"	1146	✓						✓					✓			LIP—	
7	"	1147					✓			✓				✓				
8	"	1148		✓						✓				✓				
9	"	1149					✓			✓						✓		
10	"	1150	✓						✓					✓			LIP—	
11	"	1151					✓			✓				✓				
12	"	1152					✓			✓						✓		SCAR LEFT HIP
13	"	1153		✓						✓				✓				
14	"	1154				BAY WHT							PAINT			✓		
15	"	1155	✓										SB			✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. GOVERNMENT PRINTING OFFICE

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	USPR	1156				GRAY WHITE							PAINT	✓				
17		1157					✓		✓					✓			LIP–	
18		1158	✓						✓							✓	LIP–	
19		1159	✓						✓							✓	LIP–	
20		1160					✓			✓				✓				
21		1161	✓										STD	✓			LIP–	
22		1162	✓										STD	✓			BRAND X0309	SCAR LEFT REAR LEG
23		1163	✓										STD	✓				SCAR RIGHT HOCK
24		1164			✓					✓				✓				
25		1165					✓			✓				✓				
26		1166	✓										STD	✓				SCARS ON KNEE
27		1167					✓			✓				✓				
28		1168	✓							✓				✓				
29		1169	✓										STD	✓			BRAND 6DP78	
30		1170					✓			✓				✓				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: D104235

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 5-10-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean — 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check 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 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 DISEASE DATE M	DISEASE TYPE TEST DISEASE DATE N	DISEASE TYPE TEST DISEASE DATE O
USFR1171	144	F	OH DUN		STAR									
USFR1172	120	F	OH DUN		BRANDS 6 WITH A TRIANGLE									
USFR1173	60	F	OH SORREL		STAR STRIP SNIP		BRANDS O X					OXT		
USFR1174	84	F	OH SORREL		STAR STRIP SNIP		LR SOCK RR CORNET							
USFR1175	120	F	OH BAY		STAR STRIP SNIP		LF SOCK LR SOCK							
			RF ANKLE RR		SOCK SCAR HF ANKLE									
USFR1176	60	F	OH SORREL		BLAZE LF SOCK		LR CORNET RF SOCK RR SOCK							
USFR1177	48	F	PAINT BLACK		WHITE STAR		STRIP SNIP							
USFR1178	120	F	AP RED		ROAN STAR		STRIP SNIP				LF	SOCK LR	SOCK	
			RR ANKLE											
USFR1179	120	F	OH SORREL		STAR		STRIP SNIP							
USFR1180	60	F	OH SORREL		STAR		STRIP SNIP				LF	CORNET LR	SOCK	
USFR1181	84	F	OH SORREL		STAR		STRIP SNIP				LF	CORNET RR	SOCK	
USFR1182	120	F	OH SORREL		NO OTHER MARKINGS									
USFR1183	120	F	OH SORREL		STAR		STRIP SNIP				LR	CORNET RF	CORNET	
USFR1184	108	F	OH PALOMINO		NO OTHER MARKINGS									
USFR1185	36	F	OH PALOMINO		NO OTHER MARKINGS									
USFR1186	144	F	OH SORREL		STAR		STRIP BRAND JS							

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: MAY. 10, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET. *(Type or print)*: [illegible] VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

26. Signature of endorsing federal veterinarian

VS FORM 17-140 Previous editions may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: OH04285

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.	USFR1187	156	F	OH	SORREL		STAR STRIP		SNIP		LR	ANKLE RR	CORNET	
1849 MARION HARDIN RD.					BRAND RW									
LA RUE, OH 43332	USFR1188	144	F	OH	SORREL		STAR STRIP		SNIP		RF	CORNET RR	SOCK	
	USFR1189	120	F	OH	SORREL		STAR STRIP		LR SOCK			RF ANKLE	BRAND?	
	USFR1190	96	F	OH	BAY		STAR							
	USFR1191	60	F	OH	CREAMELLO		NO OTHER MARKINGS							
	USFR1192	240	F	OH	SORREL		STAR STRIP		SNIP					
	USFR1193	36	F	TH	GRAY		STAR LIP?							
	USFR1194	240	N	OH	PALOMINO		STAR LR SOCK RR					CORNET BRAND E OVER R		
	USFR1195	240	F	OH	BLACK		STAR SNIP LF ANKLE							
	USFR1196	60	F	PA	INT SORREL		WHITE STAR STRIP SNIP							
	USFR1197	240	N	OH	GRAY		SNIP							
	USFR1198	144	N	OH	DUN		STAR STRIP SNIP							
	USFR1199	240	F	OH	BLACK		LR ANKLE							
	USFR1200	48	N	OH	BAY		CLUB RF FOOT							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTIONINSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. ANIMALS ARE FOR SLAUGHTER ONLY.

VS FORM 17-140a *Previous edition may be used.*

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3895	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1171						DUN		✓				✓				
2		1172						DUN		✓				✓			BRANDS ✓	Δ
3		1173					✓			✓				✓			BRANDS ✓	X
4		1174					✓			✓				✓				
5		1175	✓							✓				✓				SCAR RIGHT FRONT ANKLE
6		1176					✓			✓				✓				
7		1177				BLK & WHT							PAINT	✓				
8		1178						RED ROAN					APP	✓				
9		1179					✓			✓				✓				
10		1180					✓			✓				✓				
11		1181					✓			✓				✓				
12		1182					✓			✓				✓				
13		1183					✓			✓				✓				
14		1184						PAL		✓				✓				
15		1185						PAL		✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFR	1186					↓			↓				↓			BRAND J-S	
17	↓	1187					↓			↓				↓			BRAND RW	
18		1188					↓			↓				↓				
19		1189					↓			↓				↓			BRAND ?	
20		1190	↓							↓				↓				
21		1191						CRNM KILD		↓				↓				
22		1192					↓			↓				↓				
23		1193		↓					↓	↓				↓			LIP	
24		1194						PAL		↓						↓	BRAND ER	
25		1195			↓					↓				↓				
26		1196				See Cert							PRIVT	↓				
27		1197		↓						↓						↓		
28		1198						DUN		↓						↓		
29		1199			↓					↓				↓				
30		1200	↓							↓						↓		CLUB RIGHT FRONT HOOF
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—816-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*	2. CERTIFICATE NO.	3. PAGE NO.
BAUER FRED E.	D104245	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE
5-17-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS (1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean)
☐		2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check 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 — CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

If more lines needed below - use VS Form 17 - 140A.

17. FARM ORIGIN
Owner's name *(Last name, two initials, or business name)*
Owner's street address
Owner's city/town, state code (FIPS code on reverse)&zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1291	48	F	QH		gray,cornet LF									
USFR1292	96	F	QH		sorrel									
USFR1293	144	N	SN		black,faint star,RR cornet,UNRD lip									
USFR1294	180	N	BL		sorrel,blaze,LF,LR,RF sock									
USFR1295	120	F	QH		sorrel,star									
USFR1296	144	N	SN		bay,LR,RR cornet,brand VE948									
USFR1297	180	N	TH		bay,UNRD lip									
USFR1298	120	N	SN		bay,star,snip,brand X3559									
USFR1299	144	F	TH		bay,star,UNRD lip									
USFR1300	190	N	SN		sorrel,star,snip,LR,RR sock									
USFR1301	120	N	SN		black,star,brand T5963									
USFR1302	192	N	SN		bay,UNRD lip									
USFR1303	144	N	QH		bay,star,strip,snip,LF cornet,LR,RR sock									
USFR1304	96	F	TH		bay,star,LF,RF,RR cornet,LR sock,UNRD lip									
USFR1305	132	N	SN		black,star,RR ankle,brand XZ082									
USFR1306	120	M	AP		red roan,star,strip,snip,LF,LR,RR sock									
USFR1307	96	N	SN		bay,UNRD lip,blind R eye									
USFR1308	144	F	SN		bay,UNRD lip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	*(Include No. from all attached VS Forms 17-140A)* 30

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 Previous editions may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: D1042[illegible]

