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 [redacted] displays a valid [redacted] number for this [redacted] required to co[redacted] average 5 min[redacted] instructions, s[redacted] maintaining the [redacted] collection of inf[redacted]

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 AM	DATE: Sept 15/11
CITY AND STA[redacted]ONVEYANCE: Missou[redacted]x 590 threeForl	
VEHICLE LICENSE NO. AND DRIVER'S NAME: B-34935 [redacted]	NAME OF AUC[redacted]: Missou[redacted]te
CONSIGNOR (OWNER/SHIPPER) NAME: Kent Kershal	CONSIGNEE (RECEIVER/DESTINATION) NAME: Canadian Primium Meats
STREET ADDRESS: 8840 Hwy 10 West	STREET ADDRESS: 3401 53rd Ave 8440 Hwy 10 West
CITY, STATE, ZIP CODE: Missoula, Montana 59808	CITY, STATE, ZIP CODE: LaCombe, Alberta T4L2L6 Missoula, Montana 59808
AREA CODE & TELEPHONE NO.: 406-531-2666	AREA CODE & TELEPHONE NO.: 306-748-2477

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	USBY	8464	x							x						x	L sho	Star snipst
2		8465	x							x						x	E r thi	star lh cor
3		8466	x							x				x				starstrip rhm
4		8467	x							x				x				lh fetlock
5		8468	x							x				x			LH	
6		8469						dun		x				x				star snip
7		8470						brn			x					x	20 US 1	4 socks thi Starsnips
8		8471					x			x				x			E r thi	lh coronet star strip
9		8472					x			x						x	Starstrip snipLHfetl	
10		8473					x			x						x		lh coronet
11		8474	x							x						x		lh,rh pastern
12		8475				x							Aph	x			~~starstr~~ipsnip4 socks	
13		8476				x							Aph			x	Starstripsnip 4socks	
14		~~8477~~ 5485	x							x				x				star rh,rf pastern
15		8478			x					x					x			faint starsaddle markL

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 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.)

[redacted]

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	USBY	8479	x							x				x			RH coronetspots onh:	
17		8480				x							aph	x			star snip 4 socks	
18		8481				x							aph	x			white chin 4 socks	
19		8482		x						x				x				star snip
20	USFJ	6149	x							x				x				starscarLhc
21		6147						dun		x						x	lf large knee starst	
22		6148						buck		x						x		star
23		6142					x			x				x			star lh,rh pastern	
24		6145						palo		x				x				star strip
25		6146	x				x			x				x			R — r sho star	
26		6143	x							x				x				star rh paste
27		6144	x								x			x			star rh,lh fetlock	
28		6141	x							x						x	starsnip lf,rh,lhfet	
29		6137	x							x						x	starstripsnip lh pas	
30		6139						grulla					MUST			x	BLM left neck	
31	USBY	8483	x							x				x			Star strip snip	
32		8484					x			x						x		star
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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)

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FORM APPROVED OMB NO. 0579-0160

HORSES LOADED ON CONVEYANCE: 10:15 A.M

DATE: 8/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Missoula, Montana

HICLE LICENSE NO. AND DRIVER'S NAME: 189835 [redacted]