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR1309	60	F	QH		sorrel,star,strip,snip									
USFR1310	120	F	QH		dun									
USFR1311	96	F	AP		sorrel/white									
USFR1312	84	N	QH		sorrel,star,strip,snip									
USFR1313	156	N	QH		sorrel,star,strip,snip,LF,RF cornet,LR,RR sock									
USFR1314	72	F	QH		bay,star,strip,LR sock									
USFR1315	60	N	QH		bay,star,strip,snip,LF ankle,LR sock									
USFR1316	96	F	QH		bay,scarLF ankle									
USFR1317	144	F	QH		gray									
USFR1318	120	F	PAINT		dun/white,star,strip,LR,RR ankle,scars rear legs									
USFR1319	84	F	HAFLINGER		sorrel,star,snip									
USFR1320	72	N	HAFLINGER		sorrel,blaze,LR ankle									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. the EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY INTO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY

VS FORM 17-140a *Previous edition may be used.*

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1291		✓						✓				✓				
2		1292					✓			✓				✓				
3		1293			✓								STD			✓	LIP–	
4		1294					✓				BEL6					✓		
5		1295					✓			✓				✓				
6		1296	✓										STD			✓	BRAND VE948	
7		1297	✓						✓							✓	LIP–	
8		1298	✓										STD			✓	BRAND X3559	
9		1299	✓						✓					✓			LIP–	
10		1300					✓						SB			✓		
11		1301			✓								STD			✓	BRAND T5863	
12		1302	✓										STD			✓	LIP–	
13		1303	✓							✓						✓		
14		1304	✓						✓					✓			LIP–	
15		1305			✓								STD			✓	BRAND XZ082	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR[redacted] (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

[redacted]

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: 0104243

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE; TYPE TEST / TYPE TEST / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — 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
BAUER, FRED E.	USFR1368	120	N	TW	black,star									
1849 MARION HARDIN RD.	USFR1369	84	F	QH	black									
LA RUE, OH 43332	USFR1370	120	F	AP	red roan,blind R eye									
	USFR1371	60	F	PAINT	palomino/white,bald,sock all 4									
	USFR1372	72	F	PAINT	dun/white,bald									
	USFR1373	84	F	QH	sorrel.									
	USFR1374	60	F	QH	palomino,blaze,LR sock,RF ankle									
	USFR1375	72	F	TH	bay,UNRD lip									
	USFR1376	60	F	QH	bay									
	USFR1377	60	F	QH	black,star,LR ankle									
	USFR1378	144	F	QH	bay,star,LR cornet									
	USFR1379	84	F	QH	sorrel,blaze,LF,LR,RF sock,RR ankle,blind R eye									
	USFR1380	72	F	QH	sorrel,blaze,LF cornet,RR ankle,LR,RF sock									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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 US OR CANADA SINCE BIRTH. 4. THE ANIMALS AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

[signature] [signature] DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	D104243	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
5-17-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
☐		1 - Rail 2 - Truck 3 - Air 4 - Ocean: 2	VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check 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 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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USFR1351	96	F	QH	sorrel,blaze,scar/blind L eye									
	USFR1352	180	F	TH	bay,star,LF heel,LR ankle,UNRD lip									
	USFR1353	120	F	QH	sorrel,star,strip,snip									
	USFR1354	144	N	QH	sorrel,star,RR ankle,scar L eye									
	USFR1355	96	F	QH	bay,star,strip,snip,RF ankle,RR cornet,scar L hip									
	USFR1356	120	N	TH	black,LR ankle,blue spot L eye									
	USFR1357	84	F	QH	bay,LF ankle,RF heel,RR ankle									
	USFR1358	108	F	QH	bay									
	USFR1359	132	N	TH	bay,star,strip,snip,UNRD lip									
	USFR1360	84	N	QH	sorrel,star,strip,snip,LR ankle,RR sock									
	USFR1361	72	F	QH	bay,star,strip,snip,LR sock,RR cornet									
	USFR1362	120	F	TW	sorrel,star,strip,snip,RR sock									
	USFR1363	108	N	QH	black									
	USFR1364	96	F	TH	sorrel,LR heel,UNRD lip									
	USFR1365	84	F	QH	bay,star,snip,RR heel									
	USFR1366	108	F	QH	sorrel,blaze,LR,RR sock									
	USFR1367	72	F	QH	grulla									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	30

(Include No. from all attached VS Forms 17-140A)

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

...SPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

...Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET: BAUER

CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER | CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU

STREET ADDRESS: 1849 MARION WARDIN ROAD | STREET ADDRESS: 595 RUE ROYALE C.P. 101

CITY, STATE, ZIP CODE: LARUE OHIO 43332 | CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0

AREA CODE & TELEPHONE NO.: 740 499 3995 | AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1351					X			X				X				SCAR BLIND LEFT EYE
2		1352	X						X					X			LIP-	
3		1353					X			X				X				
4		1354					X			X						X		SCAR LEFT EYE
5		1355	X							X				X				SCAR LEFT HIP
6		1356			X								TWH			X		BLUESPOT LEFT EYE
7		1357	X							X				X				
8		1358	X							X				X				
9		1359	X						X							X	LIP-	
10		1360					X			X						X		
11		1361	X							X				X				
12		1362					X						TWH	X				
13		1363			X					X						X		
14		1364					X		X					X			LIP-	
15		1365	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM...

SIGNATURE: (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

S FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	D104244	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE
5-17-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean 2	VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check 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
CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

If more lines needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name *(Last name, two initials, or business name)*
Owner's street address
Owner's city/town, state code (FIPS code on reverse)&zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE DATE TYPE TEST M	DISEASE DATE TYPE TEST N	DISEASE DATE TYPE TEST O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USFR1321	84	F	TH		bay,star,LF corpet,UNRD lip									
USFR1322	48	F	TH		bay,star,snip,RF heel,RR sock,UNRD lip									
USFR1323	36	N	OH		sorrel,star,LF ankle									
USFR1324	60	N	TH		bay,star,strip,snip,LR ankle,UNRD lip									
USFR1325	48	N	TH		sorrel,blaze,LF,RF corpet,LR sock,RR ankle, UNRD lip									
USFR1326	72	N	TH		bay,star,LR sock,UNRD lip									
USFR1327	48	N	TH		bay,faint star,snip,UNRD lip									
USFR1328	48	N	TH		sorrel,star,strip,snip,LF ankle,RR corpet,UNRD lip									
USFR1329	36	F	TH		sorrel,star,strip,LR,RR sock									
USFR1330	48	F	SH		bay,brand 2012									
USFR1331	48	N	TH		bay,star,UNRD lip									
USFR1332	60	F	TH		sorrel,star,strip,LR,RR sock,UNRD lip,rhap patch R hip									
USFR1333	60	N	TH		sorrel,star,strip,snip,sock all 4,UNRD lip									
USFR1334	48	N	TH		bay,star,strip,snip,RF corpet,UNRD lip									
USFR1335	48	N	TH		bay,small star,LR corpet,RR ankle,UNRD lip									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	*(Include No. from all attached VS Forms 17-140A)* 30

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

CERTIFICATE NO. FROM VS FORM 17-140: D10[illegible]

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE / TYPE TEST / TYPE TEST / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
BAUER, FRED E.	USFR1336	180	N	SN	bay									
1849 MARION HARDIN RD.	USFR1337	108	N	SN	bay,UNRD lip									
LA RUE, OH 43332	USFR1338	96	F	SN	bay,UNRD lip									
	USFR1339	144	N	SN	bay,RR ankle									
	USFR1340	180	N	SN	bay,LF ankle,LR sock,brand WE603									
	USFR1341	120	F	SN	bay,brand W9615									
	USFR1342	144	N	SN	bay,star,LR sock,brand P0512,blind R eye									
	USFR1343	60	F	PE	black,star									
	USFR1344	144	N	SN	black,faint star,brand 14947									
	USFR1345	132	N	SN	bay,faint star,brand VE843									
	USFR1346	84	F	SN	bay,star,LR ankle									
	USFR1347	84	N	SN	bay									
	USFR1348	180	F	HAFLINGER	sorrel,blaze,LF sock,LR,RF,RR ankle									
	USFR1349	144	N	HAFLINGER	sorrel,star,strip,snip,LR,RR sock									
	USFR1350	240	F	QH	sorrel,blaze,LR,RR sock,scarRF ankle									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION FOR THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