NAME OF AUCTION/MARKET: Missoula Livestock Exuction

CONSIGNOR (OWNER/SHI[redacted]): Missoula Livestock Exchange

CONSIGNEE (RECEIVER/DESTINATION) NAME: Canadian Premium Meats

STREET ADDRESS: 8440 Hyw 10 West

STREET ADDRESS: 340[redacted] 53rd Ave

CITY, STATE, ZIP CODE: Missoula,Montana 59808

CITY, STATE, ZIP CODE: Lacombe.Alberta T4L2L6

AREA CODE & TELEPHONE NO.: 406 728 3052

AREA CODE & TELEPHONE NO.: 306-748-2477

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	USBY	8446					x		x					x				StarstripsnipRH
	USBY	8447																
2							X			X				X				starsnipRH,LHsoc
3	USBY	8448					x			x						x	A W	LthiLF coroLHs
4	USBY	8449				S/W							APH	x				Blaze 4 socks
5	USBY	8450				S/W							APH	F				Blaze4 sock
6	USBY	8452		x				AP				x				x	2 L	shostar blk l
7	USBY	8453					x			x				x				RH stocki starshipLHsoc
8	USBY	8454	x					roan		x				x				star slpit L
9	USBY	8455					x			x				x			R	sho Split r e LH,RHsock
10	USBY	8456	x							x				x				Starstripsnip RH pastern LH
11	USBY	8457			xbr					x				x				faint star medialbult
12	USBY	8458			x					x				x				Star
13	USBY	8459	x							x				x				R thiStar LHpas
14	USBY	8460	x							x						x	L	thiStar RF,LFc
15	USBY	8451		x						x				x				E/L L thi

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 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.)

[redacted]

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
ESS 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	GT	Draft	Pony	Other	Mare	Stal	Geld		
16	USBY	8461	x							x				x			\T/L thi	Star stip LF,LH,RH
17	USBY	8462						BRN		x						x	\T/ L thi	LH coro
18																		
19	USBY	8463				S/W							APH			x		Blaze 4 wht
20																		
21																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FO
(SEP 2002)

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: 8:00 A.M

DATE: 7/15/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Missoula, Montana

VEHICLE LICENSE NO. AND DRIVER'S NAME: C9774 [redacted]

NAME OF AUCTION/MARKET: Missoula Livestock Exchange

CONSIGNOR (OWNER/SHIPPER) NAME: Kent Kerchal

CONSIGNEE (RECEIVER/DESTINATION) NAME: Canadian Premium Meats

STREET ADDRESS: 8440 Hwy 10 West

STREET ADDRESS: 3401 53rd Ave

CITY, STATE, ZIP CODE: Missoula, Montana 59808

CITY, STATE, ZIP CODE: LaCombe Alberta T4L2L6

AREA CODE & TELEPHONE NO.: (406)728-3052

AREA CODE & TELEPHONE NO.: (306)748-2477

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	USBY8	394						APH Sor/wt					APH	X		APH		Blaze 4socks
2	USBY	8395						Sor/wht					APH			X	Irreg	Blaze 4 sock
3	USBY	8396						Bay/wht					APH	X				RFpast3socks
4	USBY	8397						sor/wht					APH	X				Blaze4socks
5	USBY8	398	X							X				X			5 Lthi	LF Pastern LH56 Starstripsnip
6	USBY	8399						Sor		X				X			RF heel	scarstar st
7	USBY	8400			X					X				X			E/L Lthi	LH Pastern starstripsn
8	USBY	8401	X							X						X	T R thi	starLH, RHpa
9	USBY	8402	X					mule								X		Both fronts Whitefrontsf
10	USBY	8403		X						X				X			MAT Lthi	LFLHRH, sock
11	USBY	8404			X					X						X		StarLFRHLHpa
12	USBY8	405	X							X				X			-C R sho	STARSNIPST
13	SBY	8406						BRN		X						X		~~LFLHRFsock~~ starstripsni
14	USBY	8407						sor		X						X		starstripsni ~~RF ankle sock~~
15	USBY	8408				X		Blk/wt					APH	X				Starwhite le

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.) [redacted]

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	USBY	8409	X					APH								X		Small Starstrip LHoc
17	USBY	8410						RNsor		X						X		Spot inside LH hock RH: Blazeinside LF
18	USBY	8411	X							X						X		Starhind past
19	USBY	8412						Sor/wht					APH	X			wht legs	Starsnipstri
20	USBY	8413						sor		X				X			RF fetlock	Star Stri
21	USBY	8414	X							X				X			H LThi	
22	USBY	8415						sor					Arab			X	D R Sho	Starstripsn:
23	USBY	8416						Bay/wht					APH	X			white legs	Starsnips:
24	USBY	8417	X							X				X			LH sock RF sock	Starstr
25	USBY	8418						sor		X				X				Starstripsni:
26	USBY	8419						sor		X				X				Small Star
27																		
28																		
29																		
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.)