[signature] [signature] DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEDEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld.	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1321	✓						✓					✓			LIP—	
2		1322	✓						✓					✓			LIP—	
3		1323					✓			✓						✓		
4		1324	✓						✓							✓	LIP—	
5		1325					✓		✓							✓	LIP—	
6		1326	✓						✓							✓	LIP—	
7		1327	✓						✓							✓	LIP—	
8		1328					✓		✓							✓	LIP—	
9		1329					✓		✓					✓				
10		1330	✓										STD	✓			BRAND 2@12Y	
11		1331	✓						✓							✓	LIP—	
12		1332					✓		✓					✓			LIP—	ROAN PATCH RIGHT HIP
13		1333					✓		✓							✓	LIP—	
14		1334	✓						✓							✓	LIP—	
15		1335	✓						✓							✓	LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATUR (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This Document does not replace Certificate of Inspection of Export Animals, VS Form 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: D104246

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 5-24-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check 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 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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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 M	DISEASE TYPE TEST N	DISEASE TYPE TEST O
USFR1441	144	F	QH SORREL STAR STRIP RR CORNET									SCAR RF	LEG	
USFR1442	180	F	QH BAY FAINT STAR SNIP LF SOCK									RF SOCK	RR SOCK	
USFR1443	240	F	SN BLACK LIP?											
USFR1444	108	F	APPALOSA REL ROAN STAR STRIP SNIP LR SOCK											
USFR1445	72	N	QH SORREL BLAZE LR SOCK RF CORNET RR SOCK											
USFR1446	108	F	QH SORREL STAR STRIP RR SOCK											
USFR1447	192	F	QH BAY NO OTHER MARKINGS											
USFR1448	96	F	QH SORREL BALD CORNET LF											
USFR1449	84	F	PAINT BLACK WHITE STAR SNIP LF SOCK LF SOCK RF SOCK RR SOCK											
USFR1450	120	F	QH SORREL BLAZE RF ANKLE				SCAR					R HOCK		
USFR1451	132	N	QH SORREL STAR SNIP LF CORNET				LR CORNET					RR CORNET		
USFR1452	144	F	QH SORREL STAR STRIP SNIP RR ANKLE											
USFR1453	180	F	AP BAY ROAN BL NO R EYE											
USFR1454	192	N	SN BLACK FAINT STAR LIP?				SCARS					REAR LEGS	RIGHT	KNEE
USFR1455	180	N	QH BAY SNIP LR ANKLE				RR ANKLE							
USFR1456	240	N	SN BAY LR HEEL LIP?											
USFR1457	144	N	SN BAY STAR											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 24, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*: 30
(Include No. from all attached VS Forms 17-140A)

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: KELLIE A BOUGH, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. (FROM VS FORM 17-140): 2416

3. PAGE NO.: 2 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR1458	120	N	QH	SORREL	STAR									
USFR1459	108	N	SN	BAY	LIP?	SCAR	LF ANKLE							
USFR1460	72	F	QH	SORREL	STAR STRIP	SNIP	LF ANKLE	LR SOCK						
USFR1461	84	F	QH	SORREL	LR CORNET	RR CORNET								
USFR1462	36	F	SN	BAY	NO OTHER MARKINGS									
USFR1463	72	N	QH	SORREL	STAR LR SOCK	RF CORNET	RR SOCK							
USFR1464	108	N	MORGAN	BLACK	NO OTHER MARKINGS									
USFR1465	192	N	SN	BLACK	RR CORNET	LIP?								
USFR1466	120	F	SN	BAY	STAR	LR ANKLE	BRAND 70460							
USFR1467	144	F	SN	BAY	FAINT STAR	LR ANKLE	RR ANKLE	BRAND R394A						
~~USFR1468~~	~~132~~													
USFR1468	120	N	SN	BAY	LF SOCK	LR SOCK	RR SOCK	BRAND RM960						
USFR1469	144	F	TH	BAY	STAR	LF ANKLE	LR SOCK	RF ANKLE	LIP?					
USFR1470	72	N	TH	BLACK	LIP?									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MONTANA, MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED DURING THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR [illegible] CARRIER ONLY.

31

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

(Please type or print in ink)

maintaining the data needed, and completing and reviewing the collection of information.

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
		LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
		BAUER
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
FRED E. BAUER		VIANDE RICHELIEU
STREET ADDRESS		STREET ADDRESS
1849 MARION NARON ROAD		595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
LARUE OHIO 43332		MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.
740 499 3995		4507882490

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	USFR	1441					✓			✓				✓				SCAR RIGHT FRONT LEG
2		1442	✓							✓				✓				
3		1443			✓								STD	✓			LIP	
4		1444						RED ROAN					APP	✓				
5		1445					✓			✓						✓		
6		1446					✓			✓				✓				
7		1447	✓							✓				✓				
8		1448					✓			✓				✓				
9		1449				BLK WHT							PAINT	✓				
10		1450					✓			✓				✓				SCAR RIGHT HOCK
11		1451					✓			✓						✓		
12		1452					✓			✓				✓				
13		1453						BAY ROAN					APP	✓				BLIND RIGHT EYE
14		1454			✓								STD			✓	CLIP	SCAR REARLEGS & RIGHT KNEE
15		1455	✓							✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b) (6)

I HEREBY AU… …ORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE CUBA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

☆ U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USFR	M56	✓										STD			✓	LIP—	
17		M57	✓										STD			✓		
18		M58					✓			✓						✓		
19		M59	✓										STD			✓	LIP—	SCAR LEFT FRONT ANKLE
20		M60					✓			✓				✓				
21		M61					✓			✓				✓				
22		M62	✓										STD	✓				
23		M63					✓			✓						✓		
24		M64			✓								MORGN			✓		
25		M65			✓								STD			✓	LIP—	
26		M66	✓										STD	✓			BRAND ZD460	
27		M67	✓										STD	✓			BRAND R394B	
28		M68	✓										STD			✓	BRAND RM950	
29		M69	✓						✓					✓			LIP—	
30		M70			✓				✓							✓	LIP—	
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
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44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	0104250	1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City & State)*	6. STATE CODE
5-24-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

9. SEMEN *(Check if yes)*	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2	OHIO	39	43332

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC	CANADA	CA

15. SPECIES *(Check one - use VS form 17-6 for Poultry)*
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING — 48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines 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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFR1501	60	F	TH BAY HAINI				STAR LIP?		BLIND	L	EYE			
USFR1502	60	F	SN BAY NO OTHER MARKINGS											
USFR1503	96	N	TH BAY HAINI				STAR SNIP LIP?							
USFR1504	72	F	BL SORREL BLAZE				LR SOCK	RR SOCK						
USFR1505	108	N	DH BAY STAR LR ANKLE											
USFR1506	108	N	SN BAY BRAND S1055											
USFR1507	36	F	DH SORREL BLAZE											
USFR1508	72	N	TH SORREL STAR LIP?											
USFR1509	60	N	TH SORREL STAR				STRIP SNIP	LF SOCK	LR SOCK	RF SOCK	RR CORNET LIP?			
USFR1510	60	F	TH black star lr coronet rr ankle lip?											
USFR1511	180	N	SN BLACK LIP?											
USFR1512	130	N	SN BAY RR SOCK LIP?											
USFR1513	144	N	DH BAY STAR SNIP LR ANKLE					RR ANKLE						
USFR1514	204	F	SN BAY LR CORNET LIP?											
USFR1515	120	F	SN BAY BRAND?											
USFR1516	48	F	SR BAY STAR BRAND BD/S											
USFR1517	192	N	HAFLINGER SORREL STAR											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*	21. STATUS	22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
MAY. 24, 2010	KEARNS, EARNEST D. 7713	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	*(Include No. from all attached VS Forms 17-140A)* 30

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*	25. SIGNATURE OF ISSUING VETERINARIAN
KRISTIE A. BOUCH, DVM	

VS FORM 17-140 Previous editions may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
BAUER, FRED E.

16. CONSIGNEE'S NAME
VIANDE RICHELIEU INC.

CERTIFICATE NO. FROM VS FORM 17-140
104250

3. PAGE NO.

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR1518	132	N	SN	BAY	SMALL STAR LR CORNET RR CORNET BRAND IAD29									
USFR1519	108	F	SN	BAY	STAR BRAND XU309									
USFR1520	108	N	QH	SORREL	STAR									
USFR1521	168	N	SN	BAY	LIP?									
USFR1522	180	N	SN	BLACK	LIP?									
USFR1523	168	F	SN	BLACK	RR CORNET BRANDS 620		R8839							
USFR1524	132	N	SN	BLACK	STAR LIP?									
USFR1525	132	N	SN	SORREL	STAR SNIP LR SOCK RR SOCK BRAND		R7513							
USFR1526	144	N	SN	BLACK	STAR BRAND VG947									
USFR1527	180	N	SN	BAY	STAR LIP? SCAR LF LEG									
USFR1528	180	N	SN	BAY	STAR STRIP SNIP LF ANKLE RF ANKLE RR SOCK		LIP?							
USFR1529	192	N	SN	BAY	LR ANKLE RR CORNET BRAND?									
USFR1530	84	F	SN	BAY	LR CORNET RF HEEL BRAND IAD56									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMALS HAVE AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

APPROVED

APPROVED

VS FORM 17-140a *Previous edition may be used.*

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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	USFR	1501	✓						✓					✓			LIP–	BLIND LEFT EYE
2		1502	✓										STD	✓				
3		1503	✓						✓							✓	LIP–	
4		1504					✓				BELG			✓				
5		1505	✓							✓						✓		
6		1506	✓										STD			✓	BRAND S1055	
7		1507					✓			✓				✓				
8		1508					✓		✓	✓						✓	LIP–	
9		1509					✓		✓							✓	LIP–	
10		1510			✓				✓					✓			LIP–	
11		1511			✓								STD			✓	LIP–	
12		1512	✓										STD			✓	LIP–	
13		1513	✓							✓						✓		
14		1514	✓										STD	✓			LIP–	
15		1515	✓										STD	✓			BRAND–	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTH[redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 2

PART 1 - INSPECTOR

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USFR	1516	X										STD	X			BRAND BD P78	
17		1517					X						WNFL			X		
18		1518	X										STD			X	BRAND IA029	
19		1519	X										STD	X			BRAND XD309	
20		1520					X			X						X		
21		1521	X										STD			X	LIP—	
22		1522			X								STD			X	LIP—	
23		1523			X								STD	X			BRANDS 62Φ R8839	
24		1524			X								STD			X	LIP—	
25		1525					X						STD			X	BRAND R7313	
26		1526			X								STD			X	BRAND VG947	
27		1527	X										STD			X	LIP—	SCAR LEFT FRONT LEG
28		1528	X										STD			X	LIP—	
29		1529	X										STD			X	BRAND—	
30		1530	X										STD	X			BRAND IABS6	
31																		
32																		
33																		
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: 0104247

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 5-24-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean — 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check one - use VS form 17-6 for Poultry)*
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: 48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines 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
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332	USFR1471	108	F	PE	BLACK STAR		STRIP	SNIP	SCAR			RF LEG		
	USFR1472	96	N	PAINT	SORREL		WHITE STAR	STRIP	SNIP					
	USFR1473	72	F	QH	SORREL	STAR	STRIP	LF SOCK	RF CORNET	RR SOCK				
	USFR1474	144	F	TH	BAY	BLAZE	LF SOCK	LR SOCK	RR SOCK	LIP?				
	USFR1475	192	F	HAFLINGER	SORREL	BLAZE								
	USFR1476	168	F	TH	BAY	STAR	STRIP	SNIP	LR CORNET	LIP?				
	USFR1477	144	F	QH	BLACK	STAR								
	USFR1478	36	M	QH	SORREL	BLAZE	LR SOCK	RR CORNET						
	USFR1479	96	F	TH	BAY	STAR	LR ANKLE	RR CORNET	LIP?					
	USFR1480	60	F	TH	BAY	LR CORNET	LIP?							
	USFR1481	168	F	TH	BAY	STAR	STRIP	SNIP	LIP?					
	USFR1482	108	N	QH	BLACK	NO OTHER MARKINGS								
	USFR1483	60	F	TH	BAY	LIP?								
	USFR1484	108	F	QH	BAY	STAR	STRIP	SNIP	LF CORNET					
	USFR1485	84	N	HAFLINGER	SORREL	BLAZE	LR SOCK	RR SOCK						
	USFR1486	96	F	QH	GRAY	NO OTHER MARKINGS								
	USFR1487	168	F	PE	GRAY	SNIP								
	USFR1488	120	N	QH	BAY	NO OTHER MARKINGS								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY. 24, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: KELLIE A HOUGH, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VETERINARIAN MEDICAL OFFICER

VS FORM 17-140 Previous editions may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved - OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140A: 010447

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) —— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USFR1489	168	F	QH	GRAY	NO	OTHER MARKINGS								
USFR1490	144	N	PAINT	ROAN		WHITE BALD								
USFR1491	108	N	QH	SORREL		STAR SNIP								
USFR1492	120	F	AP	SORREL		WHITE BLAZE BLIND R EYE								
USFR1493	96	N	TH	BAY		STAR STRIP SNIP RF ANKLE LIP?								
USFR1494	192	F	TH	BLACK		STAR LIP?								
USFR1495	96	F	QH	SORREL		FAINT STAR								
USFR1496	72	F	QH	SORREL		LR CORNET								
USFR1497	60	F	QH	BLACK		STAR								
USFR1498	168	N	SN	BAY		STAR STRIP SNIP								
USFR1499	144	F	SN	BAY		BRAND 2D124								
USFR1500	144	N	SN	BLACK		BRAND T4943								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION. 3. THE ANIMALS HAVE RESIDED IN THE US OR CANADA SINCE BIRTH. 4. THE ANIMALS AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DAY OF SHIPMENT, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY

VS FORM 17-140a *Previous edition may be used.*

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Public reporting burden for this collection of information is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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 abla to beer 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: Bay	Gray	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1471			X						PERCH			X				SCAR RIGHT FRONT LEG
2		1472				SOR WHT							PAINT			X		
3		1473					X			X				X				
4		1474	X						X					X			LIP—	
5		1475					X						HAFL	X				
6		1476	X						X					X			LIP—	
7		1477			X					X				X				
8		1478					X			X					X			
9		1479	X						X					X			LIP—	
10		1480	X						X					X			LIP—	
11		1481	X						X					X			LIP—	
12		1482			X					X						X		
13		1483	X						X					X			LIP—	
14		1484	X							X				X				
15		1485					X						HAFL			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. GOVERNMENT PRINTING OFFICE: 2004-715-407

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	USFR	1486		✓						✓				✓				
17		1487		✓							PERCH			✓				
18		1488	✓							✓						✓		
19		1489		✓						✓				✓				
20		1490				ROAN WHT							PAINT			✓		
21		1491					✓			✓						✓		
22		1492						SOR WHT					APP	✓				BLIND RIGHT EYE
23		1493	✓						✓							✓	LIP—	
24		1494			✓				✓					✓			LIP—	
25		1495					✓			✓				✓				
26		1496					✓			✓				✓				
27		1497			✓					✓				✓				
28		1498	✓										STD			✓		
29		1499	✓										STD	✓			BRAND 2D124	
30		1500			✓								STD			✓	BRAND T4943	
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

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)*: BAUER, FRED E.

2. CERTIFICATE NO: H 52059

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-27-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE QUEBEC

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)* ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.	USFR1591	120	F	PAINT		bay/white,star,strip									
1849 MARION HARDIN RD.	USFR1592	96	F	QH		red roan,blaze,LR sock,RR cornet,scar RR ankle									
LA RUE, OH 43332	USFR1593	60	F	QH		bay roan									
	USFR1594	120	F	QH		bay,star,strip									
	USFR1595	84	F	QH		chestnut,star,strip,snip,LF,RR cornet									
	USFR1595	84	F	QH		bay,faint star,LR,RR ankle									
	USFR1597	144	F	QH		chestnut,star,LR sock									
	USFR1598	132	F	QH		chestnut,star,snip									
	USFR1599	108	F	QH		bay,star									
	USFR1600	96	F	QH		chestnut,faint star,LR,RR sock									
	USFR1601	240	F	QH		palomino,star,strip,snip									
	USFR1602	240	F	QH		red roan,faint star,strip									
	USFR1603	144	F	QH		chestnut									
	USFR1604	72	F	TH		bay,star,strip,snip,LF,LR,RR sock,RF cornet, UNRD lip									
	USFR1605	72	F	PAINT		bay/white,bald,LF ankle,LR,RR sock									
	USFR1606	144	F	QH		bay,star,LR cornet,scar on nose									
	USFR1607	48	F	TH		chestnut,star,strip,snip,UNRD lip									
	USFR1608	240	F	QH		chestnut,star,blind R eye									