[redacted] (b)(6)

VS FORM 10-[illegible]
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:30 Am

DATE: 6-17-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Missoula Livestock Exchange Missoula Mo

VEHICLE LICENSE NO. AND DRIVER'S NAME: B 897-51 [redacted]

NAME OF AUCTION/MARKET: Missoula Livestock Exchange

CONSIGNOR (OWNER/SHIPPER) NAME: Canadian Premium Meats%Missoula Livestock

STREET ADDRESS: 8440 HWY 10 West

CITY, STATE, ZIP CODE: Missoula, Montana

AREA CODE & TELEPHONE NO.: Miss406-728-3052

CONSIGNEE (RECEIVER/DESTINATION) NAME: Canadian Premium Meats

STREET ADDRESS: 3401 53rd AVE

CITY, STATE, ZIP CODE: Lacombe, Alberta T4L2L6

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Cream	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USBY	8364				x							Paint			x		Frost stock Starstrip rearsocks
2	USBY	8365					x			x						x	XX RN	BlazeLFstoc
3	USBY	8366					x						xPaint			x	heel RF	Star strip hind socks
4	USBY	8367					x			x				x			P LSho	Star
5	USBY	8368	x							x						x		R ear split Star
6	USBY	8369	x							x						x		Star LHmedi Heel
7	USBY	8370	x						x					x				Scar left
8	USBY	8371	x						x							x		RH sock
9	USBY	8372	x							x						x		Star strip LH pastern
10	USBY	8373					x			x				x				RH sock
11	USBY	8374	x							x						x		Star snipLF Hindsocks
12	USBY	8375	x								x					x		SatrRH soc
13	USBY	8376					x			x						x		Starstripsn LF RH socks
14	USBY	8377						grula		x				x				Star
15	USBY	8378		x						x						x	OK Rsho	StarLFpast

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.)

[redacted]

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)

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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	USBY	8379					x			x						x		Starsnipstr
17	USBY	8380					x			x				x			ERH	RFsock snip
18	USBY	8381	x							x				x				Blazehindso
19	USBY	8382		x						X						x	SCLsho	
20	USBY	8383					x			X				x				LfrontaSinu sunken
21	USBY	8384	x							x						x		TumorLRpast
22	USBY	8385						roan		x				x				Long toes
23	USBY	8386					x						appy			x		BlazeRFstoc LHsock
24	USBY	8387	x							x				x				Starstripsn RH sock
25	USBY	8388	x							x				x				Starstripsn LHsock
26	USBY	8389	x							x						x		Scar rt kne
27	USBY	8390				SOR?WT							APH			x	2 LT	Starsnipstr White legs
28	USBY	8391						pal								x		Star strip
29	USBY	8392					x			x				x				Starstripsn LH,LFsocks
30	USBY	8393	x										Must	x			BLM LN	
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0180

TIME HORSES LOADED ON CONVEYANCE: 4:00 PM
DATE: 5/18/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Missoula, Montana

VEHICLE LICENSE: B89876 (b)(6)
NAME OF AUCTION/MARKET: Missoula Livestock Exchange

CONSIGNOR (OWNER/SHIPPER) NAME: Missoula Livestock Exchange
CONSIGNEE (RECEIVER/DESTINATION) NAME: Canadian Premium Meats

STREET ADDRESS: 8440 HWY 10 West
STREET ADDRESS: 3401 53rd Ave

CITY, STATE, ZIP CODE: Missoula, Montana 59808
CITY, STATE, ZIP CODE: Lacombe, Alberta T4L2L6

AREA CODE & TELEPHONE NO.: 406 728 3052
AREA CODE & TELEPHONE NO.: 306 748 2477

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	USBY	8312						Buck		X					X		L RH	Snip
2	USBY	8313			X				X					X				Hindsocks
3	USBY	8314				B/W							Pinto			X		Starsnipst 4Wht legs
4	Usby	8315			X					X				X				Star snipH
5	USBY	8316	X										Arab			X		Blaze 4 so
6	USBY	8317						Dun		X						X	S LT	Star snip 2 socks
7	USBY	8318					X			X				X			E RT	Star
8	USBY	8319					X			X				X				Star
9	USBY	8320						Sor		X				X			NC LT	LH Sock Starfront
10	USBY	8321						Brown		X				X				Roan tail
11	USBY	8322						Sor		X				X				Star
12	USBY	8323						Sor		X				X				Star 4 socl
13	USBY	8324	X						X							X	S RT	Star
	~~USBY~~	~~8325~~				~~B/W~~												
14													APH	X				Star snip 4 white le
15	USBY	8326						Palo		X				X				Star LH soc