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: MAY. 27, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)*: 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0028

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)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

E. CERTIFICATE NO. FROM VS FORM 17-140: H52059

F. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USFR1609	96	F	PAINT									CHESTNUT WHITE STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK		
USFR1610	36	F	QH									BLACK STAR SNIP SCAR LEFT FRONT LEG		
USFR1611	72	F	QH									BAY ROAN STAR SNIP LF ANKLE LR CORNET RF CORNET RR ANKLE		
USFR1612	98	F	QH									BLACK NO OTHER MARKINGS		
USFR1613	36	F	PAINT									CHESTNUT WHITE LF SOCK LR SOCK RF SOCK RR SOCK		
USFR1614	120	M	QH									BAY ROAN NO OTHER MARKINGS		
USFR1615	108	M	QH									CHESTNUT STAR LR SOCK RR SOCK		
USFR1616	120	M	QH									CHESTNUT STAR STRIP		
USFR1617	120	M	AD									BAY LR CORNET RF HEEL		
USFR1618	144	M	QH									DUN STAR		
USFR1619	144	M	QH									BAY STAR BLIND RIGHT EYE		
USFR1620	72	M	QH									CHESTNUT BLAZE LR SOCK RR SOCK		

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE. 2. THE 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 US OR CANADA SINCE BIRTH. 4. THE ANIMALS AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED. 5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. 6. DURING THE PREVIOUS 21 DAYS THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO OR TEXAS. 7. FIT TO BE TRANSPORTED MEANS THAT ON THE DATE OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER. 8. HORSES ARE FIT FOR SLAUGHTER ONLY.

VS FORM 17-140a *Previous edition may be used.*

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

...displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 107
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEVILLE, QUEBEC JOGIKO
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 7882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USFR	1591				BAY WHT							PAINT	✓				
2		1592						RED ROAN		✓				✓				SCAR RIGHT REAR ANKLE
3		1593						BAY ROAN		✓				✓				
4		1594	✓							✓				✓				
5		1595					✓			✓				✓				
6		1596	✓							✓				✓				
7		1597					✓			✓				✓				
8		1598					✓			✓				✓			BRAND 440	
9		1599	✓							✓				✓				
10		1600					✓			✓				✓				
11		1601						PAL		✓				✓				
12		1602						RED ROAN		✓				✓				
13		1603					✓			✓				✓				
14		1604	✓						✓					✓			LIP	
15		1605				BAY WHT							PAINT	✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024833

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12-20-10

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC, 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4311	36	F	TH		BLUE ROAN STAR STRIP SNIP LIP?									
USGC4312	36	N	TH		CHESTNUT STAR LIP?									
USGC4313	48	F	TH		BLACK LR CORNET RR CORNET									
USGC4314	60	F	TH		BAY STAR LR CORNET RR CORNET LIP?									
USGC4315	36	N	TH		BAY STAR STRIP SNIP LF ANKLE LR SOCK RR SOCK LIP?									
USGC4316	84	N	TH		BAY STAR STRIP SNIP RR ANKLE LIP?									
USGC4317	36	N	TH		BLACK STAR STRIP SNIP LF SOCK LR SOCK RF SOCK RR SOCK LIP?									
USGC4318	36	F	TH		BLACK STAR STRIP LIP?									
USGC4319	108	M	TH		BAY STAR LIP?									
USGC4320	48	N	TH		BAY STAR RR CORNET LIP?									
USGC4321	48	F	TH		BAY RF CORNET LIP?									
USGC4322	72	N	TH		BAY STAR SNIP LF CORNET LR ANKLE RR ANKE LIP?									
USGC4323	60	N	TH		BAY LR CORNET LIP?									
USGC4324	72	F	TH		BAY LF CORNET LR ANKLE LIP?									
USGC4325	36	N	TH		CHESTNUT STAR LR ANKEL RR ANKLE LIP?									
USGC4326	48	N	TH		BLUE ROAN BLAZE LF CORNET LR SOCK LIP?									
USGC4327	48	N	TH		BAY RR ANKLE LIP?									
USGC4328	84	N	TH		BAY STAR LIP?									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC 20 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024833

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4329	36	N	TH		BAY							BLAZE LR ANKLE RR ANKLE LIP?		
USGC4330	48	N	TH		BAY							STAR STRIP SNIP LF CORNET LIP?		
USGC4331	180	N	SN		BLACK							LF CORNET LR CORNET BRAND 209		
USGC4332	108	F	QH		BLACK							BLAZE		
USGC4079	72	F	QH		BAY							STAR		
USGC4082	72	F	QH		CHESTNUT							STAR RF ANKLE RR ANKLE		
USGC4097	120	N	QH		PALOMINO							STAR		
USGC4163	144	F	QH		BAY							NO OTHER MARKINGS		
USGC4167	108	N	QH		CHESTNUT							STAR		
USGC4174	144	N	SN		BAY							STAR STRIP LR SOCK RR SOCK		
USGC4185	120	N	SN		BAY							RF CORNET BRAND?		
USGC4215	144	F	TH		CHESTNUT							STAR STRIP SNIP LR SOCK LIP?		
USGC4216	180	F	TH		CHESTNUT							STAR STRIP SNIP LIP?		
USGC4279	132	F	TH		CHESTNUT							STAR LR ANKLE LIP?		

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animal(s) at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment not be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE, OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4311						BLUE ROAN	X					X			LIP—	
2		4312					X		X							X	LIP—	
3		4313			X				X					X				
4		4314	X						X					X			LIP—	
5		4315	X						X							X	LIP—	
6		4316	X						X							X	LIP—	
7		4317			X				X							X	LIP—	
8		4318			X				X					X			LIP—	
9		4319	X						X						X		LIP—	
10		4320	X						X							X	LIP—	
11		4321	X						X					X			LIP—	
12		4322	X						X							X	LIP—	
13		4323	X						X							X	LIP—	
14		4324	X						X					X			LIP—	
15		4325					X		X							X	LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024822	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
12-20-10	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1849 MARION HARDIN RD.	LA RUE,

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)	DESTINATION COUNTRY	ENTER CODE
VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC	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

CERTIFIED BRUCELLOSIS FREE AREA

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC4281	60	F	QH											
USGC4282	144	F	SN											
USGC4283	120	F	TH											
USGC4284	84	F	AP											
USGC4285	216	N	QH											
USGC4286	132	F	SN											
USGC4287	252	N	SN											
USGC4288	132	F	SN											
USGC4289	120	F	BL											
USGC4290	108	N	QH											
USGC4291	180	F	SN											
USGC4292	156	F	SN											
USGC4293	72	F	SN											
USGC4294	168	F	SN											
USGC4295	120	F	QH											
USGC4296	108	N	QH											
USGC4297	144	N	QH											
USGC4298	96	N	PAINT											

BAY WHITE
BAY STAR RR CORNET LIP?
BAY STAR BRAND V8650
BLACK LR SOCK RR SOCK
BAY STAR BRAND SA037
CHESTNUT BLAZE LF ANKLE LR SOCK RF CORNET RR SOCK
CHESTNUT BLAZE RR SOCK
BAY LIP? BRAND 3
BLACK STAR SNIP
BLACK STAR STRIP LF ANKLE LR ANKLE RR ANKLE
BAY LF ANKLE LR ANKLE RF ANKLE RR ANKLE BRAND XA672
BLACK STAR STRIP SNIP RR ANKLE
CHESTNUT STAR LF CORNET LR CORNET
BAY STAR SNIP LF ANKLE
PAINT BAY WHITE STAR SNIP LF SOCK LR SOCK RF SOCK RR SOCK

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
DEC 20 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	32

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024822

3. PAGE NO.: 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4299	36	F	PAINT		BAY WHITE BLAZE									
USGC4300	180	F	SN		BAY LIP?									
USGC4301	180	F	SN		BAY STAR SNIP LR SOCK LIP?									
USGC4302	120	N	QH		BAY STAR RR ANKLE									
USGC4303	96	F	SN		BLACK STAR LF ANKLE LR ANKLE LIP?									
USGC4304	60	N	SN		BAY STAR LR CORNET BRAND 1C817									
USGC4305	144	N	SN		BAY LIP?									
USGC4306	144	F	TH		BAY LIP?									
USGC4307	120	N	SN		BAY STAR SNIP RR ANKLE BRAND 2BR51									
USGC4308	132	N	SN		BAY LR ANKLE RR ANKLE LIP?									
USGC4309	84	N	TH		CHESTNUT STAR LR ANKLE RF CORNET RR SOCK LIP?									
USGC4310	192	N	SN		BLACK LR CORNET BRAND S7089									
USGC4126	156	N	SN		BLACK BRAND T5891 BLIND R EYE									
USGC4127	132	N	SN		BAY STAR									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, caused the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSELIEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7409993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	4281					✓			✓				✓				
2		4282	✓										STD	✓			BRAND 47	
3		4283	✓						✓					✓			LIP—	
4		4284						BLK WHT					APP	✓				
5		4285						DUN		✓						✓		BLIND LEFT EYE
6		4286	✓										STD	✓			BRAND V8650	
7		4287			✓								STD			✓		
8		4288	✓										STD	✓			BRAND SA037	
9		4289					✓			BEL6				✓				
10		4290					✓			✓						✓		
11		4291	✓										STD	✓			LIP— BRAND 3	
12		4292			✓								STD	✓				
13		4293			✓								STD	✓				
14		4294	✓										STD	✓			BRAND XA672	
15		4295			✓				✓					✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

FORM APPROVED - OMB NO. 0579-0212 and 0101

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024762

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2-14-11

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC5211	120	N	QH	BAY	STAR STRIP SNIP LF CORNET LR ANKLE RF CORNET									
USGC5212	192	F	QH	PALOMINO	STAR STRIP LR CORNET RR CORNET									
USGC5213	72	N	QH	CHESTNUT	BLAZE RF SOCK RR SOCK									
USGC5214	108	F	QH	CHESTNUT	BLAZE LR SOCK RR SOCK									
USGC5215	156	N	AP	BAY	WHITE BALD									
USGC5216	120	F	QH	DUN	STAR STRIP SNIP LR CORNET									
USGC5217	132	F	QH	BAY	BLIND L EYE									
USGC5218	156	F	SN	BAY	LR ANKLE									
USGC5219	120	F	PAINT	BLAVCK	WHITE BLAZE RR SOCK									
USGC5220	84	F	QH	BAY	STAR STRIP SNIP									
USGC5221	72	F	PAINT	CHESTNUT	WHITE BALD									
USGC5222	132	F	QH	CHESTNUT	NO OTHER MARKINGS									
USGC5223	60	F	PAINT	BAY	WHITE BLAZE									
USGC5224	84	N	QH	CHESTNUT	STAR									
USGC5225	72	F	SN	BLACK	BRAND?									
USGC5226	120	F	SN	BAY	STAR RR ANKLE LIP?									
USGC5227	132	F	SN	BAY	STAR RR ANKLE BRAND X8754									
USGC5228	144	F	QH	BAY	STAR STRIP SNIP RR ANKLE									
USGC5229	132	F	QH	BAY	NO OTHER MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB 14 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 05) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0028

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)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: LC21762

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLDOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC52300	180	F	SN		BLACK LR SOCK RR ANKLE LIP?									
USGC52311	84	F	QH		BAY STAR									
USGC52322	156	F	SN		BAY STAR LR ANKLE LIP?									
USGC52333	108	N	SN		BAY STAR STRIP LF SOCK LR SOCK RF ANKLE RR SOCK LIP?									
USGC52344	108	N	SN		BAY LF CORNET BRAND X1863									
USGC52355	96	N	PAINT		CHESTNUT WHITE STAR STRIP									
USGC52366	144	N	SN		BLACK RR CORNET LIP?									
USGC52377	168	F	SN		BAY STAR STRIP SNIP									
USGC52388	144	F	AP		BAY WHITE STAR STRIP SNIP									
USGC51799	72	N	QH		CHESTNUT STAR									
USGC50222	120	F	QH		CHESTNUT BLAZE LF CORNET RR ANKLE									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET

INSTRUCTIONS FROM VS FORM 17-140

1. FIRST CONSIGNOR'S NAME (last name, first

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
BAUER, FRED E.	L024820	1 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
12-16-10	PORT HURON, MICHIGAN	26	1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MADDUEVILLE, QUEBEC MASSUEVILLE	CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC4221	240	F	QH		palomino,star,strip,snip									
USGC4222	84	F	QH		bay,star,strip,snip,LF,RF cornet,LR,RR ankle									
USGC4223	48	F	QH		bay,star,snip,LF,RF cornet,LR ankle									
USGC4224	156	F	QH		chestnut,star,LR sock									
USGC4225	36	F	QH		bay,blaze,LF,LR ankle									
USGC4226	132	F	PAINT		bay/white,star,strip,snip,sock all 4 legs,blind R eye									
USGC4227	240	F	QH		chestnut,star,strip,LF,LR,RR sock,brand open diamond									
USGC4228	72	N	PAINT		chestnut/white,star,snip,LF,LR,RF sock,RR ankle									
USGC4229	144	F	QH		bay,star									
USGC4230	72	F	QH		chestnut,star,snip,LR,RR ankle,RF cornet									
USGC4231	132	F	QH		chestnut,star									
USGC4232	60	F	QH		red roan,star,strip,LF,LR cornet									
USGC4233	132	N	QH		bay,star									
USGC4234	204	F	QH		bay,star,LR ankle,RR cornet									
USGC4235	120	F	QH		chestnut,blaze,LR cornet,RR sock									
USGC4236	120	F	QH		bay,star									
USGC4237	72	F	QH		chestnut,blaze,LF,RR sock,RF ankle									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
DEC 16 2010	KEARNS, EARNEST D. 7713	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER	

Kellie A. Hough
Endorsing Federal Veterinarian

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024788

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-10-11

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

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

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC5781	180	N	QH									DUN BLAZE LR ANKLE BLIND L EYE		
USGC5782	144	F	QH									BAY STAR STRIP SNIP LF SOCK LR SOCK RF ANKLE RR SOCK		
USGC5783	120	F	SN									BAY NO OTHER MARKINGS		
USGC5784	60	F	QH									CHESTNUT STAR STRIP		
USGC5785	108	F	QH									BLACK NO OTHER MARKINGS		
USGC5786	72	N	BL									CHESTNUT BLAZE		
USGC5787	96	N	PAINT									BAY WHITE STAR SNIP LF SOCK LR SOCK RF SOCK RR SOCK		
USGC5788	72	F	SN									BAY BRAND BEA02		
USGC5789	144	F	QH									BAY STAR		
USGC5790	192	N	BL									CHESTNUT STAR STRIP SNIP		
USGC5791	120	F	AP									RED ROAN BLAZE		
USGC5792	180	F	AP									RED ROAN STAR STRIP SNIP LR SOCK RF SOCK RR SOCK SCAR RR LEG		
USGC5793	180	F	QH									CHESTNUT STAR		
USGC5794	96	F	TH									BAY RR CORNET LIP?		
USGC5795	72	F	QH									BAY LR CORNET RR CORNET		
USGC5796	24	N	QH									BAY STAR LF SOCK LR SOCK RF CORNET RR SOCK		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 11 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0247[illegible]

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
BAUER, FRED E.														
1849 MARTON HARDIN RD.														
LA RUE, OH 43332														
USGC5797	36	F	QH									CHESTNUT STAR SNIP LR CORNET RR CORNET		
USGC5798	156	N	SN									BAY STAR LR SOCK RR SOCK		
USGC5799	156	F	BL									CHESTNUT BLAZE LF ANKLE LR SOCK RF ANKLE RR SOCK		
USGC5800	48	N	QH									BLACK STAR SNIP RR CORNET		
USGC5801	60	N	QH									BAY STAR SNIP RR ANKLE		
USGC5802	120	F	TH									BAY STAR STRIP SNIP LR ANKLE RR CORNET LIP?		
USGC5803	180	N	SN									BAY RR CORNET		
USGC5804	120	F	QH									CHESTNUT STAR SNIP LR ANKLE		
USGC5805	180	N	BL									CHESTNUT BLAZE		
USGC5806	144	N	SN									BAY LR ANKLE LIP?		
USGC5807	60	F	PAINT									BLACK WHITE BLAZE LF SOCK LR SOCK RF SOCK RR SOCK		
USGC5808	48	N	TH									BAY STAR STRIP SNIP LF CORNET RF CORNET RR ANKLE LIP?		
USGC5809	60	N	TH									BAY STAR LF ANKLE LR ANKLE LIP?		
USGC5810	60	F	TH									CHESTNUT STAR LF CORNET LR ANKLE LIP?		
USGC5691	84	M	QH									BAY STAR SNIP LR ANKLE		