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

SIGNATURE (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USBY	8327	X						X					X				Star R5 [illegible]
17	USBY	8328		X						X				X				Dark markR
18	USBY	8329						Sor		X						X		Star
19	USBY	8336		X						X				X			S/6 RT	Font socks
20	USBY	8331						Sor		X				X				Star strip
21	USBY	8332						Sor		X						X	S/10 RT	Blaze hinds
22	USBY	8333						Sor		X				X			S/6 RT	
23	USBY	8334	X							X				X				
24	USBY	8335						Sor		X				X			S/6 RT	RH sock Star strip
25																		
26																		
27																		
28																		
29																		
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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

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: Missoula Livestock Exchange Missoula Mon

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION MARKET: Missoula Livestock Exchange

CONSIGNOR (OWNER/SHIPPER) NAME: Canadian Premium Meats%Missoula Livestock

STREET ADDRESS: 8440 HWY 10 West

CITY, STATE, ZIP CODE: Missoula, Montana

AREA CODE & TELEPHONE NO.: Miss406-728-3052

CONSIGNEE (RECEIVER/DESTINATION) NAME: Canadian Premium Meats

STREET ADDRESS: 3401 53rd AVE

CITY, STATE, ZIP CODE: Lacombe, Alberta T4L2L6

AREA CODE & TELEPHONE NO.

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

Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs

Foals are older than 6 months of age. Horses are not blind in both eyes Horses are able to walk unassisted

	TAG PREFIX	Tag NO	COLOR DESCRIPTION: 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	USBY	8364				x							Paint			x		Front Stocking Starstrip's rearsocks
2	USBY	8364					x			x						x	XX RN	BlazeLFstock
3	USBY	8366					x						xPaint			x	heel RF	Star strip hind socks
4	USBY	8367					x			x				x			P LSho	Star
5	USBY	8368	x							x						x		R ear split Star
6	USBY	8369	x							x						x		Star LHmedia Heel
7	USBY	8370	x						x					x				Scar left h
8	USBY	8371	x						x							x		RH sock
9	USBY	8372	x							x						x		Star strip LH pastern
10	USBY	8373					x			x				x				RH sock
11	USBY	8374	x							x						x		Star snipLFs Hindsocks
12	USBY	8375	x								x					x		SatrRH sock
13	USBY	8376					x			x						x		Starstripsni LF RH socks
14	USBY	8377						grula		x				x				Star
15	USBY	8378		x						x						x	OK Rsho	StarLFpaste

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

SIGNATURE

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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)

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	TAG PREFIX	Tag NO	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chesn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc	REMARKS Include precondition
16	USBY	8379					x			x						x		Starsnipstri
17	USBY	8380					x			x				x			ERH	RFsock snip
18	USBY	8381	x							x				x				Blazehindsoc
19	USBY	8382		x						x						x	CLsho	
20	USBY	8383					x			x				x				LfrontaSinus sunken
21	USBY	8384	x							x						x		TumorLRpaste
22	USBY	8385						roan		x				x				Long toes
23	USBY	8386					x						appy			x		BlazeRFstock LHsock
24	USBY	8387	x							x				x				Starstripsni RH sock
25	USBY	8388	x							x				x				Starstripsni LHsock
26	USBY	8389	x							x						x		Scar rt knee
27	USBY	8390				SOR?WT							APH			x	2 LT	Starsnipstri White legs
28	USBY	8391						pal								x		Star strip
29	USBY	8392					x			x				x				Starstripsni LH,LFsocks
30	USBY	8393	x										Must	x			BLM LN	
31																		
32																		
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VS FORM 10-13A
(SEP 2002)