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 4507882490

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 en 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	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	5781						DUN		✓						✓		BLIND LEFT EYE
2		5782	✓							✓				✓				
3		5783	✓										STD	✓				
4		5784					✓			✓				✓				
5		5785			✓					✓				✓				
6		5786					✓				BEL6					✓		
7		5787				BAY WHT							PAINT			✓		
8		5788	✓										STD	✓			BRAND BEA02	
9		5789	✓							✓				✓				
10		5790					✓				BEL6					✓		
11		5791						RED ROAN					APP	✓				
12		5792						RED ROAN					APP	✓				SCAR RIGHT REAR LEG
13		5793					✓			✓				✓				
14		5794	✓						✓					✓			LIP—	
15		5795	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

PART 1 - INSPECTOR

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)

FORM APPROVED - OMB NO. 0579-0020 and 0101

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024787

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-10-11

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC.
595 RUE ROYALE C.P. 101
MASSUEVILLE, QUEBEC

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC5811	60	M	QH	DARK CHESTNUT STAR										
USGC5812	180	N	QH	BLACK STAR STRIP SNIP LR SOCK										
USGC5813	144	F	SN	BAY STAR LR SOCK LIP?										
USGC5814	120	N	PAINT	DUN WHITE STAR SNIP LF SOCK LR SOCK RF SOCK RR SOCK										
USGC5815	84	N	QH	CHESTNUT BLAZE RR SOCK										
USGC5816	120	F	QH	CHESTNUT STRIP SNIP LR SOCK RR ANKLE										
USGC5817	72	N	QH	PALOMINO BLAZE LR SOCK										
USGC5818	120	F	QH	CHESTNUT STAR STRIP SNIP LR SOCK RR ANKLE										
USGC5819	180	N	HAFLINGER	CHESTNUT STAR STRIP SNIP BRANDS 130 D OVER TWO OO OVER W										
USGC5820	108	N	QH	CHESTNUT STAR STRIP SNIP										
USGC5821	72	N	SN	BLACK BRAND SE269										
USGC5822	84	N	QH	CHESTNUT STAR STRIP SNIP LF ANKLE RF SOCK RR ANKLE										
USGC5823	84	F	TH	CHESTNUT STAR STRIP LIP?										
USGC5824	120	N	QH	BAY NO OTHER MARKINGS										
USGC5825	48	F	QH	BLUE ROAN LR ANKLE										
USGC5826	108	F	TH	CHESTNUT BLAZE LIP?										
USGC5827	144	F	TH	CHESTNUT STAR STRIP SNIP LR SOCK LIP?										

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: MAR 11 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian:

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR '98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 1-140: LD24787

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USGC5828	180	F	TH	CHESTNUT STAR STRIP RR ANKLE LIP?										
USGC5829	84	N	AS	CHESTNUT STAR LR ANKLE										
USGC5830	108	F	TH	BAY STAR LR SOCK RR SOCK LIP?										
USGC5831	144	F	TH	BAY STAR LIP?										
USGC5832	120	F	SN	BLACK STAR LF ANKLE LR ANKLE RF CORNET BRAND W8925										
USGC5833	108	F	SN	BLACK STAR SNIP LR ANKLE BRANDDS 211 TA101										
USGC5834	144	F	SN	BAY BRAND?										
USGC5835	192	F	SN	BAY STRAR										
USGC5836	204	F	TH	BLACK LIP?										
USGC5837	204	N	BL	CHESTNUT BLAZE LR SOCK RR SOCK BLIND L EYE										
~~USGC5605~~	~~120~~	~~F~~	~~HAFLINGER~~	~~CHESTNUT STRIP~~										
~~USGC5731~~	~~132~~	~~N~~	~~SN~~	~~CHESTNUT STAR STRIP SNIP LR ANKLE BRAND WS166~~										
~~USGC5727~~	~~130~~ 144	~~N~~	~~SN~~	~~BAY STAR LR CORNET BRAND?~~										
~~USGC5559~~	~~24~~	~~M~~	~~TH~~	~~BAY STAR STRIP SNIP LF CORNET~~										

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION HARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C. P. 101
CITY, STATE, ZIP CODE: LARUE OHIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: 740 499 3995	AREA CODE & TELEPHONE NO.: 450 788 2490

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: Bay	Grey	Blk.	Pinto	Chestn.	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	5811					DARK X			X					X			
2		5812			X					X						X		
3		5813	X										STD	X			LIP—	
4		5814				DUN WHT							PAINT			X		
5		5815					X			X						X		
6		5816					X			X				X				
7		5817						PAL		X						X		
8		5818					X			X				X				
9		5819					X						HAFL			X	BRANDS 136	
10		5820					X			X						X		
11		5821			X								STD			X	BRAND SE269	
12		5822					X			X						X		
13		5823					X		X					X			LIP—	
14		5824	X							X						X		
15		5825						BLUE ROAN		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b) (6) [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsiete

PART 1 - INSPECTOR

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: L024785

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION *(City and State)*	6. STATE CODE
3-10-11	PORT HURON, MICHIGAN	26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*	8. CONSIGNOR'S CITY *(or Town)*
1849 MARION HARDIN RD.	LA RUE

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUEBEC

DESTINATION COUNTRY: CANADA — ENTER CODE: CA

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC5841	240	N	QH	CHESTNUT BLAZE LR SOCK										
USGC5842	240	F	QH	CHESTNUT STAR STRIP SNIP										
USGC5843	48	F	TH	BAY LIP?										
USGC5844	120	F	QH	CHESTNUT BLAZE RR CORNET										
USGC5845	108	F	TH	BLACK LIP?										
USGC5846	192	F	TH	BLACK LR CORNET LIP?										
USGC5847	108	F	TH	BAY LR ANKLE RR ANKLE LIP?										
USGC5848	120	F	QH	BAY STAR LR CORNET										
USGC5849	48	F	QH	BAY RR ANKLE										
USGC5850	48	F	QH	BLACK										
USGC5851	60	F	QH	CHESTNUT STAR										
USGC5852	120	N	QH	RED ROAN STAR STRIP SNIP LR CORNET RR CORNET										
USGC5853	120	F	PAINT	PALOMINO WHITE BALD										
USGC5854	48	N	QH	CHESTNUT BLAZE LR ANKLE RF SOCK										
USGC5855	48	N	TH	CHESTNUT STAR LR CORNET LIP?										
USGC5856	48	F	QH	PALOMINO STAR										
USGC5857	72	F	QH	BAY BLAZE LF SOCK LR SOCK RR SOCK										
USGC5858	120	F	QH	CHESTNUT BLAZE LF ANKLE RR SOCK										
USGC5859	48	N	TH	CHESTNUT STAR STRIP SNIP LR SOCK RR SOCK LIP?										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)*	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
MAR 11 2011	KEARNS, EARNEST D. 7713	☐ 1 State ☒ 3 Accredited ☐ 2 Federal	30

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024785

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: VIANDE RICHELIEU INC

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

BAUER, FRED E.
1849 MARION HARDIN RD.
LA RUE, OH 43332

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
USGC5860	180	N	QH	PALOMINO			STAR LF SOCK LR SOCK RF SOCK RR SOCK							
USGC5861	96	N	QH	CHESTNUT			STAR LR ANKLE BRAND TS							
USGC5862	72	N	QH	CHESTNUT			STAR							
USGC5863	60	N	QH	BLUE ROAN			LR ANKLE RR CORNET							
USGC5864	156	F	QH	CHESTNUT			NO OTHER MARKINGS							
USGC5865	108	N	QH	CHESTNUT			LR SOCK RR SOCK							
USGC5866	48	N	QH	CHESTNUT			BLAZE LF CORNET LR ANKLE RR SOCK BRANDS HY 8							
USGC5867	72	F	QH	CHESTNUT			BLAZE RR SOCK CROOKED RF LEG							
USGC5868	120	F	QH	CHESTNUT			STAR LR ANKLE RF CORNET RR ANKLE							
USGC5869	72	N	QH	CHESTNUT			STAR STRIP							
USGC5870	144	N	QH	CHESTNUT			BLAZE LF SOCK LR SOCK RF ANKLE RR ANKLE							

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P. 101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7409993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	S841					✓			✓						✓		
2		S842					✓			✓				✓				
3		S843	✓						✓					✓			LIP—	
4		S844					✓			✓				✓				
5		S845			✓				✓					✓			LIP—	
6		S846			✓				✓					✓			LIP—	
7		S847	✓						✓					✓			LIP—	
8		S848	✓							✓				✓				
9		S849	✓							✓				✓				
10		S850			✓					✓				✓				
11		S851					✓			✓				✓				
12		S852						RED ROAN		✓						✓		
13		S853				PAL WHT							PAINT	✓				
14		S854					✓			✓						✓		
15		S855					✓		✓							✓	LIP—	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[illegible] CONVEYANCE.

SIGNATURE (b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	4266	✓							✓						✓		BLIND RIGHT EYE
17		4267					✓						STD	✓				
18		4268	✓						✓					✓			LIP—	
19		4269	✓							✓						✓		
20		4270	✓						✓					✓			LIP—	
21		4271	✓						✓							✓	LIP—	
22		4272	✓						✓					✓				
23		4273			✓				✓					✓			LIP—	
24		4274					✓			✓				✓				
25		4275					✓			BELG				✓				
26		4276					✓		✓					✓			LIP—	
27		4277	✓							✓				✓				
28		4278			✓				✓					✓			LIP—	
29		4279					✓		✓					✓			LIP—	
30		4280	✓							✓				✓				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	3846	✓							✓				✓				
17		3847	✓						✓					✓			LIP—	
18		3848			✓				✓							✓	LIP—	BLIND LEFT EYE
19		3849	✓							✓				✓				
20		3850					✓			✓				✓				
21		3851					✓		✓					✓			LIP—	
22		3852					✓			✓				✓				
23		3853						PAL		✓				✓				
24		3854					✓			✓				✓				
25		3855					✓			✓				✓				
26		3856				CHESTN WHT							PAINT	✓				
27		3857	✓										STD	✓			LIP—	
28		3861	✓										STD	✓			LIP—	
29		3880	✓							✓						✓		
30		3878	✓										STD	✓				
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

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FORM APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	3816						PAL		✓				✓				BLIND RIGHT EYE
17		3817	✓							✓						✓	BRAND 011	
18		3818	✓										STD			✓	BRAND 277 LIP—	
19		3819	✓										STD			✓		
20		3820	✓										STD			✓		
21		3821	✓										STD			✓	LIP—	
22		3822				CHESTN WHT							PAINT	✓				
23		3823	✓										STD			✓	BRAND 34 LIP—	
24		3824			✓					✓						✓		BLIND LEFT EYE
25		3825				BLK WHT							PAINT			✓		
26		3826	✓										STD			✓	LIP—	
27		3827	✓										STD	✓			BRAND X9261	
28		3828					✓				BELG					✓		
29		3653					✓						MAFL			✓		
30		3860			✓								STD		✓		BRAND—	
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average .5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LARUE ONIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: BAUER
CONSIGNOR (OWNER/SHIPPER) NAME: FRED E. BAUER	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU
STREET ADDRESS: 1849 MARION WARDIN ROAD	STREET ADDRESS: 595 RUE ROYALE C.P.101
CITY, STATE, ZIP CODE: LARUE ONIO 43332	CITY, STATE, ZIP CODE: MASSEUEVILLE, QUEBEC J0G1K0
AREA CODE & TELEPHONE NO.: 7404993995	AREA CODE & TELEPHONE NO.: 4507882490

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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGC	$631					✓			✓				✓			BRAND JC 35	
2		$632					✓			✓				✓				
3		$633						PAL		✓				✓				
4		$634	✓							✓				✓			BRAND (C)	
5		$635					✓			✓				✓				
6		$636						RED ROAN		✓				✓			BRAND O	
7		$637						RED ROAN		✓				✓				
8		$638						PAL		✓				✓				
9		$639					✓			✓				✓				
10		$640					✓			✓				✓				
11		$641					✓			✓				✓				
12		$642					✓			✓				✓				
13		$643			✓					✓				✓				
14		$644						DUN		✓						✓		
15		$645	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGC	5646						PAL		X				X				
17		5647						DUN		X				X				
18		5648			X				X					X			LIP —	
19		5649	X						X					X			LIP —	
20		5650				CHESTN WHT							PAINT			X		
21		5651						PAL		X				X				
22		5652				BAY WHT							PAINT			X		
23		5653				DUN WHT							PAINT			X		BLIND RIGHT EYE
24		5654	X							X				X				
25		5655				CHESTN WHT							PAINT			X		
26		5656			X					X				X				BLIND RIGHT EYE
27		5657	X							X						X		
28		5658					X			X				X				
29		5659	X							X						X		
30		5660				CHESTN WHT							PAINT	X				
31																		
32																		
33		30																
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

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)*: BAUER, FRED E.

2. CERTIFICATE NO.: E0247774

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-3-11

5. U.S. PORT OF EMBARKATION *(City and State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 1849 MARION HARDIN RD.

8. CONSIGNOR'S CITY *(or Town)*: LA RUE

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 43332

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)*: VIANDE RICHELIEU INC. 595 RUE ROYALE C.P. 101 MASSUEVILLE, QUÉBEC

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
BAUER, FRED E.														
1849 MARION HARDIN RD.														
LA RUE, OH 43332														
USGC5601	180	N	PE		gray									
USGC5602	48	F	QH		chestnut,blaze,LF,LR ankle,RR sock									
USGC5603	60	F	SN		bay,LR ankle,UNRD brand									
USGC5604	132	F	SN		chestnut,star,LF,RF ankle									
USGC5605	120	F	HAFLINGER		chestnut,strip									
USGC5606	168	F	QH		bay,star,stirp,snip,LR sock,RR ankle									
USGC5607	36	N	SN		bay,LF ankle,LR sock,RF cornet									
USGC5608	108	F	QH		bay									
USGC5609	120	F	QH		bay,RR cornet									
USGC5610	132	F	SN		bay,star,strip,LF sock,LR ankle,RR cornet,UNRD brand									
USGC5611	108	F	SN		bay,star,strip,LR,RR ankle,brand UNRD									
USGC5612	108	F	QH		chestnut,star,strip									
USGC5613	84	F	BL		chestnut,blaze,LR,RR ankle									
USGC5614	120	N	QH		chestnut,blaze,LR,RF sock									
USGC5615	36	M	QH		black,star,LR cornet									
USGC5616	36	F	QH		bay									
USGC5617	180	N	QH		chestnut,star,LR,RR ankle									
USGC5618	36	N	TH		chestnut,star,strip,snip,LF,LR,RR sock,RF cornet									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN UNRD lip

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: MAR 03 2011

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial,- please print)*: KEARNS, EARNEST D. 7713

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: BAUER, FRED E.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024774

3. PAGE NO.

16. CONSIGNEE'S NAME: VIANDE RICHELIEUINC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
BAUER, FRED E. 1849 MARION HARDIN RD. LA RUE, OH 43332														
USGC5619	240	N	QH		chestnut,star,strip,snip									
USGC5620	108	N	AS		chestnut,star									
USGC5621	144	F	PAINT		bay/white,blaze									
USGC5622	48	N	TH		chestnut,star,strip,snip,LR sock,RF ankle,UNRD lip									
USGC5623	108	N	AS		chestnut,star,LR ankle									
USGC5624	84	F	PAINT		chestnut/white,bald,LF,LR,RR sock									
USGC5625	60	F	TH		black,star,snip,LR cornet,UNRD lip									
USGC5626	36	N	TH		blue roan,blaze,LF,RF sock,UNRD lip									
USGC5627	84	N	TH		chestnut,star,strip,snip,LR,RR ankle,UNRD lip									
USGC5628	60	F	TH		bay,UNRD lip,blind R eye									
USGC5629	36	F	TH		chestnut,star,RF cornet									
USGC5630	96	M	TH		bay,star,LF,RF,RR cornet,LR ankle,UNRD lip									
USGC5494	96	F	TH		bay,star,RR cornet,UNRD lip									

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease. 2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; the animal has resided in the United States or Canada since birth. 3. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported. 4. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. 5. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas, New Mexico or Arizona. 6. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION