K-12374

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00am RA9642K

DATE: Feb 17/4

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chesin	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Inc existing condit
1	USGA	7151			X					X				X			87	
2	USGA	7152	X						X						X		951	
3	USGA	7153						Red Roan		X						X	952	
4	USGA	7154				X				X				X			953	
5		7155					X			X				X			955	
6		7156						blue Roan	X					X			956	
7		7157	X						X							X	957	
8		7158	X						X					X			958	
9		7159					X			X						X	960	
10		7160					X			X				X			961	
11		7161					X			X				X			962	
12		7162						Red Roan			X			X			989	
13		7163						sorrel					1/2 linger	X			990	
14		7164						sorrel		X						X	991	
15		7165		X						X						X	992	

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

Paperwork Reduction Act of 1995, no persons are required to respond 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

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

Please type or print in ink.

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Blk	Brn	Gry	Red	Wht	Other	BREEDTYPE: TB	CT	Brah	Dairy	Other	SEX: Male	Stg	Fem	GRADE Tattoo No.	REMARKS Include quarantine
USGA	7166	X						X							X	993	
USGA	7167			X					X						X	994	
USGA	7168	X							X						X	995	
USGA	7169						clean		X						X	996	
	7170						sorrel		X						X	997	
	7171	X						X							X	998	
	7172			X					X						X	86064	
	7173			X					X						X	86065	
	7174	X							X				X			86066	
	7175					X			X						X	86067	
	7176	X							X				X			86068	
	7177	X							X				X			86069	
	7178	X							X						X	9943	
	7179				X				X						X	9944	
↓	7180					X			X						X	88	

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

[illegible] 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]

K-12574

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 APPROVE OMB NO 0579-016

TIME HORSES LOADED ON CONVEYANCE: 1:00am

DATE: [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

CONSIGNOR (OWNER/SHIPPER) NAME: Don Dickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

(b) (6) [redacted]

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 unassi

	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 In existing condi
1	USGA	7151			X					X				X			87	
2	USGA	7152	X						X						X		951	
3	USGA	7153						red roan		X						X	952	
4	USGA	7154				X				X				X			953	
5		7155					X			X				X			955	
6		7156						blue roan	X					X			956	
7		7157	X						X							X	957	
8		7158	X						X					X			958	
9		7159					X			X						X	960	
10		7160					X			X				X			961	
11		7161					X			X				X			962	
12		7162						red roan			X			X			989	
13		7163						sorrel					1/2 linger	X			990	
14		7164						sorrel		X						X	991	
15	V	7165		X						X						X	992	

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. 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

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

(Please type or print in ink)

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Red	Brown	Black	Yellow	Orange	Other	BREEDS: TB	GT	Dairy	Beef	Other	SEX: Male	Stag	Cow	GRADES (Optional)	REMARKS (Optional)
USGA	7166	X						X							X	993	
USGA	7167			X					X						X	994	
USGA	7168	X							X						X	995	
USGA	7169						clean		X						X	996	
	7170						sorrel		X						X	997	
	7171	X						X							X	998	
	7172			X					X						X	86604	
	7173			X					X						X	86605	
	7174	X							X				X			86606	
	7175					X			X						X	86607	
	7176	X							X				X			86608	
	7177	X							X				X			86609	
	7178	X							X						X	9943	
	7179				X				X						X	9944	
	7180					X			X						X	88	

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

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

Don Vickerson

K-12577

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 APPROVE OMB NO 0579-016

TIME HORSES LOADED ON CONVEYANCE: 100am RA9692K

DATE: March 17/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassi

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Ir existing cond
			Bay	Grey	Blk	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	7271			X								cross	X			034	
2	USGA	7272						Pal		X						X	115	
3	USGA	7273	X							X						X	116	
4	USGA	7274				X				X						X	692	
5		7275					X			X						X	693	
6		7276					X			X				X			694	
7		7277					X			X				X			695	
8		7278					X			X						X	696	
9		7279					X			X				X			697	
10		7280					X			X				X			698	
11		7281						Dun		X				X			701	
12		7282	X						X					X			702	
13		7283	X						X					X			703	
14		7284						Sorrel		X				X			704	
15	✓	7285						Sorrel	X					X			705	

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

CANADIAN FOOD INSPECTION AGENCY (C

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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 (CONFIRMATION SHEET)

Please type or print in ink.

Paperwork Reduction Act of 1995, no persons are required to respond 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

TAG PRESENT	Tag No.	COLOR DESCRIPTION						GRADE					SEX			BRANDS Tattoos etc.	REMARKS Instead of quarantine
		Blk	Brn	Blu	Red	Gray	Color	TB	GT	Sel	Stag	Other	Male	Sta	Fem		
USGA	7286	X						X					X			706	
USGA	7287	X						X					X			708	
USGA	7288						Spot		X				X			714	
USGA	7289	X							X				X			715	
	7290		X									Arab		X		746	
	7291						Dun		X						X	977	
	7292				X				X						X	978	
	7293					X		X					X			979	
	7294	X						X					X			980	
	7295	X							X						X	981	
	7296			X				X							X	982	
	7297		X						X						X	983	
	7298	X							X				X			985	
	7299	X							X				X			986	
	7300					X			X				X			987	

IT AUTHORIZES THE GFA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS REQUIRED BY THE GFA TO THE USDA. FALSIFICATION OF FORM OR INQUIRY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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) [redacted]

K-125-K

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 APPROVI OMB NO 0579-01

TIME HORSES LOADED ON CONVEYANCE: 2:00 PM

DATE: [illegible]

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unass

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chesin	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS existing con
1	USGA	7241	X							X						X	109	
2	USGA	7242	X							X				X			110	
3	USGA	7243					X			X						X	111	
4	USGA	7244					X				X					X	112	
5		7245	X							X				X			113	
6		7246	X							X				X			114	
7		7247		X						X				X			747	
8		7248		X						X				X			748	
9		7249						Dark brown	X					X			749	
10		7250						Sorrel		X				X			750	
11		7251	X						X					X			980	
12		7252				X				X				X			981	
13		7253	X							X				X			982	
14		7254	X							X						X	983	
15	V	7255						Sorrel		X				X			984	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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) [redacted]

CANADIAN FOOD INSPECTION AGENCY (

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

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

OWNER/SHIPPER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please Use Pen or Print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0162. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: Buy	Grey	Blk.	Pinto	Grass	Other	SUBSTITUTE: TB	BT	Brand	Pump	Other	SEX: Male	Sex	Gas	BRANDS Tattoos, etc.	REMARKS Include presentation
USGA	7256					X			X						X	2066	
USGA	7257	X							X				X			2170	
USGA	7258	X							X				X			2171	
USGA	7259			X				X					X			963	
	7260					X			X				X			964	
	7261					X			X				X			965	
	7262	X							X				X			966	
	7263						Dun		X						X	967	
	7264						APP		X						X	968	
	7265					X						Arab		X		969	
	7266					X			X						X	970	
	7267		X						X				X			971	
	7268	X							X				X			972	
	7269			X					X				X			973	
	7270					X			X				X			974	

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

...FIE OF OWNER/SHIPPER (Clearly [redacted] correct to the best of my knowledge.)

(b) (6)

K12575

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: [redacted] DATE: [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dan Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassi

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Ir existing conc
			Bay	Grey	Blk	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	7211	X							X				X			607	
2	USGA	7212					X			X				X			609	
3	USGA	7213						brown		X						X	610	
4	USGA	7214					X			X				X			964	
5		7215					X		X							X	965	
6		7216	X						X							X	966	
7		7217	X						X							X	967	
8		7218					X			X				X			968	
9		7219	X						X							X	969	
10		7220	X						X					X			970	
11		7221	X										Morgan		X		971	
12		7222	X						X							X	972	
13		7223	X							X						X	973	
14		7224	X							X						X	974	
15	V	7225	X						X							X	6978	

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 AUTHORI[redacted] 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.)

[redacted]

CANADIAN FOOD INSPECTION AGENCY (C

EST.

DATE

TIME

VS FORM 10-13

Previous editions are obsolete

PAGE 1

U.S. DEPARTMENT OF AGRICULTURE
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 0579-0151. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0151

Tag Prefix	Tag No.	Color Descriptors: Blue	Gray	Silk	Black	Brown	Spots	Sex: TB	GT	Cow	Bull	Other	Male	Sus	Gelt	Grades Tattoo No.	Remarks Inspector - Initials
USGA	7226						Sorrel		X				X			743	
USGA	7227						Red Roan					Mule			X	744	
USGA	7228						Pale		X						X	745	
USGA	7229	X						X					X			967	
	7230					X			X				X			968	
	7231						Sorrel		X				X			969	
	7232					Liver X			X				X			970	
	7233	X						X					X			971	
	7234		X						X						X	973	
	7235					Liver X			X				X			974	
	7236						Sorrel					Cross			X	975	
	7237						Sorrel		X						X	976	
	7238				X				X				X			977	
	7239				X				X				X			978	
V	7240		X						X						X	979	

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

(TYPE OF OWNER/SHIPPER (Print or type full name)

(b) (6) [redacted]

(Signature of Owner/Shipper)

PAGE 2 OF 2

K 12578 N-11-12

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 APPROV OMB NO 0579-01

TIME HORSES LOADED ON CONVEYANCE: 1:00am RA96426

DATE: March 24/

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

[illegible] NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Inc existing condit
			Bay	Grey	Blk	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	7301	X								X					X	118	
2	USGA	7302						Dun		X				X			120	
3	USGA	7303						APP		X				X			121	
4	USGA	7304					X				X					X	124	
5		7305			X						X			X			125	
6		7306						Dun		X						X	126	
7		7307	X							X						X	127	
8		7308					X			X						X	128	
9		7309	X						X					X			709	
10		7310					X		X					X			710	
11		7311	X						X					X			713	
12		7312					X		X					X			716	
13		7313	X							X						X	717	
14		7314						[illegible]		X				X			718	
15		7315	X						X					X			719	

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

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

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PART 1 - INSPECTOR

PAGE 1 OF

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

Paperwork Reduction Act of 1995: [illegible] Public Reporting Burden: [illegible] Form Approved OMB No. 0579-0180

SHIPPER'S CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONFIRMATION SHEET)

Tag Prefix	Tag No.	Color/Description						Breed					Sex			Grades Tattoo No.	Remarks Inspector
		Blk	Brn	Blu	Red	Gray	Spot	TB	ST	Sim	Pomp	Other	Male	Stag	Cow		
USGA	7316	X						X					X			720	
USGA	7317		X						X				X			721	
USGA	7318						[illegible]		X				X			722	
USGA	7319						[illegible]		X				X			723	
	7320						[illegible]		X				X			725	
	7321					X						Amb		X		7760	
	7322		X						X				X			7097	
	7323						DS		X				X			700	
	7324	X							X				X			710	
	7325	X							X						X	711	
	7326					X			X				X			712	
	7327					X			X						X	713	
	7328			X				X							X	714	
	7329					X			X						X	715	
V	7330					X						1/2 [illegible]			X	716	

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

[illegible] OF SHIPPER [illegible] information [illegible] to the best of my knowledge.

(b) (6) [redacted]

K 12578 N-11-12

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00am

CONVEYANCE: RA9692K

DATE: March 24/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Inc existing condit
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	7301	X								X					X	118	
2	USGA	7302						Dun		X				X			120	
3	USGA	7303						APP		X				X			121	
4	USGA	7304					X				X					X	124	
5		7305			X						X			X			125	
6		7306						Dun		X						X	126	
7		7307	X							X						X	127	
8		7308					X			X						X	128	
9		7309	X						X					X			709	
10		7310					X		X					X			710	
11		7311	X						X					X			713	
12		7312					X		X					X			716	
13		7313	X							X						X	717	
14		7314						Sorrel		X				X			718	
15		7315	X						X					X			719	

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

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PART 1 - INSPECTOR

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

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

FORM APPROVED OMB NO. 0579-0160

CONSIGNEE'S CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please type or print in ink.

Tag Prefix	Tag No.	Color Descriptions: Blk	Brn	Blt.	Red	Gray	Other	Ineligibles: TB	BT	Brcs	Pony	Other	Sex: Mare	Stg	Gelding	Brands Tattoos etc.	Remarks Include ear notch
USGA	7316	X						X					X			720	
USGA	7317		X						X				X			721	
USGA	7318						Sorrel		X				X			722	
USGA	7319						Sorrel		X				X			723	
	7320						Sorrel		X				X			725	
	7321					X						Pinto		X		976	
	7322		X						X				X			699	
	7323						Dun		X				X			700	
	7324	X							X				X			710	
	7325	X							X						X	711	
	7326					X			X				X			712	
	7327					X			X						X	713	
	7328			X				X							X	714	
	7329					X			X						X	715	
	7330					X						1/2 Liver			X	716	

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

(FILE OF CONSIGNOR/SHIPPER) I certify that the information contained herein is true and correct to the best of my knowledge.

(b) (6)

PAGE 2 OF 2

K-12581 N-11-16

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00am RA9642K

DATE: April 28/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassisi

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chesm	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Inc existing condit
1	USGA	7421					X				X					X	049	
2	USGA	7422	X							X						X	069	
3	USGA	7423	X							X						X	072	
4	USGA	7424				X				X						X	074	
5		7425				X				X				X		X	075	
6		7426	X										STB			X	085	
7		7427				X				X						X	087	
8		7428						Red Roan		X				X			088	
9		7429	X						X					X			099	
10		7430					X				X					X	124-0783	
11		7431					X			X						X	128-0788	
12		7432					X			X						X	134	
13		7433	X										STB	X			143-0794	
14		7434					X				X					X	148	
15		7435	X						X					X			150	

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

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002)

PART 1 - INSPECTOR

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

CHUTE/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONFIRMATION SHEET)

Please type or print clearly.

Form Approved OMB No. 0579-0121

Tag Prefix	Tag No.	Color/Markings: Blue	Brown	Black	Green	Orange	Other	Sex: TB	GT	Brucellosis	Dairy	Other	Male	Stag	Cow	Grams Tissue No.	Signature Inspector
USGA	7436					X		X					X			1162	
USGA	7437					X			X				X			1163-0858	
USGA	7438	X						X							X	192-0868	
USGA	7439	X						X							X	8924	
	7440	X							X				X			8925	
	7441					X				X			X			8928	
	7442	X										STB			X	8929	
	7443					X						STB			X	8930	
	7444			X								STB			X	0771-8931	
	7445	X						X							X	9894	
	7446	X						X							X	9895	
	7447	X							X				X			9896	
	7448	X							X				X			9897	
	7449					X						SDB	X			138-9898	
	7450			X								STB			X	056-0759-9900	

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

[illegible]

(b) (6) [redacted]

N 11-15 B-12582

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 APPROVE OMB NC 0579-016

TIME HORSES LOADED ON CONVEYANCE: 1:00am

DATE: April 11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Inc existing condit
			Bay	Grey	Blk	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	7391	X										SIB			G	137	
2	USGA	7392			X					X						G	146	
3	USGA	7393	X							X				X			147	
4	USGA	7394					X			X				X			148	
5		7395	X							X				X			149	
6		7396						Sorrel		X						X	151	
7		7397						Sorrel		X				X			742	
8		7398					X			X						X	743	
9		7399		X						X				X			744	
10		7400						HPP		X				X			745	
11		7401				X				X				X			746	
12		7402		X						X				X			747	
13		7403						HPP		X				X			748	
14		7404	X						X					X			749	
15	V	7405	X						X					X			993	

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

CANADIAN FOOD INSPECTION AGENCY (CF

SIGNATURE (b) (6) [redacted]

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

EST.

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]

VS FORM 10-13 (SEP 2002) 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)

Paperwork Reduction Act of 1995: no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0162. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0162

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Blue	Brown	Silver	Yellow	Green	Other	BREEDTYPE: TB	ST	Crossbred	Dairy	Other	SEX: Male	Steer	Cow	GRADE Tattoo No.	REMARKS Issued - Accession
USGA	7406	X						X					X			994	
USGA	7407					X			X						X	995	
USGA	7408					X			X						X	997	
USGA	7409	X							X				X			998	
	7410	X				X			X				X			999	
	7411					X			X				X			1000	
	7412						APP		X				X			6321	
	7413	X						X					X			6322	
	7414			X				X							X	6323	
	7415	X										STB	X			6324	
	7416						DOW		X				X			6325	
	7417					X			X						X	6979	
	7418			X					X				X			6980	
	7419					X			X				X			6981	
V	7420		X						X				X			6982	

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

[redacted]

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1 pm

DATE: [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

CONVEYANCE OWNER/SHIPPER NAME: Don Dickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

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 8 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	Gray	Blk	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Inc existing condit
1	U56A	7361	X							X				X			123	
2	U56A	7362					X			X						X	129	
3	U56A	7363	X						X					X			130	
4	U56A	7364	X							X				X			131	
5		7365					X			X				X			133	
6		7366	X							X				X			134	
7		7367					X				X					X	135	
8		7368	X							X						X	138	
9		7369	X							X				X			139	
10		7370	X							X				X			140	
11		7371	X							X						X	141	
12		7372				X				X						X	142	
13		7373					X			X						X	143	
14		7374			X					X						X	144	
15	V	7375						Sorrel		X						X	724	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b) (6) [redacted]

I HEREBY AUTHO[redacted]NT AND THE INFORMATION IN IT AS COMPLETED BY [redacted] FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 3 YEARS OR BOTH (18 U.S.C. SECTION 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) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

PAGE 1 OF

[illegible]

[illegible] TO TRAVEL TO A SLAUGHTER FACILITY

[illegible]

[illegible]	[illegible]	[illegible]						[illegible]					[illegible]			[illegible]	[illegible]
		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
USGA	7376						Sorrel		X				X			732	
USGA	7377	X							X				X			733	
USGA	7378	X							X						X	981	
USGA	7379			X				X					X			982	
	7380	X						X					X			983	
	7381	X						X					X			985	
	7382			X					X				X			145-6319	
	7383					X						1/2 [illegible]			X	122-6320	
	7384						DPP		X				X			8923	
	7385					X			X				X			729	

[illegible]

(b) (6)

[redacted]

N-11-13 K-12579

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: [redacted]

DATE: [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chasm	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Gold	BRANDS Tattoos, etc.	REMARKS In existing cond
1	USGA	7331	X						X						X		726	
2	USGA	7332						Sorrel	X					X			727	
3	USGA	7333	X							X				X			728	
4	USGA	7334	X							X				X			729	
5		7335					X			X				X			730	
6		7336						Sorrel		X						X	731	
7		7337						Sorrel		X						X	734	
8		7338	X							X						X	735	
9		7339		X						X				X			736	
10		7340			X					X				X			975	
11		7341	X										STB	X			976	
12		7342	X						X					X			977	
13		7343	X							X				X			978	
14		7344	X						X					X			979	
15		7345	X						X					X			984	

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

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

CONTINUATION PER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

[illegible]

FORM APPROVED
OMB NO. [illegible]

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Bay	Gray	Blk.	Pinto	Grade	Other	BREEDTYPE: TB	GT	Grade	Sump	Other	SEX: Mare	Gen	Gelt	GRANDS Tissue No.	REMARKS
USGA	7346			X				X					X			9860	
USGA	7347	X						X					X			6067	
USGA	7348			X					X				X			6068	
USGA	7349					X				X			X			6069	
	7350	X							X				X			627	
	7351					X			X						X	628	
	7352					X			X				X			634	
	7353					X			X				X			728	
	7354	X							X				X			8670	
	7355						Dun		X				X			8671	
	7356	X							X				X			8672	
	7357					X			X				X			8673	
	7358					X			X				X			8674	
	7359	X							X				X			8675	
	7360					X			X				X			8676	

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

[illegible] OF OWNER/SHIPPER (Typed or printed in [illegible]

(b) (6) [redacted]

[illegible] back 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

K 11783

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM

DATE: 1/28/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	5391	X							X					X			
2	USEV	5392	X						X					X				
3	USEV	5393	X						X					X				
4	USEV	5394	X						X					X				
5		5395					X			X						X	Died	
6		5396	X										JTB			X		
7		5397			X						Percheron					X		
8		5398						Paint		X						X		
9		5399						APP		X				X				
10		5400						APP		X				X				
11		5401			X						Percheron					X		
12		5402					X				X					X		
13		5403					X				X					X		
14		5404						Paint		X						X		
15		5405					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) [redacted]

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

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

(b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13
(SEP 2002)

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 Print or Type)

According to the Paperwork Reduction Act of 1995, no persons are required to respond 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

K11783

TAG PREFIX	TAG NO.	COLOR DESCRIPTION						SHEEP TYPE					SEX			BRANDS Tattoos etc.	REMARKS Include if quarantine
		Blk	Gray	Blu	Fawn	Brown	Other	TB	CF	Scrap	Pony	Other	Male	Ewe	Gelt		
USEV	5406	X						X					X				
USEV	5407			X				X					X				
USEV	5408					X			X				X				
USEV	5409					X			X				X				
	5410					X			X				X				
	5411						GPP		X				X				
	5412	X							X						X		
	5413	X							X						X		
	5414					X		X							X		
	5415	X										Morgan			X		
	5416			X					X				X				
	5417						Pedo		X				X				
	5418					X			X				X				
	5419	X						X					X				
↓	5420					X		X							X		

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

(b) (6) [redacted]

[I affirm that the information in this form is true and correct to the best of my knowledge.]

PAGE 2 OF 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11718

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 1/26/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	5331						Paint		X					X		482	
2	USEV	5332	X							X						X	1839	
3	USEV	5333	X							X						X	1837	
4	USEV	5334	X						X							X	480	
5		5335		X					X							X	483	
6		5336	X							X						X	471	
7		5337					X		X							X	470	
8		5338					X		X							X	6469	
9		5339					X			X				X			474	
10		5340					X			X				X			477	
11		5341					X			X				X			473	
12		5342	X							X						X	478	
13		5343						Paint		X				X			472	
14		5344	X							X				X			476	
15		5345						Paint		X						X	555	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previou[redacted]

PART 1 - INSPECTOR

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

CONTINUATION SHEET

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11718.

Tag Prefix	Tag No.	Color Description: Blue	Brown	Gray	Green	Orange	Other	Species: TB	GT	Goat	Pony	Other	Sex: Male	Stag	Cow	Grade Tattoo No.	Remarks Trade to
USEV	5346	X							X				X			479	
USEV	5347						Paint		X				X			481	
USEV	5348		X						X						X	558	
USEV	5349					X			X				X			475	
	5350	X							X				X			643	
	5351					X			X						X	552	
	5352					X		X					X			640	
	5353						Paint		X				X			1836	
	5354					X			X						X	553	
	5355	X							X				X			1835	
	5356	X							X				X			1838	
	5357						Steel			X					X	216	
	5358						Steel			X			X			205	
	5359					X				X			X			441	
	5360					X						Magenta			X	198	

BY AUTHORIZING THE APHIS TO USE AND THIS DOCUMENT, AND THE INFORMATION IN IT AS CONTAINED BY THE APHIS TO THE USDA. THE INFORMATION FORM OR INQUIRY USING A FALSIFIED NAME IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[I CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.]

Ben Perry

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

K11760

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 1/21/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	5361	X						X					X				
2	USEV	5362					X				X					X		
3	USEV	5363						Paint		X						X		
4	USEV	5364					X			X						X		
5		5365	X										SDB			X		
6		5366					X				X					X		
7		5367	X						X					X				
8		5368	X						X					X				
9		5369					X		X					X				
10		5370			X				X							X		
11		5371					X						SDB			X		
12		5372	X						X							X		
13		5373	X										STB	X				
14		5374	X										STB	X				
15		5375	X										STB	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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 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) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in full)

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

FORM APPROVED
OMB NO. 0579-0160

K11760.

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Bay	Gray	Blk.	Pinto	Grass	Other	SHEET/TYPE: TB	ST	Draft	Pony	Other	SEX: Mare	Sta	Gela	BRANDS Tattoos, etc.	REMARKS Include prescription
USEV	5376	X										STB	X				
USEV	5377	X							X						X		
USEV	5378	X							X						X		
USEV	5379					X				X			X				
	5380	X						X					X				
	5381	X						X					X				
	5382	X							X						X		
	5383	X						X							X		
	5384	X							X						X		
	5385					X				X			X				
	5386					X			X				X				
	5387	X							X				X				
	5388	X						X					X				
	5389		X										X				
	5390	X						X				arab			X		
													X				

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

URE OF OWNER/SHIPPER (I certify that the information [redacted] to true and correct to the best of my knowledge.)

(b) (6) [redacted]

Canada

PAGE [illegible] OF [illegible]

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

K11717

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: [redacted]

(b) (6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	5301	X							X					X		281	
2	USEV	5302					X		X							X	284	
3	USEV	5303	X						X							X	1057	
4	USEV	5304					X			X						X	2856	
5		5305	X						X					X			282	
6		5306	X							X				X			2855	
7		5307			X					X				X			2857	
8		5308						Paint		X				X			2968	
9		5309					X			X				X			2966	
10		5310			X					X						X	279	
11		5311					X						Cross			X	2858	
12		5312		X							X					X	120	
13		5313	X						X							X	648	
14		5314					X		X					X			551	
15		5315		X					X					X			8955	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

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

(Please Use or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond 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

K11717

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Bay	Gray	Silt	Pinto	Grass	Other	BRUSH TYPE: TB	CT	Draft	Pony	Other	SEX: Mare	Sta	Gelt	BRANDS Tattoos, etc.	REMARKS Include presentation
USEV	5316	X						X							X	650	
USEV	5317						Paint		X						X	2969	
USEV	5318	X						X							X	645	
USEV	5319		X						X				X			2971	
	5320					X			X				X			2965	
	5321		X					X							X	644	
	5322					X		X							X	647	
	5323	X							X				X			646	
	5324					X			X				X			2970	
	5325						Soil			X					X	126	
	5326	X						X							X	649	
	5327			X				X					X			641	
	5328	X						X					X			642	
	5329			X								STB			X	440	
	5330					X			X				X			2967	

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

(NAME 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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11716

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 1/15/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	5271	X							X					X		637	
2	USEV	5272					X			X						X	8522	
3	USEV	5273						Paint		X						X	Dons	
4	USEV	5274					X			X						X	8524	
5		5275					X			X						X	Dons	
6		5276	X							X				X			8523	
7		5277	X						X					X			8750	
8		5278	X							X				X			1283	
9		5279	X						X					X			1282	
10		5280					X			X				X			Dons	
11		5281	X							X						X	8525	
12		5282	X										SDB			X	216	
13		5283	X										STB			X	224	
14		5284	X							X				X			8784	
15		5285	X										STB			X	225	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

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

FORM APPROVED OMB NO. 0579-0160

K11746

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

Please type or print in ink

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Blue	Gray	Gilt	Piebald	Green	Other	BREED/TYPE: TB	ST	Beef	Dairy	Other	SEX: Male	Stag	Cow	BRANDS Tattoos etc.	REMARKS Include specimen
USEV	5286	X										STB	X			8514	
USEV	5287					X						Morgan			X	212	
USEV	5288	X										STB			X	213	
USEV	5289	X										STB			X	434	
	5290						Solid			X					X	206	
	5291						Solid			X			X			047	
	5292					X						Morgan	X			222	
	5293	X										STB			X	453	
	5294			X								STB			X	450	
	5295	X										STB	X			217	
	5296						Solid					H. Lingo	X			220	
	5297	X										Morgan	X			221	
	5298			X								STB			X	433	
	5299	X										STB	X			226	
V	5300	X										STB	X			219	

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

[I, the undersigned, certify that the information contained in this form is true and correct to 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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

K11780

TIME HORSES LOADED ON CONVEYANCE: 9:00 Am

DATE: 1/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	5241					X		X						X		469	
2	USEV	5242					X			X				X			466	
3	USEV	5243					X		X							X	6468	
4	USEV	5244	X							X				X			6466	
5		5245				X				X						X	464	
6		5246	X						X					X			648	
7		5247	X						X							X	647	
8		5248	X						X							X	644	
9		5249					X			X				X			467	
10		5250					X			X				X			640	
11		5251	X							X				X			459	
12		5252						Sorl			X			X			197	
13		5253					X		X							X	639	
14		5254			X				X							X	643	
15	V	5255					X		X							X	642	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previou[redacted]

PART 1 - INSPECTOR

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

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

Please Refer to Instructions

According to the Paperwork Reduction Act of 1995, no persons are required to respond 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

K-11781

TAG FRONT	TAG REAR	COLOR OF CLOTHING: Blue	Gray	Tan	Plaid	Green	Other	INJECTIONS: TB	BT	Brucellosis	Rabies	Other	SEX: Male	Steer	Cattle	GRADES Tattoos etc.	REMARKS Injuries or abnormalities
USEV	5256						PAI		X				X			455	
USEV	5257	X							X						X	462	
USEV	5258					X			X				X			460	
USEV	5259	X							X				X			468	
	5260					X			X						X	645	
	5261					X			X						X	638	
	5262						AFP		X						X	465	
	5263	X							X						X	6467	
	5264	X							X				X			641	
	5265	X							X						X	218	
	5266	X						X					X			461	
	5267	X										STB			X	215	
	5268		X					X					X			646	
	5269						Sarl			X					X	223	
V	5270						PA		X				X			463	

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

(NAME OF CERTIFIED OFFICER (Please Print)) [redacted] (I certify that the information [illegible] to the best of my knowledge.)

(b) (6)

PAGE 2 OF 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

K11785

TIME HORSES LOADED ON CONVEYANCE: [redacted]

DATE: [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

(b) (6) [redacted]

Don Dickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9181						Paint			X				X		3488	
2	USEV	9182	X										STB			X	249	
3	USEV	9183						Sorel			X			X			143	
4	USEV	9184					X						STB			X	222	
5		9185	X										STB	X			473	
6		9186			X					X						X	572	
7		9187	X							X				X			569	
8		9188	X										STB			X	220	
9		9189					X			X				X			576	
10		9190	X										STB			X	219	
11		9191	X										STB	X			221	
12		9192					X			X						X	568	
13		9193						Sorel					mule			X	215	
14		9194	X						X							X	575	
15	V	9195					X		X							X	578	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canada — Government of Canada — Gouvernement du Canada — Agence canadienne d'inspection des aliments

DATE: 04-03 2016

TIME: 14h00

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

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

Please type or print in ink.

Form Approved OMB No. 0579-0120

K 11785

TAG PREFIX	TAG NO.	COLOR OR MARKINGS: Red	Grey	Blk	Piebald	Brown	Black	BREED: TB	BT	Brah	Hamp	Angus	SEX: Male	Ster	Fem	BRANDS Thermo-stic	REMARKS Include condition
USEV	9196		X					X							X	581	
USEV	9197	X							X				X			579	
USEV	9198						app		X				X			577	
USEV	9199		X					X					X			8959	
	9200	X										SDB	X			474	
	9201						sord			X			X			076	
	9202					X		X							X	8956	
	9203	X						X							X	8958	
	9204	X						X							X	582	
	9205					X						SDB	X			475	
	9206						sord					male	X			476	
	9207						sord			X			X			218	
	9208			X								crossed	X			477	
	9209	X													X	578	
	9210	X						X							X	8957	
								X									

Canada

THE AUTHORITY TO USE OR THIS DOCUMENT, AND THE INFORMATION IN IT AS CONTAINED BY THE CFIA TO THE USER. FALSIFICATION OF FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENCE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (R.S.C. 1985, C. 22).

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(b) (6)

[redacted]

PAGE 2 OF 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11784

TIME HORSES LOADED ON CONVEYANCE: 12:00 Am

DATE: 2/25/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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	USEV	9151			X				X						X			
2	USEV	9152			X					X				X		1		
3	USEV	9153					X			X				X				
4	USEV	9154	X						X					X				
5		9155					X		X					X				
6		9156		X							X			X				
7		9157	X						X					X				
8		9158	X							X						X		
9		9159						Palo		X						X		
10		9160					X			X						X		
11		9161	X						X							X		
12		9162	X						X							X		
13		9163						APP		X						X		
14		9164	X						X					X				
15		9165					X			X				X				

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

(b) (6) [redacted]

SIGNATURE

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

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

(b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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

EST.

DATE

TIME

VS FORM 10-13 [redacted]
(SEP 2002)

PART 1 - INSPECTOR

CANADA DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES

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

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

FORM APPROVED OMB NO. 0579-0160

K11784

Tag Prefix	Tag No.	Color/Description: Bay	Gray	Blk	Red	Black	Other	Breed: TB	CP	Brah	Hereford	Other	Sex: Male	Cow	Steer	Grades Taken (Y/N)	Remarks Include Slaughter
USEV	9166	X										Morgan			X		
USEV	9167	X							X						X		
USEV	9168					X			X				X				
USEV	9169					X			X				X				
	9170																
	9171					X				X					X		
	9172	X										SDB			X		
	9173	X						X					X				
	9174					X						SDB	X				
	9175																
	9176																
	9177																
	9178																
	9179																
V	9180	X						X					X				

BY AUTHORIZING THE CFIA TO DISCLOSE THIS DOCUMENT, AND THE INFORMATION IN IT AS CONTAINED ACCORDING TO THE USE, AND SIGNATURE FORM OR INQUIRING USING A PRINTED FORM IS A CRIMINAL OFFENCE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (R.S.C. 1985, CHAPTER 1001).

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

Canada

(b) (6)

[redacted]

PAGE OF

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

K11709

TIME HORSES LOADED ON CONVEYANCE: 2:00 AM

DATE: 2/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9121	X						X						X		2936	
2	USEV	9122	X							X				X			8440	
3	USEV	9123	X						X					X			2945	
4	USEV	9124	X							X				X			2942	
5		9125	X								X					X	141	
6		9126	X						X							X	1506	
7		9127					X						SDB			X	142	
8		9128	X										STB			X	146	
9		9129	X						X					X			2941	
10		9130	X						X					X			2938	
11		9131					X						STB			X	144	
12		9132	X							X				X			2939	
13		9133	X										STB			X	145	
14		9134	X										STB			X	147	
15		9135	X							X				X			2937	

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

(b) (6) [redacted]

SIGNATURE

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

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowle[redacted]

(b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Pr[redacted]

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)

A penalty for this information collection is 0 days. The time required to complete this information collection is estimated to average 0 min. per response, including the time for reviewing 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

K11709

Tag Prefix	Tag No.	Color/Description: Blue	Gray	Blk.	Fawn	Brown	Spotted	Symptoms: Ts	BT	Scab	Pump	Other	Sex: Male	Sex: Sta	Sex: Fem	Brands Tattoos etc.	Remarks Include Signature
USEV	9136					X		X							X	1505	
USEV	9137	X						X							X	573	
USEV	9138					X		X							X	577	
USEV	9139	X						X					X			2940	
	9140	X						X							X	567	
	9141					X		X					X			2944	
	9142	X						X					X			2946	
	9143						Sord			X					X	472	
	9144						app		X				X			2943	
	9145	X						X					X			575	
	9146	X						X					X			571	
	9147					X		X							X	570	
	9148	X						X					X			574	
	9149						Sord			X					X	148	
V	9150	X										STB			X	140	

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

NAME 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]

Canada

PAGE 2 OF 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11708

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 2/18/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

Don Dickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 8 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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9091																
2	USEV	9092					X			X				X				
3	USEV	9093	X							X						X		
4	USEV	9094	X						X					X				
5		9095			X				X					X				
6		9096	X							X						X		
7		9097						Black					Warm			X		
8		9098	X						X							X		
9		9099			X				X							X		
10		9100					X				X					X		
11		9101			X					X				X				
12		9102	X						X					X				
13		9103						APP		X				X				
14		9104	X						X					X				
15	↓	9105						Brown				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 [redacted] 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 know (b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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

K11708

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Blue	Gray	Blk.	Fawn	Brown	Other	BREEDS: Tb	CP	Beef	Dairy	Other	SEX: Male	Fem	Steer	BRAND Tattoo etc.	REMARKS Include if slaughter
USEV	9106																
USEV	9107	X						X							X		Sold
USEV	9108	X						X							X		
USEV	9109					X				X					X		
	9110					X				X					X		
	9111																
	9112																Sold
	9113																Sold
	9114																Sold
	9115																Sold
	9116					X		X							X		Sold
	9117																
	9118																Sold
	9119																Sold
	9120																Sold

CANADIAN FOOD INSPECTION AGENCY
Department of Canada

I AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS SUBMITTED BY THE CFIA TO THE [illegible] FOR INQUIRY USING A FALSIFIED FORM IS A CRIMINAL OFFENCE AND MAY RESULT IN A FINE OR NOT EXCEEDING [illegible] YEARS OR BOTH (R.S.C., SECTION 1002).

[illegible] OF OWNER-SHIPPER (Any false information [illegible] and correct to the best of my knowledge.)

(b) (6)

[redacted]

PAGES [illegible] OF [illegible]

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

K11704

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9061	X						X						X		569	
2	USEV	9062			X						X					X	207	
3	USEV	9063	X										STB			X	204	
4	USEV	9064	X										mule			X	210	
5		9065			X					X						X	1503	
6		9066					X			X						X	565	
7		9067					X			X				X			563	
8		9068	X										mustang	X			564	
9		9069					X			X				X			571	
10		9070	X							X				X			1504	
11		9071			X					X						X	572	
12		9072					X			X						X	6470	
13		9073						Spotted					mule			X	209	
14		9074		X					X							X	1502	
15	↓	9075					X		X							X	570	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Pre[redacted]

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

K11704

TAG PREFIX	Tag No.	COLOR DESCRIPTION: Blk	Gry	Blu	Fawn	Brown	Other	BREEDING: TB	BT	Scrs	Horn	Other	SEX: Male	Stg	Fem	GRADES Tattoos etc.	REMARKS Include a description
USEV	9076					X		X					X			567	
USEV	9077	X						X					X			573	
USEV	9078						Roan		X				X			568	
USEV	9079	X							X				X			6471	
	9080						Sorel					mulc	X			208	
	9081	X										morgn	X			468	
	9082	X										SPB	X			074	
	9083					X			X						X	2935	
	9084						Paint		X						X	566	
	9085						Sorel			X					X	063	
	9086	X										STB			X	205	
	9087	X										STB	X			206	
	9088	X										STB			X	077	
	9089	X										STB			X	078	
	9090						Sorel					mulc			X	211	

I AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS CONTAINED BY THE CFIA TO THE USDA. ANY MISREPRESENTATION OF FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENCE AND MAY RESULT IN A FINE OF NOT MORE THAN $ YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b) (6) [redacted]

Canada

PAGES ___ OF ___

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

K11705

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM

DATE: 2/9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9031					X						SDB		X		333	Franks
2	USEV	9032	X										STB	X			239	Don's
3	USEV	9033	X										STB	X			8533	Don's
4	USEV	9034	X						X					X			1501	Jesse
5		9035	X						X					X			8538	Don's
6		9036	X						X					X			8534	Don's
7		9037	X							X				X			8456	Don's
8		9038						Sorel			X					X	231	Don's
9		9039	X										Cross			X	233	Don's
10		9040	X						X							X	8537	Don's
~~11~~	~~Died~~	~~9041~~						~~Sorel~~			~~X~~					~~X~~	~~199~~	~~Don's~~
12		9042	X						X							X		Don's
13		9043						Roan		X				X			335	Frank
14		9044	X										STB	X			014	mel's
15		9045					X						Cross	X			466	mel's

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

(b) (6) [redacted]

SIGNATURE

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

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

(b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada

EST.

DATE

TIME

Agence canadienne d'inspection des aliments Gouvernement du Canada

VS FORM 10-13 (SEP 2002)

Previous ed[redacted]

PART 1 - INSPECTOR

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

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

Please Type or Print Clearly

Paperwork Reduction Act of 1995: No persons are required to respond 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

K-11705

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Blue	Brown	Gray	Green	Orange	Other	BREED TYPE: TB	ST	Sand	Roan	Other	SEX: Male	Stag	Gelding	GRADE Tattoo etc.	REMARKS Indicate [illegible]
USEV	9046	X										STB	X			127	mcls
USEV	9047					X						SDB	X			007	mcls
USEV	9048	X										cross	X			8532	Dans
USEV	9049	X										SDB	X			246	mcls
	9050						Roan		X						X	334	Franks
	9051					X						morgan			X	245	mcls
	9052						Roan			X					X	244	mcls
	9053						Red			X					X	243	mcls
	9054	X										STB			X	242	mcls
	9055	X										STB			X	013	mcls
	9056	X										STB			X	017	mcls
	9057	X										STB			X	021	mcls
	9058	X										STB			X	075	mcls
	9059	X										morgan			X	128	mcls
	9060	X										SDB	X			247	mcls

BY AUTHORIZE THE APHIS TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS CONSIDERED BY THE APHIS TO BE USEFUL FOR ENFORCEMENT PURPOSES. FALSE CERTIFICATION OF FORM OR INQUIRIES USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(I CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.)

(b) (6)

[redacted]

PAGE 2 OF 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11782

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 2/2/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	5421						Sorrel			X				X		250	
2	USEV	5422	X							X						X	2929	
3	USEV	5423						Paint		X				X			560	
4	USEV	5424	X						X							X	650	
5		5425						Paint		X				X			1348	
6		5426	X						X							X	556	
7		5427						GPP		X						X	2931	
8		5428					X			X				X			2933	
9		5429					X			X						X	2934	
10		5430	X						X					X			563	
11		5431						Sorrel			X					X	561	
12		5432	X							X						X	2932	
13		5433			X								GPB			X	2930	
14		5434	X						X					X			564	
15		5435					X			X						X	1349	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Prev[redacted] 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 0579-0182. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0182

X11782

Tag Prefix	Tag No.	Color Description: Black	Brown	Gray	Red	Orange	Spotted	Shoulder: TB	BT	Scab	Pony	Other	Sex: Male	Stag	Cow	Brand Tattoo etc.
USEV	5436	X							X						X	1350
USEV	5437	X						X					X			562
USEV	5438	X						X					X			565
USEV	5439	X						X					X			557
	5440						Solid					mule	X			464
	5441						Solid					mule	X			240
	5442						Solid					mule	X			227
	5443						Paint		X						X	559
	5444					X			X						X	649
	5445	X						X					X			249
	5446	X						X					X			201
	5447					X						SDB	X			236
	5448	X						X							X	558
	5449	X										STB			X	1347
	5450					X						cross			X	219

[illegible] AUTHORIZES THE GFA TO DISCLOSE THIS DOCUMENT, AND THE INFORMATION IN IT AS CONSTRUED BY THE GFA TO THE [illegible] FOR SPECIFICATION OR FORM OR INQUIRY USING A PAPERLESS FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT [illegible] THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[illegible] OF OWNER/SHIPPER: (b) (6) [redacted] [illegible] 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

K11791

TIME HORSES LOADED ON CONVEYANCE: 12:30 AM

DATE: 3/24/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Vickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Vickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	4JEV	9361	X										STB		X		133	
2	4JEV	9362						Sorel			X					X	8961	
3	4JEV	9363	X										STB	X			098	
4	4JEV	9364					X						STB			X	393	
5		9365	X										STB	X			397	
6		9366						Sorel			X					X	394	
7		9367	X										STB	X			392	
8		9368						Pal			X					X	390	
9		9369	X										STB	X			125	
10		9370					X			X						X	589	
11		9371					X			X						X	1285	
12		9372		X					X					X			597	
13		9373	X						X					X			587	
14		9374						app		X				X			1943	
15	V	9375						app		X				X			1942	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

SIGNATURE: (b) (6) [redacted]

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).

SIGN

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]

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

VS FORM 10-13 (SEP 2002) Previous [redacted] PART 1 - INSPECTOR

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

CONSIGNATION OF CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

[illegible]

FORM APPROVED
OMB NO. [illegible]

K11791

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Rms	Green	Other	Vaccinated: TB	BT	Brab	Rugs	Other	Sex: Male	Sex: Gen	Sex: Cas	Grands Tatoos, etc.	Remarks
USEV	9376	X							X				X			1286	
USEV	9377					X		X					X			1921	
USEV	9378	X							X				X			1807	
USEV	9379					X			X						X	1287	
	9380	X						X							X	595	
	9381	X						X							X	596	
	9382	X						X					X			1806	
	9383						app		X				X			1298	
	9384			X					X						X	588	
	9385					X						SDB			X	388	
	9386	X										SDB			X	395	
	9387						Sorel					mulc			X	396	
	9388	X							X				X			1299	
	9389	X							X						X	8963	
↓	9390			X				X							X	594	

[illegible]

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
ACTIVITÉ CANADIENNE D'INSPECTION DES ALIMENTS

(b) (6) [redacted]

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

K11790

TIME HORSES LOADED ON CONVEYANCE: 12:30 AM

DATE: 3/18/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk	Pinto	Chesn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9331					X				X					X	075	
2	USEV	9332						Paint		X						X	079	
3	USEV	9333	X						X							X	242	
4	USEV	9334					X			X						X	6487	
5		9335					X			X						X	6485	
6		9336	X						X					X			556	
7		9337	X						X					X			579	
8		9338					X				X			X			236	
9		9339	X						X					X			584	
10		9340	X						X					X			6486	
11		9341					X						mule			X	481	
12		9342	X						X							X	480	
13		9343					X			X						X	137	
14		9344					X			X				X			6490	
15	V	9345						Paint		X				X			6491	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA

SIGNATU (b) (6) [redacted]

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

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

(b) (6) [redacted]

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

VS FORM 10-13 (SEP 2002) Pre [redacted]

PART 1 - INSPECTOR

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

NEED TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print)

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

FORM APPROVED OMB NO. 0579-0160

K11790

Tag Prefix	Tag No.	Color/Description: Gry	Gray	Blk	Red	Brown	Brindle	Breed: TB	GT	Beef	Dairy	Other	Sex: Male	Steer	Cow	Grades Tattoo etc.	Remarks Injured etc.
USEV	9346	X						X					X			585	
USEV	9347					X						SBB			X	247	
USEV	9348	X							X						X		
USEV	9349					X			X						X	6483	
	9350	X						X							X	131	
	9351	X						X							X	129	
	9352	X										SDB			X	243	
	9353					X		X					X			6484	
	9354					X		X					X			6489	
	9355		X						X				X				
	9356					X				X			X			249	
	9357					X				X					X	248	
	9358	X						X							X	287	
	9359					X			X						X	130	
V	9360					X						milk			X		

THIS AUTHORIZES THE USDA TO INVESTIGATE THIS DOCUMENT, AND THE INFORMATION IN IT AND SUBMITTED BY THE USDA TO THE [illegible]. FALSE SIGNATURE OR FORM OR KNOWINGLY USING A VALID FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS, OR BOTH (18 U.S.C. 1001).

[redacted] (b) (6)

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

PAGE [illegible] OF [illegible]

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

K 11787

TIME HORSES LOADED ON CONVEYANCE: 1300 AM

DATE: 31 8 10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing conditior
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9241						Paint		X					X			
2	USEV	9242	X						X					X				
3	USEV	9243	X						X					X				
4	USEV	9244	X						X					X				
5		9245	X						X					X				
6		9246	X										STB			X		
7		9247	X										STB			X		
8		9248	X						X							X		
9		9249					X						SDB			X		
10		9250	X						X							X		
11		9251			X				X					X				
12		9252	X						X					X				
13		9253	X										STB	X				
14		9254	X													X		
15		9255			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) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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

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

EST. 076

DATE 9-03-2010

TIME 14H30

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

VS FORM 10-13 (SEP 2002)

PART 1 - INSPECTOR

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

SHIPPER'S CERTIFICATE
(NEW TO TRAPPER TO A SLAUGHTER FACILITY)
(CONTINUATION SHEET)

Please type or print in ink.

Paperwork Reduction Notice: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0167. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0167

K11787

Tag Prefix	Tag No.	Color Description: Blue	Gray	Blk	Brown	Green	Orange	Pig	Cat	Dog	Pump	Other	Sex: Male	Fem	Gelt	Barrow	Brands Tattoos etc.	Remarks Injuries Illness
USEV	9256			X				X								X		
USEV	9257	X											STB	X				
USEV	9258						B Roan						X Brod	X				
USEV	9259						X						STB	X				
	9260	X						X						X				
	9261	X							X							X		
	9262	X							X							X		
	9263						X		X							X		
	9264		X						X							X		
	9265						X		X					X				
	9266			X				X						X				
	9267		X						X							X		
	9268	X							X							X		
	9269			X				X								X		
V	9270			X				X						X				

[illegible] TO SIGN THIS DOCUMENT, AND THE INFORMATION IN IT IS [illegible] TO THE BEST OF MY KNOWLEDGE USING A [illegible] FORM IS A CRIMINAL OFFENSE AND [illegible] NOT MORE THAN $10,000 OR [illegible] (18 U.S.C. SECTION 1001).

[illegible] SIGNATURE OF SHIPPER [illegible] to the [illegible] sale and [illegible] 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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11786

TIME HORSES LOADED ON CONVEYANCE: 1:00AM

DATE: 3/4/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9211					X		X						X		2981	
2	USEV	9212	X							X						X	2975	
3	USEV	9213					X		X							X	580	
4	USEV	9214	X							X				X			2976	
5		9215					X			X				X			2974	
6		9216	X							X						X	2972	
7		9217														X	574	
8		9218					X			X				X			2977	
9		9219					X			X				X				
10		9220	X						X							X	585	
11		9221	X								X					X	250	
12		9222	X						X					X			2980	
13		9223	X						X					X			2976	
14		9224						None		X						X	576	
15		9225						Scrl			X					X	217	

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 AUTHO[redacted]ENT 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 O[redacted] this form is true and correct to the best of my know[redacted]

(b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA

EST. 076

DATE 4/3/2010

TIME 11h00

VS FORM 10-13
(SEP 2002)

PART 1 - INSPECTOR

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

CONTROLLED OFFICER 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

K 11786

Tag Prefix	Tag No.	Color Description: Blk	Gray	Blu	Red	Brown	Spot	Gender: TB	GT	Steer	Bull	Other	Sex: Male	Fem	Geld	Grades Yield Gr.	Remarks Include = grade
USEV	9226						sold			X					X	214	
USEV	9227	X							X				X			297 3	
USEV	9228	X										STB	X			226	
USEV	9229	X										STB	X			227	
	9230			X								mugen	X			224	
	9231	X										STB	X			229	
	9232	X										STB			X	225	
	9233	X						X							X	213	
	9234	X										STB	X			228	
	9235					X						S/B	X			230	
	9236	X										STB			X	223	
	9237						sold			X			X			231	
	9238	X										STB			X	233	
	9239	X										S/B	X			232	Sold
V	9240	X							X						X	234	

I AUTHORIZE THE GFA TO DISCLOSE THIS DOCUMENT, AND THE INFORMATION IN IT, AS CONSIDERED BY THE GFA TO BE THE MEDIA, FOR SLAUGHTER FROM OR TRANSPORTING USING A RAILCARD PERMITS, OR CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[I certify that the information contained in this form is true and correct to the best of my knowledge.]

(b) (6)

[redacted]

PAGE ___ OF ___

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

K 11799

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 4/29/10

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

Dan Nickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

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 Includ existing condition
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9631	X										STB		X			
2	USEV	9632						Paint		X						X		
3	USEV	9633	X							X						X		
4	USEV	9634	X							X						X		
5		9635	X							X				X				
6		9636	X							X				X				
7		9637	X										Morgan	X				
8		9638	X						X							X		
9		9639	X							X						X		
10		9640	X							X				X				
11		9641	X										STB	X				
12		9642						Paint		X				X				
13		9643	X						X							X		
14		9644	X						X							X		
15		9644	X										STB	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 AUTHOR[redacted] 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 [redacted] this form is true and correct to the best of my know[redacted] (b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002)

PART 1 - INSPECTOR

[illegible]

[illegible] TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

[illegible]

FORM APPROVED [illegible]

K 117-99

[illegible]	[illegible]	[illegible]						[illegible]					[illegible]			[illegible]	[illegible]
		Bay	Gray	Oil	Pine	Green	Other	TB	BT	Brain	Horn	Other	Mine	Site	Gate		
USEV	9646	X						X					X				
USEV	9647					X						1/2 [illegible]			X		
USEV	9648						APP		X				X				
USEV	9649	X						X					X				
	9650	X							X				X				
	9651	X											X				
	9652	X										STB			X		
	9653	X						X							X		
	9654							X							X		
	9655	X				X				X			X				
	9656								X				X				
	9657												X				
	9658	X				X						SDB			X		
	9659	X							X						X		
	9660			X					X						X		
												STB			X		

[illegible]

(b) (6) [redacted]

Canada

[illegible]

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

K11706

TIME HORSES LOADED ON CONVEYANCE: 12:00 Am

DATE: 2/6/10

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

Don Wickerson

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	LISEV	9001	X										STB		X			
2	LISEV	9002						Buck S		X						X		
3	LISEV	9003					X		X							X		
4	LISEV	9004	X						X							X		
5		9005					X			X				X				
6		9006		X						X				X				
7		9007					X			X				X				
8		9008					X						SDB			X		
9		9009					X						mule			X		
10		9010					X						SDB			X		
11		9011					X						mule			X		
12		9012					X				X					X		
13		9013	X							X				X				
14		9014					X			X				X				
15		9015					X			X				X				

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

CANADIAN FOOD INSPECTION AGENCY (CFIA

SIGNATURE (b) (6) [redacted]

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

EST. 076

DATE: 05-02-2010

TIME: 11 AM

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]

VS FORM 10-13 (SEP 2002) Previous e[redacted]

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 Print or Type)

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

FORM APPROVED OMB NO. 0579-0160

K11706

Tag Prefix	Tag No.	Color Description: Black	Gray	Gold	Piebald	Brown	Other	Breed: TB	QH	Saddle	Pony	Other	Sex: Mare	Stallion	Gelding	Grades Thoroughbred	Remarks Injuries or Abnormalities
USEV	9016		X									Arab	X				
USEV	9017	X						X					X				
USEV	9018	X						X					X				
USEV	9019					X											
	9020					X			X			STB			X		
	9021					X									X		
	9022					X						Mule			X		
	9023					X						mule			X		
	9024			X				X		X			X				
	9025						Roan		X				X				
	9026					X									X		
	9027	X										SDB			X		
	9028	X						X					X				
	9029	X						X							X		
	9030	X						X				Morgan			X		
															X		

BY AUTHORIZING THE GFA TO USE AND THIS DOCUMENT, AND THE INFORMATION IN IT, OR SUBMITTED BY THE GFA TO THE USDA, FALSIFICATION OF FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. 1001, 1001).

NAME OF OWNER/SHIPPER (Certify that the information provided 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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K 11700

TIME HORSES LOADED ON CONVEYANCE: 1200 Am

DATE: [redacted]

(b) (6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Includ existing condition
			Bay	Grey	Blk	Pinto	Chesn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9661	X										STB		X		186	
2	USEV	9662	X										STB	X			175	
3	USEV	9663						Sorel					mule			X	420	
4	USEV	9664						R Roan		X				X			Peter	
5		9665			X								STB			X	168	
6		9666	X						X					X			758	
7		9667			X						Paint					X	169	
8		9668	X							X				X			1516	
9		9669					X						SDB			X	447	
10		9670	X										STB			X	184	
11		9671	X										STB			X	458	
12		9672	X										STB			X	174	
13		9673	X										Cross			X	176	
14		9674	X										Cross			X	1513	
15	V	9675	X										SDB			X	1515	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA

EST.

DATE

TIME

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

VS FORM 10-13 (SEP 2002) Prev[redacted]

PART 1 - INSPECTOR

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

CONSIGNOR/SHIPPER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please use or circulate in)

[illegible]

FORM APPROVED
OMB NO. [illegible]

K11800

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Rose	Brown	Other	Quantity: TB	CT	Brown	Rose	Other	Sex: Male	Stag	Cow	Grades Tattoos etc.	Remarks Include [illegible]
USEV	9676					X			X						X	755	
USEV	9677					X			X				X			1512	
USEV	9678	X							X				X			756	
USEV	9679	X						X					X			754	
	9680	X						X					X			757	
	9681	X							X				X			1514	
	9682						Paint		X						X	762	
	9683					X			X						X	1517	
	9684						Sorel					mulc	X			185	
	9685			X					X				X			1518	
	9686						Paint		X				X			751	
	9687	X										STB			X	170	
	9688						Sorel					mulc			X	183	
	9689					X		X					X			759	
	9690					X			X				X			752	

[illegible] AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS SUBJECT TO [illegible] FOR OR INCLUDING A FALSIFIED FORM IS A CRIMINAL OFFENCE AND MAY RESULT IN [illegible] FALSIFICATION [illegible] FOR NOT MORE THAN 5 YEARS OR BOTH (5 U.S.C. SECTION 1001).

[illegible] OF CONSIGNOR/SHIPPER (Family that [illegible] the best of my [illegible]).

(b) (6) [redacted]

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

PAGE [illegible] OF [illegible]

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

K11719

TIME HORSES LOADED ON CONVEYANCE

DATE

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Dickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9601	X						X						X		7396	
2	USEV	9602	X										morgan	X				
3	USEV	9603					X			X				X				
4	USEV	9604					X			X				X			464	
5		9605	X						X					X				
6		9606					X			X						X		
7		9607						Paint		X						X	7388	
8		9608						QHP		X						X	3264	
9		9609					X			X						X	2265	
10		9610	X										STB			X		
11		9611	X							X						X	7395	
12		9612					X			X				X				
13		9613			X					X				X			7763	
14		9614	X							X				X			7391	
15		9615	X											X			2267	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA

SIGNATURE (b) (6) [redacted]

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

EST. 22-4-2010

DATE 0716

TIME 13h00

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]

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

SHIPPER'S CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please type or print in ink

Form Approved
OMB No.
0579-0191

K11719

TAG PREFIX	TAG NO.	COLOR/DESCRIPTION Grey	Grey	Blk	Red	Brown	Other	BREED Tb	GT	Brah	Other	SEX Male	Fem	Cas	GRADES Tattoo no.	REMARKS Injured = Condemned
USEV	9616	X							X					X	7394	
USEV	9617					X			X			X			7390	
USEV	9618					X			X			X			7389	
USEV	9619		X						X					X		
	9620	X									SDB			X	426.	
	9621					X			X			X				
	9622	X						X						X	8668	
	9623					X				X				X		
	9624		X					X				X				
	9625	X						X				X			7764	
	9626					X					mok	X			7761	
	9627	X							X					X		
	9628	X							X					X		
	9629					X			X			X			592	
	9630						Paint		X			X				

Canada

I, AUTHORIZED TO SIGN THIS DOCUMENT AND THE INFORMATION IN IT, CERTIFY THAT I AM NOT MORE THAN 48 HOURS OF THE ISSUE. FALSIFICATION OF "CERT OF KNOWINGLY USING A FALSE" IS A CRIMINAL OFFENCE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. 1001).

[I, the undersigned, hereby certify that the information contained in this document 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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond 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

K 11798

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 4/20/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, WY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

NAME: Don Dickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, WY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9571						Sorrel			X				X		027	
2	USEV	9572					X						SDB	X			443	
3	USEV	9573					X						SDB	X			444	
4	USEV	9574	X										STB			X	448	
5		9575	X										STB			X	452	
6		9576					X						SDB			X	445	
7		9577	X							X				X			1535	
8		9578	X							X				X			1532	
9		9579	X							X				X			1534	
10		9580	X						X							X	1531	
11		9581	X										STB			X	456	
12		9582					X			X						X	1536	
13		9583	X						X					X			1533	
14		9584						Sorrel			X						442	
15		9585	X										STB				439	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA

SIGNATURE (b) (6) [redacted]

I HEREBY A[redacted] AND THE INFORMATION IN IT [redacted] COMPLETED [redacted] FORM OR KNOWINGLY USING A [redacted] FALSIFIED F[redacted] FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DATE: 20/04/2010

TIME: 9h00

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]

VS FORM 10-13 (SEP 2002)

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)

FORM APPROVED
OMB NO.

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Blk	Gry	Blk	Brn	Cream	Other	BREEDS: TB	ET	Cross	Other	SEX: Other	Male	Fem	Cas	BRANDS: Tattoos, etc.	REMARKS: Include [illegible]
USEV	9586	X										STB	X			451	
USEV	9587	X										STB			X	457	
USEV	9588	X							X				X			150	
USEV	9589	X						X									
	9590						Buck		X						X	8968	
	9591	X							X						X	8967	
	9592					X									X	8969	
	9593			X								SDB	X			455	
	9594			X						Cross			X			454	
	9595					X		X							X	028	
	9596					X		X							X	01.66	
	9597	X										SDB	X			440	
	9598	X										STB	X			450	
	9599						Sorel			Belgian		STB	X			438	
	9600	X											X			167	
												STB			X	449	

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

[illegible] AUTHORIZES THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS SPECIFIED BY THE CFIA TO THE MEDIA. FALSIFICATION [illegible] FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENCE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] NOT MORE THAN 6 MONTHS OR BOTH (R.S.C. SECTION 1001).

[illegible] OF OWNER/SHIPPER (Family Name) [illegible] 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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11797

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM

DATE: 4/15/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassiste

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS incl existing conditic
			Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9541					X			X					X			
2	USEV	9542	X						X							X		
3	USEV	9543						Paint		X						X		
4	USEV	9544					X			X						X		
5		9545		X						X				X				
6		9546					X			X				X				
7		9547					X				Cross			X				
8		9548						Paint		X				X				
9		9549	X						X					X				
10		9550					X			X						X		
11		9551	X						X							X		
12		9552	X						X							X		
13		9553					X			X				X				
14		9554	X						X					X				
15	V	9555					X		X					X				

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

CANADIAN FOOD INSPECTION AGENCY (CF

SIGNATURE (b) (6) [redacted]

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

EST.

DATE

TIME

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]

Canada
Government of Canada
Agence canadienne d'inspection des aliments

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

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

Please [illegible]

[illegible]

FORM APPROVED
OMB NO. [illegible]

K11797

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Rose	Green	Other	Sheep/Pigs: TB	GT	Brd	Rpm	Other	Sex: Male	Sex: Str	Sex: Cow	Grades Tattoos etc.	Remarks Include [illegible]
USEV	9556					X						mule	X				
USEV	9557					X			X						X		
USEV	9558	X						X							X		
USEV	9559						Paint		X						X		
	9560			X					X						X		
	9561					X		X					X				
	9562	X						X					X				
	9563	X											X				
	9564	X										JDB	X				
	9565					X			X				X				
	9566					X			X						X		
	9567					X		X							X		
	9568		X							X			X				
	9569					X			X						X		
	9570					X		X							X		

[illegible] AUTHORIZES THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS SUBMITTED BY THE CFIA [illegible] FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF [illegible] [illegible] FOR NOT MORE THAN 5 YEARS OR BOTH (TO U.S.C. SECTION 1001).

[illegible] OF OWNER/SHIPPER [illegible]

(b) (6) [redacted] [illegible] true and correct to the best of my knowledge.]

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11796

TIME HORSES LOADED ON CONVEYANCE: [redacted]

DATE: [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Inclu existing conditio
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9511					X		X						X		mcls	·013
2	USEV	9512						Paint		X						X	Dons	
3	USEV	9513	X										STB			X	436	
4	USEV	9514	X										cross			X	484	
5		9515	X										STB			X	432	
6		9516	X										STB	X			012	
7		9517	X							X				X			415	
8		9518	X							X				X			486	
9		9519	X										STB	X			434	
10		9520			X								STB	X			430	
11		9521			X								STB			X	014	
12		9522														X	Dons	
13		9523						Stel					mulc			X	018	
14		9524						Paint		X				X			488	
15	✓	9525					X						SDB	X			097	

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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (16 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowle[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFI

EST

DATE

TIME

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

VS FORM 10-13
(SEP 2002)

Pre[redacted]

PART 1 - INSPECTOR

K11796

USEK	9521	X														
USEK	9527			X				X				STB			X	019
USEK	9528	X													X	985
USEK	9529					X						STB			X	412
	9530	X						X				SDB	X			071
	9531	X											X			419
	9532					Sord				X					X	417
	9533					Sord				X					X	401
	9534	X											X			125
	9535			X								cross	X			416
	9536					Sord						STB			X	429
	9537	X										mulc			X	407
	9538	X										STB	X			410
	9539	X										STB	X			020
	9540	X										STB	X			437
								X							X	487

(b) (6)

[redacted]

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

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

K11793

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM

DATE: 4/8/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9480					X				X				X		7356	
2	USEV	9482	X						X							X	008	
3	USEV	9483					X			X				X				
4	USEV	9484	X						X					X			149	
5		9485						Paint		X				X				
6		9486					X			X				X			7375	
7		9487	X						X							X	147	
8		9488	X							X						X		
9		9489	X						X							X	7368	
10		9490	X						X							X		
11		9491	X						X					X			7376	
12		9492	X							X				X			7379	
13		9493	X										STB			X	240	
14		9494						Buck		X						X	7353	
15		9495	X						X					X			7377	

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 A[redacted]ENT AND THE INFORMATION IN IT AS COMPLETE[redacted] THIS FORM OR KNOWINGLY USING A FALSIFIED [redacted] IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (16 U.S.C. SECTION 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) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA

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

EST

DATE

TIME

VS FORM 10-13
(SEP 2002)

PART 1 - INSPECTOR

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

SHIPPER'S CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please type or print

Form Approved
OMB No.
0579-0101

K11743

TAG PREFIX	TAG NO.	COLOR/DESCRIPTION Blk	Gray	Blk	Red	Brown	Other	CATTLE TB	BT	Brand	Other	SEX Male	Stag	Cow	GRADE Tattoo No.	REMARKS Injured
USEV	9496					X			X				X		7370	
USEV	9497					X			X					X		
USEV	9498	X														
USEV	9499					X		X				STB	X		7362	
	9500	X						X						X	141	
	9501	X						X						X	014	
	9502	X												X	7378	
	9503	X										STB	X		112	
	9504		X									STB	X		060	
	9505					Roan		X					X		015	
	9506		X						X				X			
	9507	X							X					X		
	9508								X				X			
	9509					X			X					X		
	9510	X				X			X				X			
									X					X		

I AUTHORIZE THE USDA TO USE THIS DOCUMENT AND THE INFORMATION IN IT AS SUBMITTED ON THE USDA FORM OF ENDORSEMENT USING A CALCULATOR PERMITTED BY GOVERNMENT REGULATIONS. I UNDERSTAND THAT MISUSE MAY BE A VIOLATION OF FEDERAL CRIMINAL LAWS AND MAY RESULT IN A FINE OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. 1001).

(b) (6)

[redacted]

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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

PAGE ___ OF ___

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

K11794

TIME HORSES LOADED ON CONVEYANCE: 12:00 Am

DATE: 4/6/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

Don Dickerson

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Inclu existing conditio
			Bay	Grey	Blk	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9421	X										margar		X		485	
2	USEV	9422	X										STB	X			8962	
3	USEV	9423						Sord					milk	X			422	
4	USEV	9424					X						STB	X			8964	
5		9425	X						X					X			Peter	
6		9426	X						X					X			Peter	
7		9427						Sord					milk			X	488	
8		9428	X							X						X	2992	
9		9429					X						STB			X	2997	
10		9430	X						X							X	2998	
11		9431	X										STB	X			413	
12		9432	X							X						X	2995	
13		9433	X							X						X	2993	
14		9434						Sord			X			X			487	
15		9435	X							X				X			592	

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE

VS FORM 10-13 (SEP 2002)

PART I - INSPECTOR

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

INSPECTION CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

FORM APPROVED OMB NO. 0579-0151

K11794

Tag Prefix	Tag No.	Color Identifier: Grey	Grey	Gr.	Green	Green	Green	Injuries: TB	GT	Scab	Scab	Other	Sex: Male	Male	Male	Grades Tattoo No.	Remarks Issued to slaughterer
USEV	9436	X						X					X			Peter	
USEV	9437	X						X					X			586	
USEV	9438						Scrd					1½ hinger	X			424	
USEV	9439	X							X				X			423	
	9440						Scrd			X			X			489	
	9441	X										STB			X	405	
	9442					X			X				X			2991	
	9443	X							X				X			2996	
	9444	X										STB			X	404	
	9445	X							X				X			2994	
	9446		X					X					X			755	
	9447	X						X					X			751	
	9448	X							X				X			760	
	9449	X							X				X			756	
	9450					X		X					X			757	

I AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS SUBMITTED BY THE CFIA TO THE [illegible] FOR SUBSTANTIALLY [illegible] PURPOSES AND ARE RESULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] MORE THAN 5 YEARS OR BOTH (U.S.C. SECTION 1001).

(b) (6)
[redacted]

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

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

K11795

TIME HORSES LOADED ON CONVEYANCE: 10:30 PM

DATE: 3/3/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

Don Dickerson

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk	Pinto	Chsnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9451			X				X						X		7374	
2	USEV	9452						Paint		X						X	7355	
3	USEV	9453					X			X						X	7999	
4	USEV	9454		X						X						X	7371	
5		9455					X			X				X				
6		9456						Paint		X				X			8602	
7		9457						Paint		X				X			7357	
8		9458	X						X							X	009	
9		9459	X						X							X	193	
10		9460					X			X						X	012	
11		9461	X										STB			X	146	
12		9462	X										STB			X	120	
13		9463						Paint		X				X				
14		9464					X			X				X				
15		9465					X			X				X				

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

(b) (6) [redacted]

SIGNATURE

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

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

(b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA

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

EST

DATE

TIME

VS FORM 10-13 [redacted]
(SEP 2002)

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print)

According to the Paperwork Reduction Act of 1995, no persons are required to respond 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

K11795

Tag Prefix	Tag No.	Color Description: Gray	Gray	Blk	Red	Brown	Other	Breed/Type: TB	BT	Beef	Dairy	Other	Sex: Male	Sho	Cow	Grades Tattoo No.	Remarks Include quarantine
USEV	9466						Paint		X				X				
USEV	9467					X			X						X	6492	
USEV	9468					X			X						X	6447	
USEV	9469	X						X					X			6495	
	9470	X						X							X	143	
	9471		X						X				X			7369	
	9472		X						X				X			7351	
	9473	X						X					X				
	9474	X						X					X			144	
	9475					X			X				X				
	9476					X			X				X				
	9477															Sold	
	9478					X				X					X	245	
	9479	X										STB			X	128	
	9480					X						1/2 linger			X		

I AUTHORIZE THE APHIS TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS REQUESTED BY THE APHIS TO THE [illegible] FOR USE IN KNOWINGLY USING A FALSE FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. 1001).

[illegible] OF OWNER/SHIPPER (I certify that the information provided on this form is true and correct to the best of my knowledge.)

(b) (6) [redacted]

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink).

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

FORM APPROVED OMB NO. 0579-0160

K51724

TIME HORSES LOADED ON CONVEYANCE: 3:00AM

DATE: 6/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Dickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Includ existing condition
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9841			X					X					X		Don's	
2	USEV	9842					X			X						X	7794	
3	USEV	9843	X							X						X	7800	
4	USEV	9844					X			X						X	8916	
5		9845	X							X				X			8700	
6		9846						Paint		X				X			Don's	
7		9847	X							X				X			Don's	
8		9848					X			X				X			6602	
9		9849	X							X				X			2272	
10		9850	X							X						X	154	
11		9851			X					X						X	28	
12		9852	X							X						X	6605	
13		9853						Paint		X						X	8884	
14		9854	X							X				X			Don's	
15	V	9855					X			X				X			Don's	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA

SIGNATURE (b) (6) [redacted]

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

EST.

DATE

TIME

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]

VS FORM 10-[redacted]
(SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

OWNERSHIP FOR CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Appropriate to the Government Reduction Act of 1995, no persons are required to respond to a collection of information unless it [illegible] The [illegible] required to complete this information [illegible] to [illegible] per response, including the time for reviewing [illegible] and completing and reviewing the [illegible]

FORM APPROVED
OMB NO. [illegible]

K11724

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Rust	Gold	Other	Sheet Type: TB	CT	Brand	Pump	Other	Sex: Male	Sex: Stn	Sex: Gdn	Brands Tattoos No.	Remarks Include [illegible]
USEV	9856					X			X				X			8910	
USEV	9857			X					X				X			Don's	
USEV	9858	X						X							X	2947	
USEV	9859					X			X						X	2950	
	9860			X					X						X	104	
	9861	X							X				X			2948	
	9862						Soil			Cross					X	487	
	9863	X							X				X			2999	
	9864	X							X				X			1092	
	9865	X							X				X			3000	
	9866	X										STB			X	248	
	9867	X										STB			X	222	
	9868					X			X				X			1086	
	9869	X							X				X			2949	
	9870						Paint		X				X			Don's	

[illegible] AUTHORIZES THE SPA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE SPA TO THE USDA [illegible] FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENCE AND MAY RESULT IN A FINE OF NOT [illegible] [illegible] FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[illegible] (b) (6) [redacted] [illegible] is true and correct to the best of my knowledge.]

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

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

K11720

TIME HORSES LOADED ON CONVEYANCE: 12:30 Am

DATE: 5/7/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

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

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Includ existing condition
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9691			X					X					X		490	
2	USEV	9692	X							X				X			1519	
3	USEV	9693	X							X				X			1520	
4	USEV	9694			X					X				X			1522	
5		9695			X					X				X			1521	
6		9696	X							X				X			1525	
7		9697					X			X						X	1523	
8		9698					X		X							X	768	
9		9699					X		X							X	767	
10		9700	X						X							X	769	
11		9701	X										STB			X	206	
12		9702	X										STB			X	207	
13		9703	X										STB			X	215	
14		9704	X							X						X	468	
15	V	9705					X						SDB			X	216	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

SIGNATURE: (b) (6) [redacted]

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

EST.

DATE

TIME

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]

VS FORM 10-13 (SEP 2002)

Previous editions are obsolete

PART 1 - INSPECTOR

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

SHIPPER'S CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

According to the Paperwork Reduction Act of 1995, no persons are required to respond 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

K 11720

Tag Prefix	Tag No.	Color Discrepancies: Gray	Gray	Blk	Red	Green	Other	Discrepancies: TB	BT	Brand	Paper	Other	Sex: Male	Sex: Fem	Sex: Geld	Brands Tattoos No.	Remarks Include [illegible]
USEV	9706						app		X				X			1526	
USEV	9707	X							X				X			1524	
USEV	9708	X							X				X			489	
USEV	9709	X							X				X			7786	
	9710					X			X				X			7785	
	9711					X						SDB			X	065	
	9712					X						SDB			X	033	
	9713					X			X				X			7791	
	9714	X						X							X	7784	
	9715	X							X				X			7764	
	9716	X							X				X			774	
	9717			X					X				X			773	
	9718		X					X							X		
	9719						Paint		X						X	7774	
	9720	X							X						X	7778	

I AUTHORIZE THE APHIS TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS CIRCUMSTANCES DICTATE. FALSE OR KNOWINGLY USING A FORGED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS (18 U.S.C. SECTION 1001).

(Name of Owner/Shipper) (b) (6) [redacted] 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) Arrivée 11-5-10

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

FORM APPROVED OMB NO. 0579-0160

K11722

TIME HORSES LOADED ON CONVEYANCE: [redacted] (b) (6)

DATE: [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9751					X				X				X		7797	
2	USEV	9752					X			X						X	7777	
3	USEV	9753	X							X						X	7783	
4	USEV	9754	X						X							X	154	
5		9755	X						X							X		
6		9756	X						X					X			230	
7		9757						R Roan			X			X			147	
8		9758	X										STB	X			226	
9		9759	X						X					X			7780	
10		9760			X								STB			X	205	
11		9761					X			X						X	217	
12		9762					X			X						X	231	
13		9763			X					X						X	138	
14		9764	X							X				X			7779	
15		9765					X			X				X			146	

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 AUTHO[redacted]T 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 (16 U.S.C. SECTION 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) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA

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

ES

DA

TIME

VS FORM 10-13 (SEP 2002)

PART 1 - INSPECTOR

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

OWNERSHIP OF CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please Type or Print

Accordance to the Dangerous Pathogens Act of 1988, no persons are required to respond to a collection of information unless it displays a valid control number. The valid control number for this information collection is 0579-0162. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0162

K11722

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Brn	Gray	Blk	Flow	Chnt	Bldy	BREEDING: TB	GT	Brah	Flow	Other	SEX: Male	Stir	Fem	GRADES Tissue no.	REMARKS Inspector
USEV	9766	X						X					X				
USEV	9767					X				Y pinged					X	206	
USEV	9768	X													X		
USEV	9769					X						STB			X	168	
	9770					X			X						X	299	
	9771	X								X					X	211	
	9772					X			X						X	224	
	9773	X							X				X			8775	
	9774	X							X				X				
	9775	X							X				X				
	9776			X					X				X			6330	
	9777	X						X					X			246	
	9778	X										STB	X			247	
	9779			X				X							X	179	
	9780	X						X							X		
									X				X				

AUTHORIZE THE USA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS CHANGED TO THE USDA, OR SPECIFICATION FORM OR KNOWINGLY USING A FALSIFIED DOCUMENT OR INFORMATION, CHANGED AND USED IN A FALSE ACT UNDER THE 18 USC 287.

NAME OF OWNER/SHIPPER (Print or Type) I certify that the information contained in this document is true and correct to the best of my knowledge.

(b) (6)
[redacted]

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

PAGE OF

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

K11723

TIME HORSES LOADED ON CONVEYANCE: 4:00 Am

DATE: 5/27/10

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9811						GRP		X					X		477	
2	USEV	9812	X						X							X	93	
3	USEV	9813	X						X					X			92	
4	USEV	9814						Roan					Cross	X			153	
5		9815			X								STB			X	479	
6		9816			X								SDB			X	236	
7		9817	X										STB			X	219	
8		9818			X								STB			X	220	
9		9819	X						X					X			102	
10		9820					X			X				X			64	
11		9821					X			X				X			7798	
12		9822	X										STB	X			478	
13		9823					X		X					X			476	
14		9824	X										STB			X	229	
15	↓	9825	X										STB			X	480	

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

(b) (6) [redacted]

SIGNATURE

I HEREBY A[redacted]ENT AND THE INFORMATION IN IT IS 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).

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canadian Food Inspection Agency — Government of Canada

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]

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please Use Ink Only)

[illegible]

FORM APPROVED
OMB NO. [illegible]

K11723

Tag Prefix	Tag No.	Color Description: Gray	Gray	Blk	Flow	Quartz	Other	Sheet/Type: TB	GT	Drum	Pump	Other	Sex: Male	Sex: Stn	Sex: Gas	Brands Tattoos, etc.	Remarks Include Information
USEV	9826					X						SDB			X	237	
USEV	9827					X						SDB			X	224	
USEV	9828	X										STB	X			232	
USEV	9829	X										SDB			X	233	
	9830	X										STB			X	243	
	9831	X										STB	X			242	
	9832	X										STB	X			241	
	9833	X										STB			X	244	
	9834		X									mulc			X	226	
	9835					X						cross	X			221	
	9836						Paint		X				X			Donny	
	9837					X						morgan			X	239	
	9838	X										STB			X	238	
	9839					X						cross	X			481	
	9840						Sorel					mulc	X			225	

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

[illegible] OF OWNER/SHIPPER (Family Name [illegible] [illegible] true and correct to the best of my knowledge.)

(b) (6) [redacted]

PAGE [illegible] OF [illegible]

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

K11725

TIME HORSES LOADED ON CONVEYANCE: 2:00 AM

DATE: 5/25/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Inclu existing conditio
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9781	X										Cross		X		475	
2	USEV	9782						Roan		X						X	787	
3	USEV	9783			X				X							X	796	
4	USEV	9784						Sorel		X						X	791	
5		9785	X						X							X	789	
6		9786	X						X							X	793	
7		9787	X						X							X	8970	
8		9788		X						X				X			792	
9		9789					X			X				X			790	
10		9790	X						X					X			795	
11		9791						Paint		X				X			788	
12		9792	X						X					X			786	
13		9793					X			X				X			785	
14		9794	X						X					X			794	
15	V	9795	X						X							X	8971	

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

CANADIAN FOOD INSPECTION AGENCY (CFI

CANADIAN FOOD INSPECTION AGENCY Government of Canada — Canada — Agence canadienne d'inspection des aliments — Gouvernement du Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

CERTIFICATE FOR CATTLE UNFIT TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

Section 4 of the Commerce Regulation Act of 1986 (5 U.S.C. 552) requires that we inform you of the following: The information requested on this form is required to evaluate animal health conditions in determining whether to issue a certificate for transportation of cattle to a slaughter facility. The information will be used for this purpose, including the use for enforcing laws, regulations, and orders. Your disclosure of this information is voluntary. Failure to provide all or part of the information requested may result in delay or denial of issuance of a certificate.

FORM APPROVED OMB NO. 0579-0121

K11725

Tag Prefix	Tag No.	Cattle Identification: Dry	Gray	Blk	Red	Brown	Spotted	Breeds: TB	CT	Gen	Pure	Mixed	Sex: Male	Stm	Fem	Grades Total wt.	Remarks Illness or condition
USEV	9796	X						X							X	8972	
USEV	9797					X			X						X	498	
USEV	9798					X			X						X	492	
USEV	9799					X			X						X	1526	
	9800					X			X				X			500	
	9801	X							X				X			497	
	9802					X			X				X			495	
	9803	X							X				X			493	
	9804	X										JTB	X			235	
	9805	X							X				X			219	
	9806	X							X						X	496	
	9807					X			X						X	499	
	9808	X							X						X	494	
	9809					X			X						X	1527	
	9810	X										JTB			X	240	

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada

(b) (6)
[redacted]

Page ___ of ___

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

K11721

TIME HORSES LOADED ON CONVEYANCE: 12:30 Am

DATE: 5/8/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

Don Dickerson

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Includ existing condition
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9721	X										STB		X		213	
2	USEV	9722	X										STB			X	235	
3	USEV	9723	X										STB			X	Don's	
4	USEV	9724	X							X				X			7792	
5		9725	X							X				X			Don's	
6		9726						Sorrel			X					X	7796	
7		9727	X										STB			X	1507	
8		9728	X							X						X	1511	
9		9729					X			X						X	1093	
10		9730						Sorrel			1/2					X	1083	
11		9731			X					X						X	1508	
12		9732	X							X				X			Don's	
13		9733	X							X				X			Don's	
14		9734	X						X					X			Don's	
15	V	9735		X									milc			X	231	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Agence canadienne d'inspection des aliments

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

[redacted] CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONFIRMATION SHEET)

Paperwork Reduction Act Statement: [illegible]

FORM APPROVED
OMB NO. [illegible]

K 11221

TAG PREFIX	TAG NO.	COLOR DESIGNATION: Grey	Grey	Gr.	Green	Green	Green	TB	GT	Green	Green	DESIGNATE:		SEX:			GRADES Tissue	REMARKS Inspector
USEV	9736		X							X						X	227	
USEV	9737	X										STB				X	473	
USEV	9738	X										STB				X	472	
USEV	9739	X										STB				X	474	
	9740	X										STB		X			1082	
	9741	X							X					X			1084	
	9742				X				X					X			1510	
	9743	X										STB				X	471	
	9744	X										STB				X	218	
	9745				X				X							X	223	
	9746			X					X					X			1081	
	9747				X				X					X			1509	
	9748				X				X					X			1085	
	9749	X						X						X			234	
	9750				X							STB		X			222	

[illegible] AUTHORIZES THE USE TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS CONTAINED ON THE SITE TO THE USDA. THE INFORMATION FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OR NOT MORE THAN $10,000 OR [illegible] YEARS OR BOTH. [illegible]

[illegible] (b) (6) [redacted]

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.

APPROVE
OMB NO
0579-016
K11726

TIME HORSES LOADED ON CONVEYANCE: 400 PM
DATE: [illegible]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassi

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS i existing con
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEV	9901					X			X					X		489	
2	USEV	9902					X						Slb			X	486	
3	USEV	9903			X					X						X	476	
4	USEV	9904				X				X				X			070	P
5		9905			X					X				X				
6		9906	X										Slb			X	480	
7		9907	X										STB			X	479	
8		9908					X						SIB			X	490	
9		9909				X				X				X			073	
10		9910				X				X				X				P
11		9911				X				X				X			060	P
12		9912			X					X						X	482	
13		9913					X						SIB			X	487	
14		9914	X										Mog			X	484	
15	✓	9915				X				X				X			066	P

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]

CANADIAN FOOD INSPECTION AGENCY (C

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

EST.

DATE

TIME

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 knowledg (b) (6) [redacted]

VS FORM 10-13
(SEP 2002)

Previ [redacted]

PART 1 - INSPECTOR

[illegible] CONTINUATION SHEET [illegible]

K-117-26

Tag Prefix	Tag No.															Brand / Tag	Remarks
USEV	9916			X					X				X				
USEV	9917	X														063	
USEV	9918			X								STB			X	487	
USEV	9919					X						STB			X	485	
	9920	X										SIB			X	494	
	9921	X							X						X	481	
	9922	X							X				X			457	
	9923	X										STB	X			~~0~~003	
	9924	X										SIB	X			492	
	9925	X										STB	X			475	
	9926						Sorl					STB	X			053	
	9927	X								X					X	491	
	9928	X							X						X	004	
	9929			X								STB	X			050	
	9930			X								STB	X			087	
												mule			X	483	

(b) (6) [redacted]

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

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

K11729

TIME HORSES LOADED ON CONVEYANCE: 12:00 Am

DATE: 6/17/10

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	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 In existing condi
1	L5GA	1601						Paint		X					X		Don's	
2	L5GA	1602	X						X					X				
3	L5GA	1603			X				X					X				
4	L5GA	1604					X			X				X				
5		1605	X										STB			X		
6		1606	X							X						X		
7		1607					X				X					X		
8		1608	X							X						X		
9		1609						Palo		X				X				
10		1610	X										Goes	X				
11		1611					X						1/2 hings	X				
12		1612						app		X				X				
13		1613	X						X							X		
14		1614					X			X						X		
15		1615	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) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (C

EST. 076

DATE 17/06/2010

TIME 11h15

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

GINNER/SHIPPER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it [illegible] The [illegible] is [illegible] The time required to complete this information collection is [illegible] This [illegible] [illegible] for reviewing instructions, searching [illegible] [illegible] and completing [illegible] and reviewing the collection of information.

FORM APPROVED
OMB NO. [illegible]

K-11729.

Tag Prefix	Tag No.	Cut of Description: Ent	Gray	Blk	Fine	Grass	Other	Cross Type: Ed	ET	Gold	Sugar	Other	Sex: Male	Star	Gold	Brands Tattoos, etc.	Remarks Include Information
USGA	1616					X			X						X		
USGA	1617					X						SDB			X		
USGA	1618					X			X						X		
USGA	1619	X						X							X		
	1620	X						X							X		
	1621	X							X						X		
	1622	X													X		
	1623	X										arab			X		
	1624							X							X		
	1625		X				app		X				X				
	1626	X							X				X				
	1627	X										arab	X				
	1628	X						X					X				
	1629	X							X				X				
	1630	X						X					X				
								X					X				

[illegible] AUTHORIZES THE SPA TO DISCLOSE THIS DOCUMENT, AND THE INFORMATION IN IT AS COMPLETED BY THE SPA TO THE USDA. FALSIFICATION [illegible] FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] NOT MORE THAN 5 YEARS OR BOTH. [illegible]

[illegible] of GINNER/SHIPPER [illegible] [illegible] 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

(Please type or print in ink)

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

FORM APPROVE OMB NO 0579-016

K 1172

TIME HORSES LOADED ON CONVEYANCE: 12:30 Am

DATE: 1/4/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

Don Wickerson

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassi

	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 I existing cond
1	USEV	9871	X										STB		X		6609	
2	USEV	9872	X						X					X			6601	
3	USEV	9873					X		X							X	6603	
4	USEV	9874	X							X				X			6613	
5		9875		X						X						X	6606	
6		9876	X							X				X			6611	
7		9877						Buck		X						X	2273	
8		9878					X						SDB			X	486	
9		9879					X						SDB			X	488	
10		9880						Buck		X				X			Don's	
11		9881	X							X				X			6612	
12		9882	X							X				X			6610	
13		9883						APP		X				X			6607	
14		9884						Sorel					mule	X			249	
15	↓	9885	X										STB			X	484	

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

SIGNATURE OF OWNE (b) (6) [redacted] d in this form is true and correct to the best of my knowledg

CANADIAN FOOD INSPECTION AGENCY (

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

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DATE

TIME

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PART 1 - INSPECTOR

PAGE 1

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

CONSIGNMENT FOR CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

[illegible]

FORM APPROVED
OMB NO. [illegible]

K11728

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Rdn	Grey	Other	Unsafe: Tb	Ct	Scab	Rpm	Other	Sex: Mare	Sex: Stn	Sex: Gdn	Grades Tonnes/mt	Remarks
USEV	9886	X										STB			X	490	
USEV	9887					X						SDB			X	485	
USEV	9888	X										STB			X	105	
USEV	9889	X										STB	X			483	
	9890	X						X					X			482	
	9891					X						Cross			X	245	
	9892	X										STB			X	247	
	9893					X						SDB			X	492	
	9894	X										STB			X	493	
	9895	X										STB	X			491	
	9896					X						SDB	X			106	
	9897					X			X						X	8854	
	9898						Paint		X						X	2271	
	9899	X										STB	X			189	
	9900	X							X				X			190	

[illegible]

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

(b) (6)
[redacted]

PAGE [illegible] OF [illegible]

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

K11727

TIME HORSES LOADED ON CONVEYANCE: [redacted]

DATE: [redacted]

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Dickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS In existing condi
			Bay	Grey	Blk.	Pinto	Chestn	Other	T.B.	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	LSEV	9931	X							X					X		644	
2	LSEV	9932	X							X				X			235	
3	LSEV	9933	X							X				X			792	
4	LSEV	9934	X							X				X				
5		9935	X							X						X	237	
6		9936	X							X						X	462	
7		9937						Sord			X					X	mels	
8		9938	X						X							X	791	
9		9939					X		X							X	9854	
10		9940					X			X				X			9853	
11		9941	X							X				X			797	
12		9942	X							X						X	786	
13		9943	X						X							X	796	
14		9944	X							X						X	787	
15	↓	9945						OPP		X						X	2859	

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 [redacted] CUMENT 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 knowl (b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (C

DATE

TIME

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

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

PAGE 1 C

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

CONSIGNMENT FOR CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please Use Ordinary Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it [illegible] The time required to complete this information collection is [illegible] per response, including the time for reviewing instructions, [illegible] and completing and reviewing the [illegible] of information.

FORM APPROVED OMB NO. [illegible]

K11727

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Rose	Green	Other	Shoulder: TB	BT	Brand	Rings	Other	Sex: Adult	Stag	Gelt	Grades Tattoos etc.	Remarks Include [illegible]
USEV	9946	X							X				X			790	
USEV	9947	X							X				X			793	
USEV	9948	X						X					X			795	
USEV	9949						Sorel			X					X	236	
	9950	X						X					X			788	
	9951		X						X				X			2890	
	9952	X							X						X	1071	
	9953					X			X						X	2871	
	9954	X							X				X			794	
	9955					X			X				X			1061	
	9956						Paint		X						X	1060	
	9957					X			X						X	1070	
	9958	X						X					X			2860	
	9959	X							X				X			2869	
	9960						Paint		X						X	1069	

[illegible] AUTHORIZES THE [illegible] TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE [illegible] FORM OR INQUIRIES [illegible] CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b) (6)

[redacted]

Canada
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

K 117.31

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 6/29/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

NAME: Don Dickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Incl existing conditi
			Bay	Grey	Blk	Pinto	Chesn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	1661						Paint		X					X		Don's	
2	USGA	1662	X										STB			X	195	
3	USGA	1663					X						SDB			X	194	
4	USGA	1664	X										STB			X	199	
5		1665					X						SDB			X	198	
6		1666	X							X				X			191	
7		1667	X										STB	X			500	
8		1668					X						STB	X			193	
9		1669	X										STB	X			032	
10		1670						Pidgin			X			X			189	
11		1671	X							X				X			493	
12		1672					X						magon			X	250	
13		1673	X										STB			X	126	
14		1674	X										STB			X	248	
15	↓	1675					X						SDB			X	497	

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

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

CANADIAN FOOD INSPECTION AGENCY (CFI

EST.

DATE

TIME

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

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PART 1 - INSPECTOR

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

OWNERSHIPPER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

[illegible]

[illegible]

FORM APPROVED OMB NO. [illegible]

K11731

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Rdn	Chest	Other	Ancestors: TB	GT	Gold	Rugs	Other	Sex: Alter	Sex: Sex	Sex: Gen	Brands Tattoos etc.	Remarks Include [illegible]
USGA	1676						Sorel			Belgian					X	033	
USGA	1677	X										STB			X	127	
USGA	1678	X							X				X			494	
USGA	1679	X										STB	X			193	
	1680	X										STB	X			128	
	1681					X						SDB	X			495	
	1682	X						X					X			770	
	1683	X						X					X			773	
	1684	X										STB			X	034	
	1685	X							X						X	192	
	1686					X						morgan			X	246	
	1687	X						X							X	769	
	1688			X								STB			X	035	
	1689	X										STB	X			031	
	1690					X						SDB	X			232	

[illegible] AUTHORIZE THE SFA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE [illegible] FORM OR INQUIRY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN [illegible] YEARS OR BOTH (18 U.S.C. [illegible]).

[illegible] OF OWNERSHIPPER [illegible] (b) (6) [redacted] [illegible] to the best of my knowledge.

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

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

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FORM APPROVED OMB NO. 0579-0160

K11730

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE: 1:30 AM

DATE: 6/22/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Dickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassiste

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Inclu existing conditio
			Bay	Grey	Blk	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	1631	X										STB		X		036	
2	USGA	1632	X						X					X			241	
3	USGA	1633					X			X				X			1806	
4	USGA	1634					X			X				X			1803	
5		1635	X							X				X			1804	
6		1636			X					X				X			1802	
7		1637	X							X				X			1817	
8		1638						Sorel			X					X	498	
9		1639					X			X						X	1805	
10		1640					X			X						X	1807	
11		1641	X						X							X	1816	
12		1642						Buck		X						X	1811	
13		1643						Paint		X						X	1809	
14		1644						Buck		X				X			1814	
15		1645	X						X					X			1815	

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

CANADIAN FOOD INSPECTION AGENCY (CFI

EST.

DATE

TIME

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

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

CONTAINER/SHIPPER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

[illegible]

FORM APPROVED OMB NO. [illegible]

K11730

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Rum	Chest	Other	Unseal Tag	Unseal Tag	Unseal Tag	Unseal Tag	Unseal Tag	Sex: Male	Sex: Stag	Sex: Cow	Grades Tatoos etc.	Remarks Include [illegible]
USGA	1646	X							X				X			1813	
USGA	1647						Pal		X				X			1812	
USGA	1648					X			X				X			1810	
USGA	1649	X							X				X			1808	
	1650					X			X				X			1811	
	1651					X		X					X			768	
	1652	X						X							X	767	
	1653	X						X							X	771	
	1654	X						X							X	766	
	1655					X		X							X	763	
	1656					X		X							X	772	
	1657	X						X							X	764	
	1658					X									X	242	
	1659	X										SDB			X	499	
	1660	X										STB			X	N/T	
								X					X				

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
CONTAINER/SHIPPER CERTIFICATE
CERTIFICATE DE CONTENEUR DES ALIMENTS

[illegible] AUTHORIZE THE SPA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE SPA TO THE [illegible] FORM OR INDIVIDUALLY USING A PAPERED FORM IS A CRIMINAL OFFENCE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] NOT MORE THAN 5 YEARS OR BOTH (U.S.C. SECTION 1001).

[illegible] OF OWNERSHIPPER (I certify that [illegible] to the best of my knowledge.)

(b) (6)

[redacted]

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

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

FORM APPROVE OMB NO 0579-016

K11737

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE: 200 Am

DATE: 7/20/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

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

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: Don Dickerson

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	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 existing con
1	USGA	1811					X			X					X		Jesse	
2	USGA	1812					X			X				X			1846	
3	USGA	1813					X			X				X			1842	
4	USGA	1814					X			X				X			1840	
5		1815					X			X				X			1838	
6		1816	X							X				X			1844	
7		1817						Roan		X				X			1843	
8		1818					X			X						X	1839	
9		1819	X						X							X	1841	
10		1820					X			X						X	1837	
11		1821						Pied			X					X	238	
12		1822	X										STB			X	243	
13		1823	X										STB			X	199	
14		1824					X						STB			X	225	
15	V	1825	X										Brown			X	013	

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

SI (b) (6) [redacted]

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 k (b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (

EST

DATE

TIME

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

VS FORM 10-1 (SEP 2002)

PART 1 - INSPECTOR

[illegible]

[illegible]	[illegible]	[illegible]						[illegible]					[illegible]			[illegible]	[illegible]
		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
USGA	1826	X							X				X			1845	
USGA	1827					X			X				X			228	
USGA	1828					X			X				X			234	
USGA	1829	X										STB	X			223	
	1830					X						SDB	X			226	
	1831	X						X					X			244	
	1832						Roan		X						X	131	
	1833						Sorel			X					X	241	
	1834			X						X					X	245	
	1835	X										STB			X	132	
	1836					X						SDB			X	136	
	1837						Sorel			1/2 Linst					X	200	
	1838	X										STB			X	385	
	1839					X			X					X		231	
	1840						Sorel					male	X			137	

[illegible] [redacted] [illegible]

[illegible]

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

K11741

TIME HORSES LOADED ON CONVEYANCE: [redacted]

DATE: [redacted]

(b) (6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY.

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassi

	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 In existing cond
1	USGA	1901	X						X						X		6687	
2	USGA	1902	X										STB			X	395	
3	USGA	1903	X						X							X	354	
4	USGA	1904	X							X						X	383	
5		1905	X						X							X	6689	
6		1906	X							X						X	217	
7		1907						Sorrel			X			X			384	
8		1908					X			X				X			386	
9		1909	X							X				X			340	
10		1910			X					X				X			216	
11		1911	X						X					X			364	
12		1912	X							X							360	
13		1913					X		X								6694	
14		1914	X										STB	X			370	
15	V	1915					X			X				X			406	

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

(b) (6)

SIGNATURE

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

EST. #76

DATE 29/07/2010

TIME 10:15 AM

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

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

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

Please Use Separate Sheet

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it [illegible] The time required to complete this information collection is [illegible] This information is complete, that information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the [illegible] of information.

FORM APPROVED OMB NO. [illegible]

K11741

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Red	Green	Other	Sheet/Pipe: TB	ET	Gold	Sugar	Other	Sex: Male	Star	Gen	Grades Tattoos etc.	Remarks Include [illegible]
USGA	1916	X										SDB	X			402	
USGA	1917	X							X				X			228	
USGA	1918	X						X					X			227	
USGA	1919					X			X						X	Don's	
	1920	X						X					X			6696	
	1921	X							X				X			Mel's	
	1922	X							X						X	359	
	1923	X							X						X	358	
	1924	X										STB			X	361	
	1925						Bean		X				X			6686	
	1926	X						X							X	6695	
	1927						Sorel			X					X	363	
	1928						Paint		X				X			6685	
	1929														X	Sold	
	1930	X							X				X			6692	

C. INDIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

[illegible] AUTHORIZE THE SPA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE SPA TO THE USDA. FALSIFICATION [illegible] FORM OR INDIVIDUAL USING A PROVIDED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1000).

[illegible] OF OWNER/SHIPPER [illegible] (b) (6) [redacted] [illegible] to the best of my knowledge.

PAGE [illegible] OF [illegible]

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

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

FORM APPROVED OMB NO. 0579-0160

K11740

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE: 1:30 Am

DATE: 7/27/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNER (OWNER/SHIPPER) NAME: Don Dickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Gray	Blk	Pinto	Chesn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS In existing condi
1	USGA	1871						Roan		X					X		Don's	
2	USGA	1872	X										STB	X			146	
3	USGA	1873	X										STB	X			144	
4	USGA	1874	X							X				X			152	
5		1875	X										STB			X	154	
6		1876						Sorel					mule			X	153	
7		1877					X						SDB			X	145	
8		1878	X										STB			X	149	
9		1879						Sorel			X					X	155	
10		1880		X					X					X			2891	
11		1881	X							X				X			2893	
12		1882	X						X					X			2892	
13		1883					X			X				X			2894	
14		1884					X						SDB			X	151	
15	V	1885					X			X						X	2889	

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

(b) (6) [redacted]

SIGNATURE

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

CANADIAN FOOD INSPECTION AGENCY

EST. #

DATE 27/07/2010

TIME 10:30 AM

VS FORM 10-13 (SEP 2002) Previou [redacted]

PART 1 - INSPECTOR

PAGE 1 O

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

[illegible]NESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

[illegible]

FORM APPROVED
OMB NO. [illegible]

K-11740

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Red	Green	Other	Sheet Type: Tb	CT	Scab	Brucel	Other	Sex: Male	Star	Gel	Grade Tonnes/kg	Remarks
USGA	1886	X						X							X	2890	
USGA	1887			X					X						X	2863	
USGA	1888						Sord			X					X	143	
USGA	1889	X										STB	X			207	
	1890	X										STB	X			142	
	1891						Sord					mule	X			133	
	1892						Sord					mule	X			092	
	1893	X										STB			X	140	
	1894	X										morgan			X	249	
	1895	X										morgan			X	044	
	1896					X						SDB	X			250	
	1897	X										STB			X	201	
	1898					X						cross	X			246	
	1899	X										STB			X	208	
	1900						Sord					mule	X			095	

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

[illegible]

(b) (6) [redacted]

[illegible]

PAGE [illegible] OF [illegible]

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

K11734

TIME HORSES LOADED ON CONVEYANCE: 1:30 AM

DATE: 7/13/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

VEHICLE LICENSE NO. AND DRIVER'S NAME: 1179505 NF - Ben Perry

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Incl existing conditi
			Bay	Grey	Blk	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	1721	X							X					X		2876	
2	USGA	1722	X							X				X			2875	
3	USGA	1723	X							X				X			2874	
4	USGA	1724						Seral			X					X	237	
5		1725					X			X						X	2878	
6		1726	X							X						X	2885	
7		1727					X			X				X			2881	
8		1728						Paint		X				X			2882	
9		1729		X						X				X			2873	
10		1730	X							X				X			2879	
11		1731		X						X						X	Jesse	
12		1732					X			X						X	2898	
13		1733						Paint		X						X	2872	
14		1734	X										STB			X	247	
15	V	1735	X										STB			X	204	

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

CANADIAN FOOD INSPECTION AGENCY (CFI

EST

DATE

AGENT

TRAIL

UNIT

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

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

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

[illegible]

FORM APPROVED
OMB NO.
[illegible]

K11734

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Red	Green	Other	Unsex/Type: Tb	GT	Bulb	Sugar	Other	Sex: Mare	Star	Gelt	Grades Tattoos etc.	Remarks Include [illegible]
USGA	1736						Roan			X					X	227	
USGA	1737						Roan			X					X	242	
USGA	1738					X			X				X			2883	
USGA	1739						Buck		X				X			2897	
	1740	X							X				X			2887	
	1741		X						X				X			2896	
	1742						Sorel			X					X	242	
	1743	X										STB			X	229	
	1744					X						SDB			X	230	
	1745					X						SDB			X	232	
	1746			X								Cross			X	240	
	1747					X			X				X			2877	
	1748	X							X				X			2884	
	1749						APP		X				X			2880	
	1750	X										morgan	X			233	

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

[illegible]

(b) (6) [redacted]

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

K11733

TIME HORSES LOADED ON CONVEYANCE: [redacted]

DATE: [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassiste

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Incl existing conditic
			Bay	Grey	Blk	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	1691						Paint		X					X		194	
2	USGA	1692					X			X				X			1828	
3	USGA	1693						app		X				X			1832	
4	USGA	1694					X			X				X			1824	
5		1695		X						X				X			1829	
6		1696						Pal		X				X			1818	
7		1697					X			X				X			1835	
8		1698	X							X						X	1833	
9		1699					X		X							X	1831	
10		1700					X			X						X	1836	
11		1701						Roan		X						X	1819	
12		1702						Paint		X						X	1820	
13		1705					X			X						X	1830	
14		1704			X					X						X	1825	
15		1705					X			X				X			1821	

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

EST. 076

DATE 8/7/2010

TIME 6h00

VS FORM 10-13 (SEP 2002)

Previous editions are obsolete

PART 1 - INSPECTOR

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

OWNERSHIP CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

[illegible]

[illegible]

FORM APPROVED
OMB NO. [illegible]

K11733

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Gry	Gray	Blk	Rsw	Chest	Other	ENGRAVING: TB	ET	Brand	Rsw	Other	SEX: Male	Sex	Gen	GRANDS Tattoos etc.	REMARKS Include [illegible]
USGA	1706					X			X				X			1823	
USGA	1707					X			X						X	1834	
USGA	1708						Pal		X						X	1827	
USGA	1709					X		X							X	201	
	1710						Sorel			X					X	195	
	1711	X						X							X	200	
	1712					X			X				X			1822	
	1713	X						X					X			1826	
	1714	X						X					X			196	
	1715	X										morgan			X	203	
	1716						Sorel			X					X	212	
	1717			X								STB	X			197	
	1718						Sorel					male	X			216	
	1719	X										STB	X			213	
	1720					X			X				X			063	

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

[illegible] (Ensure that [illegible] 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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond 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. 0579-0160

K11735

TIME HORSES LOADED ON CONVEYANCE | DATE

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

OWNER/SHIPPER NAME: Don Dickerson

STREET ADDRESS: 105 Co Rtr 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

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 unassi

	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 In existing condi
1	USGA	1751	X							X					X		222	
2	USGA	1752	X						X					X			6659	
3	USGA	1753					X						SDB	X			221	
4	USGA	1754	X										STB	X			182	
5		1755	X										STB	X			180	
6		1756					X			X				X			205	
7		1757	X							X				X			206	
8		1758	X							X				X			781	
9		1759					X			X				X			Peter	
10		1760						Sorel			X			X			210	
11		1761						Sorel					mule			X	207	
12		1762						Sorel					mule			X	208	
13		1763	X										STB			X	224	
14		1764	X										STB			X	217	
15		1765	X										STB			X	209	

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

CANADIAN FOOD INSPECTION AGENCY (C

SIGNATURE (b) (6) [redacted]

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

EST. 076

DATE 8. 7. 2010

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]

TIME 13 hrs

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PART 1 - INSPECTOR

K11735

USGA	1766					X						SDB			X	226	
USGA	1767	X										STB			X	214	
USGA	1768	X							X						X	219	
USGA	1769					X						SDB			X	218	
	1770					X						SDB			X	238	
	1771	X						X							X	Peter	
	1772					X		X							X	783	
	1773	X						X							X	Peter	
	1774		Y					X							X	Peter	
	1775					X		X							X	Peter	
	1776	X						X							X	782	
	1777	X							X						X	779	
	1778					X			X						X	Peter	
	1779	X										STB			X	129	
	1780						Roan		X						X	Peter	

[redacted]

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

K11736

TIME HORSES LOADED ON CONVEYANCE | DATE

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

Don Dickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

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 unassi

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chesin	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS In existing cond
1	USGA	1781					X			X					X			
2	USGA	1782			X				X							X		
3	USGA	1783	X						X							X		
4	USGA	1784	X						X							X		
5		1785	X										Morgan			X		
6		1786					X						1/2 Linger			X		
7		1787			X								SDB			X		
8		1788	X						X							X		
9		1789						Buck		X						X		
10		1790		X					X					X				
11		~~1791~~		~~X~~					~~X~~					~~X~~			Died	
12		1792	X						X					X				
13		1793	X						X					X				
14		1794		X						X				X				
15		1795	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) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (C

ESI

DATE

TI

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

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

PAGE 1 (

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

CONSIGNOR/SHIPPER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

[illegible]

[illegible]

FORM APPROVED
OMB NO. [illegible]

K11736

TAG PREFIX	TAG NO.	COLOR DESCRIPTION						CLASS/TYPE					SEX			GRADE	REMARKS
		Bay	Gray	Blk	Roan	Green	Other	TB	ET	Fed	Spec	Other	Mare	Stal	Gelg	Tatoos, etc.	Include [illegible]
USGA	1796	X							X						X		
USGA	1797					X			X						X		
USGA	1798	X										Morgan			X		
USGA	1799	X						X					X				
	1800						Paint		X				X				
	1801					X			X				X				
	1802	X							X				X				
	1803	X										STB			X		
	1804						Paint		X				X				
	1805			X						X			X				
	1806	X						X							X		
	1807	X										STB	X				
	1808	X							X	\			[illegible]		X		
	1809															Sold	
	1810	X						X					X				

[illegible] AUTHORIZE THE CFA TO DISCLOSE THIS DOCUMENT, AND THIS INFORMATION IN IT, AS COMPLETED BY THE [illegible] FORM OR INDIVIDUALLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT [illegible] [illegible] (U.S. SECTION 1001).

[illegible] OF OWNER/SHIPPER [illegible]

(b) (6)

[redacted]

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink).

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FORM APPROVED OMB NO. 0579-0160

K11739

TIME HORSES LOADED ON CONVEYANCE: 1:00 pm

DATE: 7/22/10

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

Don Dickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

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 unassis

	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 In existing condi
1	USGA	1841					X			X					X		6678	
2	USGA	1842	X							X				X			Don's	
3	USGA	1843						Paint		X				X			Don's	
4	USGA	1844						Seal			X			X			135	
5		1845					X			X				X			61	
6		1846						APP		X				X			15	
7		1847	X						X					X			60	
8		1848					X			X						X	91	
9		1849														X	Sold	
10		1850														X	Sold	
11		1851														X	Sold	
12		1852														X	Sold	
13		1853					X			X						X	Dons	
14		1854	X							X				X			6681	
15		1855						APP		X				X			Dons	

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

CANADIAN FOOD INSPECTION AGENCY

SIGNATURE: (b) (6) [redacted]

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

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

(b) (6) [redacted]

CFIA

DATE

TIME

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

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

GOVERNMENT CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please Use Ref. Form 1-6)

[illegible]

FORM APPROVED
OMB NO. [illegible]

K11739

Tag Prefix	Tag No.	Color Description: Bay	Gray	Blk	Rdn	Grey	Other	Unsecured: Tb	BT	Sold	Rugs	Other	Sex: Male	Star	Gen	Grades Tattoos etc.	Remarks Include Information
USGA	1856	X							X				X			094	
USGA	1857					X			X				X			6684	
USGA	1858		X						X				X			24	
USGA	1859	X						X					X			74	
	1860					X			X						X	6679	
	1861														X	Sold	
	1862														X	Died	
	1863						Sorel			X					X	6680	
	1864														X	Sold	
	1865														X	Sold	
	1866						Sorel			X					X	198	
	1867					X		X							X	82	
	1868					X			X				X			79	
	1869	X										STB			X	138	
	1870					X			X				X			62	

[illegible]

(b) (6) [redacted]

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

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

K11746

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 8/2/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Incl existing conditio
			Bay	Grey	Blk	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	1991			X						X					X	6703	
2	USGA	1992						Brown		X				X			6704	
3	USGA	1993	X										STB			X	6705	
4	USGA	1994	X						X					X			6706	
5		1995	X						X							X	6707	
6		1996					X						Yo Linger	X			6709	
7		1997					X		X							X	6710	
8		1998			X				X							X	6711	
9		1999	X						X							X	6712	
10		2000					X			X						X	6713	
11		2001	X						X					X			6714	
12		2002					X				X			X			6715	
13		2003					X			X				X			6716	
14		2004			X					X				X			6717	
15	↓	2005	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) [redacted]

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

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

CANADIAN FOOD INSPECTION AGENCY (CFI

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

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

OWNER/SHIPPER CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please Type or Print Clearly)

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

FORM APPROVED OMB NO. 0579-0160

K11746

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Bay	Gray	Blk.	Roan	Chestnut	Other	BREED/TYPE: TB	QH	Draft	Pony	Other	SEX: Mare	Stal	Gel.	BRANDS Tattoos, etc.	REMARKS Include quarantine
USGA	2006					X			X				X			6719	
USGA	2007						Sorel		X					X		6720	
USGA	2008						Sorel		X				X			6721	
USGA	2009						Blue Roan		X				X			6722	
	2010						Sorel					1/2 Linger	X			6723	
	2011	X							X				X			7826	
	2012		X						X						X	7827	
	2013						R Roan			X			X			7843	
	2014						Sorel		X						X	8101	

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

MBB

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(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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11745

TIME HORSES LOADED ON CONVEYANCE: 9:00 pm

DATE: 8/25/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

VEHICLE LICENSE NO. AND [redacted] (b) (6)

NAME OF AUCTION/MARKET: Nickerson Livestock

Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chesin	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Inc existing condit
1	USEV	1961					X			X				X			1701	
2	USEV	1962					X			X				X			1702	
3	USEV	1963					X			X						X	1703	
4	USEV	1964					X			X				X			1704	
5		1965					X			X				X			1705	
6		1966					X			X				X			1706	
7		1967					X			X						X	1707	
8		1968	X						X							X	1708	
9		1969						Sorel		X				X			1709	
10		1970						Sorel		X						X	1710	
11		1971	X						X					X			1711	
12		1972						Sorel	X							X	1712	
13		1973	X						X					X			1713	
14		1974	X											X			1714	To weak to Ship
15		1975						Sorel	X							X	1715	

HORSES HAVE HA[redacted] (b) (6) FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATS[redacted]E.

SIGNATURE

I HEREBY AUTHO[redacted]UMENT 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 knowled[redacted] (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CI

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

EST.

DATE

TIME

MEB

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PART 1 - INSPECTOR

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

OWNERSHIP CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print)

According to the Paperwork Reduction Act of 1995, no persons are required to respond 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

K11745

Tag Prefix	Tag No.	Color Identification: Bay	Gray	Blk.	Red	Green	Other	Species: Pig	GT	Goat	Sheep	Other	Sex: Male	Stag	Cow	Brands Tattoos etc.	Remarks Include quarantine
USEV	1976	X							X				X			1716	
USEV	1977						Dun		X						X	1717	
USEV	1978						Roan		X							1718	
USEV	1979			X					X				X			1718	
	1980					X			X						X	7828	
	1981	X						X							X	7829	
	1982					X			X						X	7830	
	1983	X				X		X							X	7831	
	1984							X					X			7832	
	1985						Brown	X					X			7833	
	1986					X		X							X	7836	
	1987					X			X				X			7837	
	1988					X			X						X	7838	
	1989					X			X				X			7839	
									X						X	7840	

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

SIGNATURE OF OWNER/SHIPPER (Declare that the information [illegible] is true and correct to the best of my knowledge.)

(b) (6)

[redacted]

PAGE [illegible] OF [illegible]

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

K 11744

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 8/17/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

Don Nickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassi

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Ir existing cond
			Bay	Grey	Blk	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	1931					X			X					X		7819	
2	USGA	1932	X						X					X			7801	
3	USGA	1933						[illegible]		X						X	7820	
4	USGA	1934	X						X							X	7821	
5		1935					X		X					X			7802	
6		1936	X						X					X			7804	
7		1937	X						X					X			7808	
8		1938					X		X					X			6697	
9		1939					X		X							X	7807	
10		1940	X						X					X			7803	
11		1941	X						X							X	7822	
12		1942					X			X				X			7823	
13		1943					X				X					X	7815	
14		1944					X				X					X	7813	
15	V	1945		X						X				X			7805	

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

CANADIAN FOOD INSPECTION AGENCY

EST.

DATE

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PART 1 - INSPECTOR

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

CONSIGNMENT CERTIFICATE
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please refer to the Information Reference Act of 1946, no persons are required to respond to a collection of information unless it is prepared with a current valid Control Number. The total [illegible] to complete this information collection is [illegible] per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the [illegible] of information.

FORM APPROVED OMB NO. [illegible]

K11744

TAG PREFIX	TAG NO.	COLOR/SPECIFIES						SPECIFIES					SEX			GRANDS Tattoos etc.	REMARKS Include [illegible]
		Grey	Gray	Blk	Rose	Green	Other	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
USGA	1946						Paint		X				X			7809	
USGA	1947					X			X				X			7811	
USGA	1948					X		X									
USGA	1949	X						X							X	7824	
	1950			X											X	7818	
	1951			X					X						X	7825	
	1952											STB			X	7814	
	1953						Paint Red Roan		X						X	7806	
									X						X	7816	

[illegible] AUTHORIZES THE SPA TO DISCLOSE THIS DOCUMENT AND THIS INFORMATION IN IT AS SUBMITTED BY THE SPA TO THE USDA. FALSIFICATION [illegible] FORM OR INCLUDING A FALSIFIED [illegible] IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. [illegible]).

[illegible] (Certify that the information [illegible] 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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K11750

TIME HORSES LOADED ON CONVEYANCE: 9:00 PM

DATE: 9-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassiste

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chesin	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Incl existing conditio
1	USGA	2111						app		X				X				
2	USGA	2112					X						N/a rings			X		
3	USGA	2113	X										STB			X		
4	USGA	2114	X								X					X		
5		2115					X			X				X				
6		2116	X							X				X				
7		2117	X						X							X		
8		2118					X				X			X				
9		2119						Brown	X							X		
10		2120						Brown		X						X		
11		2121	X							X						X		
12		2122	X						X					X				
13		2123	X							X						X		
14		2124	X							X				X				
15	V	2125	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) [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.) (b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFI

EST.

DATE

TIME

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

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PART 1 - INSPECTOR

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

CERTIFICATE OF CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

FORM APPROVED OMB NO. 0579-0160

K11750

TAG PREFIX	TAG NO.	COLOR OF CONTAINER: Blk	Gray	Blu	Pink	Green	Brown	TO	SIZE: GT	Sml	Med	Yellow	SEX: Male	Fem	Gld	GRADE (Optional)	REMARKS (Include quarantine)
U56A	2126	X							X						X		
U56A	2127					X			X				X				
U56A	2128	X						X							X		
U56A	2129	X										Yellow			X		
	2130					X			X				X				
	2131						Brown		X				X				
	2132	X							X				X				
	2133	X							X				X				
	2134	X							X						X		
	2135					X			X						X		
	2136					X			X						X		
	2137						Brown			X					X		
	2138					X				X			X				
	2139						Paint		X						X		
	2140					X			X				X				

CANADIAN FOOD INSPECTION AGENCY
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AUTHORITY: 9 CFR 371.3. TO DISPLAY THE DOCUMENT AND THE INFORMATION IN IT AS CONTAINED ON THE SITE TO THE USDA. THE INSPECTION FORM OR INDIVIDUALLY USING A PRINTED COPY IS CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(b) (6)

[redacted]

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

K11749

TIME HORSES LOADED ON CONVEYANCE: [redacted]

DATE: [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Dickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassiste

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Incl existing conditi
			Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	2081	X						X					X			6727	192
2	USGA	2082			X					X				X			6729	194
3	USGA	2083	X						X							X	6728	203
4	USGA	2084					X			X						X	6731	205
5		2085	X						X							X	6730	206
6		2086	X						X					X			6735	207
7		2087	X						X							X	6732	208
8		2088	X							X						X	6733	209
9		2089						Bay	X					X			6734	233
10		2090					X		X					X			6737	239
11		2091			X				X					X			6736	240
12		2092			X								STB			X	6738	242
13		2093			X								STB			X	6739	250
14		2094	X						X							X	6740	407
15		2095	X							X						X	6741	432

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 (CFI

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

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

GOVERNMENT OF CANADA
TNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please read all sheets in this

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it [illegible] The time required to complete this information collection is estimated to [illegible] for reference, including the time for reviewing instructions, searching existing data sources, [illegible] and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

K11749

Tag Prefix	Tag No.	Color Description: Gray	Gray	Silk	Fiber	Green	Other	Sheets/Pipe: TB	GT	Scale	Spray	Other	Sex: Male	Male	Male	Grade	Grades Tattoos etc.	Remarks Include [illegible]
USGA	2096	X										STB			X		6742	437
USGA	2097	X										STB	X				6743	442
USGA	2098			X					X						X		6744	447
USGA	2099	X							X						X		6745	448
	2100	X						X							X		6746	449
	2101					X				X			X				7634	450
	2102					X			X						X		7635	451
	2103	X						X							X		7636	453
	2104	X						X							X		7637	454
	2105			X					X						X		7638	446
	2106						R. Rain		X				X				7639	457
	2107						app		X						X		7640	458
	2108					X			X				X				7641	460
	2109					X						1/2 [illegible]	X				7633	
	2110			X					X				X				7607	

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
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Gouvernement du Canada

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[illegible] AUTHORIZES THE SPA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS CONTESTED BY THE SPA TO THE USDA. FALSIFICATION [illegible] FORM OR INCLUDING A FALSIFIED [illegible] IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1000).

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

(b) (6) [redacted]

PAGE [illegible] OF [illegible]

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

K11748

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 9/4/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Dickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassiste

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Incl existing conditic
			Bay	Grey	Blk	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	2051		X						X				X			6725	
2	USGA	2052	X										mule	X			7611	
3	USGA	2053					X		X					X			7612	
4	USGA	2054	X						X					X			7613	
5		2055						Brown		X				X			9857	
6		2056	X							X						X	9858	
7		2057	X							X						X	9859	
8		2058					X			X						X	9860	
9		2059					X						SDB	X			9861	
10		2060						Sorel					mule	X			9862	
11		2061						Sorel			X					X	9863	
12		2062	X										STB			X	9864	
13		2063			X						X					X	9865	
14		2064	X							X				X			9866	
15	V	2065		X							X			X			9867	

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

(b) (6) [redacted]

SIGNATURE

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

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

(b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFI

Canadian Food Inspection Agency — Government of Canada — Canada — Agence canadienne d'inspection des aliments — Gouvernement du Canada

EST

DATE

TIME 1453

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PART 1 - INSPECTOR

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

CONSIGNMENT CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

FORM APPROVED OMB NO. 0579-0160

K11748

TAG PREFIX	TAG NO.	COLOR DESCRIPTIONS: Bay	Gray	Blk	Red	Chest	Brand	TO	OF	BOS	Roan	Filly	Mare	Stag	Gelding	GRADES Tattoo No.	REMARKS Inspector Signature
USGA	2066	X										JTB			X	9868	
USGA	2067					X						mule	X			9869	
USGA	2068						Pal		X						X	9870	
USGA	2069		X							X					X	9871	
	2070			X						X				X		9872	
	2071					X			X						X	9873	
	2072	X							X				X			9874	
	2073	X							X						X	9875	
	2074		X						X						X	9876	
	2075						Paint		X				X			9877	
	2076						Sorel	X							X	9878	
	2077	X						X							X	9879	
	2078	X						X							X	9880	
	2079	X										Morgan	X			9881	
	2080	X							X						X	9882	

I AUTHORIZE THE USDA TO USE OUR THIS DOCUMENT AND THE INFORMATION IN IT AS SUBMITTED BY THE USDA TO THE [illegible]. THE SIGNATION FORM OF TRANSFER USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. 1001).

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

(b) (6) [redacted]

PAGE [illegible] OF [illegible]

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

K11747

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 9/9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

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

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Inc existing condi
			Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	2021			X					X				X			8102	089
2	USGA	2022	X						X					X			8103	239
3	USGA	2023			X					X				X			8104	240
4	USGA	2024					X									X	8105	242
5		2025					X		X					X			8106	775
6		2026	X						X					X			8107	776
7		2027					X			X				X			8108	777
8		2028	X						X					X			8109	778
9		2029	X							X						X	8110	779
10		2030	X						X					X			8111	780
11		2031					X		X					X			8112	781
12		2032	X							X				X			8113	782
13		2033	X						X					X			8114	783
14		2034			X				X							X	8115	784
15		2035					X			X						X	8116	785

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

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

CANADIAN FOOD INSPECTION AGENCY (C

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

EST.

DATE

TIME: MBB

VS FORM 10-13
(SEP 2002)

PART 1 - INSPECTOR

[illegible]

[illegible]

[illegible]NESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

[illegible]

FORM APPROVED [illegible]

K1174T

Tag Prefix	Tag No.	Color Description: Dry	Gray	Blk	Fine	Green	Other	Sheet Type: Tan	Gr	Spot	Spgr	Other	Sex: Male	Bar	Gen	Brands Tattoos etc.	Remarks Include [illegible]
USGA	2036	X						X					X			8117	1719
USGA	2037						Sorel		X				X			8118	1720
USGA	2038		X					X					X			8119	1721
USGA	2039	X						X					X			8120	1722
	2040						Sorel	X					X			8121	1723
	2041	X						X							X	8122	1724
	2042					X			X						X	8123	1725
	2043	X						X					X			8124	1727
	2044	X						X							X	8125	1726
	2045						Brown	X							X	8126	1728
	2046					X						1/2 [illegible]		X		8127	
	2047	X							X				X			8136	384
	2048					X			X						X	6726	
	2049					X		X							X	9855	
	2050	X						X							X	9856	

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

MEB

[illegible] AUTHORIZE THE [illegible] TO DISCLOSE THIS DOCUMENT, AND THE INFORMATION IN IT AS COLLECTED BY THE [illegible] TO THE USDA. FALSIFICATION [illegible] FORM OR INDIVIDUAL, [illegible] AND WAS RESULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. [illegible] 1001).

[illegible] (Print [illegible] Signature) [illegible] 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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K12553

TIME HORSES LOADED ON CONVEYANCE: 11:00 PM

DATE: 10/6/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

[redacted] NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chesin	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Inc existing condit
1	USGA	2201					X		X					X			017	
2	USGA	2202			X								SDB			X	051	
3	USGA	2203						Sorel		X				X			108	
4	USGA	2204	X							X						X	132	
5		2205	X							X				X			147	
6		2206	X							X						X	148	
7		2207					X			1			SDB			X	250	
8		2208					X			X						X	451	
9		2209	X							X				X			452	
10		2210	X							X				X			453	
11		2211	X							X						X	454	
12		2212	X							X				X			455	
13		2213	X							X				X			456	
14		2214					X						SDB			X	457	
15	✓	2215	X							X						X	458	

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

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

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PART 1 - INSPECTOR

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

CARRIER/SHIPPER CERTIFICATE
NESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please type or print in ink.

Pursuant to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0141. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0141

K12553

Tag Prefix	Tag No.	Color/Markings: Red	Gray	Blue	Black	Green	Other	Breed: TB	GT	Cross	Dairy	Other	Sex: Male	Stg	Fem	Brand Number	Remarks Inspector Signature
USGA	2216						Sorrel		X				X			459	
USGA	2217	X							X				X			460	
USGA	2218						Sorrel					SDB	X			461	
USGA	2219			X					X						X	462	
	2220						Sorrel		X						X	915	
	2221	X							X				X			916	
	2222	X						X							X	917	
	2223	X							X				X			918	
	2224	X						X							X	919	
	2225	X							X						X	920	
	2226	X						X							X	921	
	2227	X							X				X			922	
	2228	X							X				X			923	
	2229						Sorrel		X				X			924	
V	2230	X							X					X		7507	

BY AUTHORITY THE GPO TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS CONTAINED BY THE GPO TO THE USDA. FALSIFICATION OF FORM OR INCONSISTENCY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR SUBJECT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[FOR CARRIER/SHIPPER (Complete the information printed on the front side and conveyed to the back of the invoice.)]

Don Vickerson

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

K1255

TIME HORSES LOADED ON CONVEYANCE: 2:00 Am

DATE: 10/5/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassis

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Inc existing condit
			Bay	Grey	Blk	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	2171						Skew		X						X	25	
2	USGA	2172	X							X				X			26	
3	USGA	2173					X			X				X			27	
4	USGA	2174					X			X				X			28	
5		2175						Dun	X							X	29	
6		2176	X						X					X			30	
7		2177			X					X				X			31	
8		2178					X			X				X			32	
9		2179					X				X			X			33	
10		2180	X							X				X			34	
11		2181					X			X						X	35	
12		2182	X						X						X		630	
13		2183	X							X				X			6747	
14		2184					X				X					X	7503	
15		2185						Roan		X						X	7504	

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

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

CANADIAN FOOD INSPECTION AGENCY (CI

EST.

DATE

TIME

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PART 1 - INSPECTOR

THE DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

SUPPLEMENTAL CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please type or print in ink.

Form Approved
OMB No.
0579-0130

K12552

Tag Prefix	Tag No.	Color Descriptions										Breeds				Sex			Grade Tattoo No.	Remarks Inspector
		Blk	Gray	Blu	Fawn	Red	Brown	Tan	Gr	Spot	Spotted	Other	Angus	Char	Hol	Male	Str	Fem		
USGA	2186	X										STB			X				7505	
USGA	2187	X										STB			X				7506	
USGA	2188	X										STB			X				7608	
USGA	2189					X			X					X					7508	
	2190			X								SDB			X				7645	
	2191					X			X					X					7646	
	2192						Pied		X						X				7647	
	2193						Dun					Brown			X				7650	
	2194			X					X					X					7844	
	2195					X			X						X				7846	
	2196	X							X						X				7847	
	2197					X			X					X					7848	
	2198			X					X					X					7849	
	2199					X			X					X					7850	
	2200		X						X					X					6751	

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

[illegible]

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

[illegible] (Family Food Information [illegible] 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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond 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

K12556

TIME HORSES LOADED ON CONVEYANCE: 11:00 PM

DATE: 10-18-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

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

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Dickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassist

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chesin	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Inc existing conditi
1	USGA	2261			X					X				X			451	
2	USGA	2262			X					X				X			452	
3	USGA	2263	X							X						X	453	
4	USGA	2264	X							X				X			454	
5		2265	X							X				X			455	
6		2266	X							X				X			456	
7		2267	X							X				X			457	
8		2268	X							X				X			458	
9		2269	X							X				X			460	
10		2270	X						X							X	461	
11		2271			X								STB	X			462	
12		2272	X							X				X			927	
13		2273	X							X				X			928	
14		2274	X							X				X			932	
15	V	2275		X									arab	X			935	

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

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

SHIPPER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
Please Read Instructions

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

FORM APPROVED
OMB NO. 0579-0160

K12556

Tag Prefix	Tag No.	Color Description: Blue	Gray	Silver	Green	Orange	Other	TB	BT	Sex: Boar	Sows	Other	Males	Sows	Gilts	Expires Tattoo etc.	Remarks Include [illegible]
USGA	2276															Sold	
USGA	2277		X							X			X			6755	
USGA	2278				X					X					X	6756	
USGA	2279			X						X					X	6757	
	2280	X							X						X	7551	
	2281	X							X				X			7552	
	2282	X							X				X			7553	
	2283	X										STB			X	7554	
	2284					Sold			X				X			8140	
	2285	X										STB			X	8353	
	2286				X				X						X	9903	
	2287	X						X					X			9907	
	2288					Sold			X				X			9908	
	2289															Sold	
	2290				X				X						X	6768	

I AUTHORIZE THE GFA TO RELEASE THIS DOCUMENT AND THE INFORMATION IN IT OR COMPLETED ON THE SITE TO THE USDA. FALSIFICATION OF FORM OR INCORRECTLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. 1001).

(FACE 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]

PAGE ___ OF ___

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

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

FORM APPROVED OMB NO. 0579-0160

K12559

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE: 11:30 PM

DATE: 10-27-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Vickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Vickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassi

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS In existing cond
			Bay	Grey	Blk	Pinto	Chesn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	2351						app		X						X	6699	
2	USGA	~~2352~~			~~X~~					~~X~~						~~X~~	~~6785~~	Sold
3	USGA	2353	X							X						X	6790	
4	USGA	2354			X					X				X			6792	
5		2355			X					X						X	6793	
6		2356	X							X				X			6794	
7		2357						Sorel			X					X	8358	
8		2358	X										STB			X	8359	
9		2359	X										STB			X	8360	
10		2360	X										STB			X	8361	
11		2361	X										STB	X			8362	
12		2362	X										STB	X			8363	
13		2363					X						mixed			X	8364	
14		2364	X										STB			X	8365	
15	V	2365	X										STB			X	8366	

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

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

CANADIAN FOOD INSPECTION AGENCY (CI

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Pre [redacted]

PART 1 - INSPECTOR

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

CERTIFICATE PER CERTIFICATE
NEED TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please type or print in ink

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

FORM APPROVED OMB NO. 0579-0160

K12559

Tag Prefix	Tag No.	Color Descriptions: Blue	Gray	Blk	Pinto	Brown	Spotted	Breeds: TB	CT	Brah	Other	Other	Sex: Male	Fem	Gelt	Grade Tattoo No.	Remarks Inspector
USGA	2366	X										morgan	X			8367	
USGA	2367					X						STB	X			8368	
USGA	2368						Sxcl			X			X			8369	
USGA	2369		X							X					X	8370	
	2370	X										SDB			X	8371	
	2371			X						X			X			8372	
	2372			X								STB			X	8373	
	2373					X						morgan	X			8374	
	2374			X								STB			X	8375	
	2375			X								STB			X	8376	
	2376	X							X					X		9408	
	2377	X										STB			X	9409	
	2378	X						X					X			9410	
	2379					X			X				X			9411	
	2380					X			X						X	9412	

[illegible] AUTHORIZES THE USDA TO USE OR THIS DOCUMENT AND THE INFORMATION IN IT AS DESCRIBED BY THE USDA TO THE USDA. FAILURE TO COMPLETE FORM OR INCORRECTLY USING A PREVIOUS FORM IS A CRIMINAL OFFENSE AND CAN RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. 1001).

[illegible] (b) (6) [redacted] [illegible] 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

K12558

TIME HORSES LOADED ON CONVEYANCE: 11:00 PM

DATE: 10-25-2010

(b) (6) [redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassiste

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Incl existing conditi
			Bay	Grey	Blk	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	2321	X										SCB		X		152	
2	USGA	2322			X					X						X	184	
3	USGA	2323					X						SDB			X	187	
4	USGA	2324	X							X						X	197	
5		2325			X								Morgan	X			391	
6		2326	X							X				X			463	
7		2327					X			X						X	464	
8		2328	X							X				X			465	
9		2329	X							X				X			466	
10		2330		X						X				X			467	
11		2331					X			X				X			468	
12		2332	X							X				X			469	
13		2333						Sorel		X				X			470	
14		2334	X							X						X	471	
15		2335					X			X						X	472	

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous Editions are Obsolete

PART 1 - INSPECTOR

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

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

Paperwork Reduction Act of 1995: No persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 0579-0341. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0341

K12558

TAG PREFIX	TAG NO.	COLOR DESIGNATIONS: Red	Orange	Blue	Pink	Green	Other	SUSPICIOUS: TB	CT	Scar	Pump	Other	SEX: Male	Stag	Cow	GRADES Tattoo no.	REMARKS Include condemnation
USGA	2336					X		X							X	473	
USGA	2337					X			X				X			474	
USGA	2338	X							X				X			936	
USGA	2339	X							X				X			937	
	2340					X			X				X			938	
	2341	X							X				X			939	
	2342					X			X				X			940	
	2343	X							X						X	941	
	2344			X					X						X	942	
	2345						sorel		X						X	943	
	2346						Pic		X						X	944	
	2347	X							X				X			945	
	2348		X					X							X	8974	
	2349	X							X				X			8975	
	2350					X			X						X	8976	

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

(b) (6)

[redacted]

e and correct to the best of my knowledge.]

PAGE ___ OF ___

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

K12557

TIME HORSES LOADED ON CONVEYANCE: 11:00 PM

DATE: 11-20-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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

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

	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 Inc existing conditi
1	USGA	2291	X							X						X	6758	
2	USGA	2292	X							X				X			6759	
3	USGA	2293	X							X				X			6760	
4	USGA	2294						Skew		X						X	6761	
5		2295	X										STB			X	6762	
6		2296	X										STB	X			6763	
7		2297					X			X				X			6764	
8		2298			X					X						X	6765	
9		2299					X				X			X			6766	
10		2300						Brown		X				X			6769	
11		2301	X							X				X			6770	
12		2302						Brown		X				X			6771	
13		2303						Brown		X				X			6772	
14		2304			X					X				X			6773	
15		2305	X							X				X			6774	

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

CANADIAN FOOD INSPECTION AGENCY (CF

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

EST.

DATE

TIME

U83

VS FORM 10-13 (SEP 2002) 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

Paperwork Reduction Act of 1995: No persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0579-0159. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0159

K12557

Tag Prefix	Tag No.	Color/Markings: Blue	Brown	Blk.	Pinto	Roan	Spotted	Sex: Tb	Cf	Bull	Steer	Other	Male	Fem	Geld	Brands Tattoos etc.	Remarks Inspector Signature
USGA	2306	X										STB			X	6775	
USGA	2307	X							X				X			6776	
USGA	2308	X								X			X			6777	
USGA	2309						APP		X				X			6778	
	2310						SKEW		X				X			6779	
	2311	X							X				X			6780	
	2312	X							X				X			6781	
	2313	X						X					X			6782	
	2314					X			X						X	6783	
	2315					X			X				X			6784	
	2316	X							X				X			6786	
	2317					X		X							X	6787	
	2318		X						X						X	6788	
	2319			X					X						X	6789	
	2320					X			X					X		6791	

BY AUTHORITY OF 7 U.S.C. 8310 TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS SPECIFIED BY THE OFFICE TO THE USDA. FALSIFICATION OF FORM OR INQUIRY BY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH.

(b) (6)

[redacted]

I have read and agree 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

K12555

TIME HORSES LOADED ON CONVEYANCE: 11:00 PM

DATE: 11-8-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Incl existing conditi
			Bay	Grey	Blk	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	2381	X							X						X	463	
2	USGA	2382	X						X							X	464	
3	USGA	2383	X						X							X	465	
4	USGA	2384	X							X				X			466	
5		2385	X							X				X			467	
6		2386			X					X				X			468	
7		2387	X							X				X			469	
8		2388	X						X							X	472	
9		2389	X							X						X	473	
10		2390		X						X						X	474	
11		2391	X							X						X	946	
12		2392	X							X						X	947	
13		2393					X			X				X			948	
14		2394	X						X						X		1740	
15	↓	2395						Dan		X				X			1741	

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

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

SHIPPER/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 0579-0180. 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

K12555

Tag Prefix	Tag No.	Color Description: Blue	Gray	Blk	Red	Green	Brown	Sex: Bull	Cow	Steer	Heifer	Other	Male	Fem	Geld	Brands Tattoos etc.	Remarks Include Slaughter
USGA	2396	X							X						X	1742	
USGA	2397						Seal		X				X			1743	
USGA	2398	X							X				X			1744	
USGA	2399	X							X				X			1745	
	2400	X							X				X			1746	
	2401		X						X				X			8977	
	2402					X			X						X	8978	
	2403						Seal			X					X	8979	
	2404					X		X							X	8983	
	2405	X										STB			X	9415	
	2406			X						X					X	9413	
	2407	X							X						X	9414	
	2408					X						STB			X	9416	
	2409					X		X							X	9417	
	2410					X			X				X			9418	

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

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

K12561

TIME HORSES LOADED ON CONVEYANCE: 11:00 PM

DATE: 11/9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Dickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 Incl existing conditi
			Bay	Grey	Blk	Pinto	Chesn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGA	2411					X			X						X	6787	
2	USGA	2412						Spot			X					X	6795	
3	USGA	2413			X					X						X	6796	
4	USGA	2414						Roan			X					X	6797	
5		2415			X						X					X	6798	
6		2416	X							X				X			6799	
7		2417	X							X						X	6800	
8		2418						Spot		X				X			8982	
9		2419			X					X						X	9425	
10		2420					X			X						X	9419	
11		2421	X							X						X	9420	
12		2422	X							X						X	9421	
13		2423	X							X						X	9422	
14		2424					X			X						X	9423	
15	V	2425			X					X				X			9424	

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 [redacted] THE INFORMATION IN IT AS COMPLETED BY THE [redacted] OR KNOWINGLY USING A FALSIFIED FORM IS A [redacted] OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

OWNERSHIP PER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

PLEASE USE BLACK INK

Paperwork Reduction Act of 1995: no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0579-0151. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0151

K-12561

TAG PREFIX	TAG NO.	COLOR DESCRIPTION						GENDER					SEX			BRANDS TATTOO ETC.	REMARKS INFORMATION
		Blk	Brn	Blu	Fawn	Gray	Spot	TB	GT	Bull	Stag	Other	Male	Fem	Gelt		
USGA	2426						Spot		X				X			9426	
USGA	2427		X						X						X	9427	
USGA	2428						Brn	X							X	9428	
USGA	2429			X					X				X			9429	
	2430					X			X				X			9430	
	2431						Spot		X				X			9431	
	2432					X			X				X			9432	
	2433					X			X				X			9433	
	2434					X			X				X			9434	
	2435					X			X				X			9435	
	2436	X						X							X	9436	
	2437	X						X					X			9437	
	2438	X							X				X			9438	

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

(TITLE OF OWNER OR OWNER'S AGENT) (Complete information requested on this form and correct to the best of my knowledge.)

(b) (6) [redacted]

PAGE ___ OF ___

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

K12562

TIME HORSES LOADED ON CONVEYANCE: 11:00 PM

DATE: 11/15/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Dickerson Livestock

NAME: Don Dickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Chesin	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Incl existing conditi
1	USGA	2441						Sorel		X						X	6701	Sold
2	USGA	2442						Pal		X						X	6702	
3	USGA	2443		X						X				X			6703	
4	USGA	2444						Sorel		X						X	6704	
5		2445	X							X				X			6705	Sold
6		2446	X						X						X		458	
7		2447	X						X							X	8901	
8		2448	X						X							X	8902	
9		2449	X						X							X	8903	
10		2450						Sorel		X				X			8904	
11		2451	X						X					X			8905	
12		2452						Sorel	X					X			8906	
13		2453	X						X							X	8907	
14		2454						Skew		X						X	8908	
15		2455					X			X				X			8909	

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

DON DICKERSON

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

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

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

Please type or print in ink.

Form Approved OMB No. 0579-0193

K12562

TAG PREFIX	TAG NO.	COLOR/DESCRIPTION: Blue	Brown	Silver	Black	Green	Other	BREEDTYPE: TB	GF	Brown	Brown	Other	SEX: Male	Steer	Cow	GRADE Prime etc.	REMARKS Include Quarantine
USGA	2456						Sorrel		X						X	8910	
USGA	2457	X							X				X			8911	
USGA	2458	X							X				X			8912	
USGA	2459						Skew		X				X			8914	
	2460						Sorrel		X				X			8915	
	2461	X						X					X			8916	
	2462	X						X							X	8917	
	2463						Sorrel		X						X	8918	
	2464	X							X				X			8919	
	2465						Brn		X						X	8920	
	2466	X										morgel	X			9440	
	2467	X						X							X	9441	
	2468						Skew		X				X			9442	
	2469					X			X						X	8913	
	2470	X						X							X	9439	

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

(b) (6)

[illegible] cancel the back of my license.]

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

K12563

TIME HORSES LOADED ON CONVEYANCE: 11:00PM

DATE: 11/20/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassist

	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 Inc existing conditi
1	USGA	2471	X										STB			X	008	
2	USGA	2472						Sorel					SDB	X			090	
3	USGA	~~2473~~					~~X~~			~~X~~				~~X~~			~~092~~	Sold
4	USGA	2474					X			X						X	135	
5		2475					X						morgan			X	145	
6		2476						Sorel			X			X			160	
7		2477			X					X				X			230	
8		2478			X					X				X			236	
9		2479						Sorel		X				X			379	
10		2480	X										SDB			X	459	
11		2481	X							X						X	472	
12		2482	X						X							X	475	
13		2483					X			X						X	476	
14		2484	X							X						X	477	
15		2485	X							X				X			478	

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 AUTHORIZ[redacted]NT 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 OWN[redacted] in this form is true and correct to the best of my knowled (b) (6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CF

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

ESS

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

SHIPPER'S CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please type or print in ink

Form Approved
OMB No.
0579-0151

K 12563

TAG PREFIX	TAG NO.	COLOR DESCRIPTION: Blk	Brn	Blu	Red	Grn	Other	SUSPECTS: TB	BT	Brc	Bmo	Other	SEX: Male	Fem	Gld	BRANDS Tattoos etc.	REMARKS Injuries etc.
USGA	2486	X							X				X			479	
USGA	2487					X			X				X			480	
USGA	2488					X			X				X			481	
USGA	2489	X						X							X	482	
	2490	X						X					X			483	
	2491	X							X				X			484	
	2492					X		X					X			485	
	2493	X							X				X			486	
	2494						sold		X				X			701	
	2495	X							X				X			702	
	2496						sold		X						X	703	
	2497	X							X				X			704	
	2498	X							X				X			705	
	2499	X							X				X			706	
	2500			X				X						X		6706	

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

(b) (6)

[illegible]

K 12565

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00am

DATE: Dec 16/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

VEHICLE LICENSE NO. AND DRIVER'S NAME: RA9642K (b) (6) [redacted]

NAME OF AUCTION/MARKET: Wickerson Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Don Wickerson

STREET ADDRESS: 105 Co Rte 27

CITY, STATE, ZIP CODE: Bainbridge, NY

AREA CODE & TELEPHONE NO.: 607-639-1093

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 450-788-2667

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	Chesln	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Inc existing condit
1	USGA	2531				X				X					X		041	
2	USGA	2532	X										STB			X	111	
3	USGA	2533					X						mule				198	
4	USGA	2534		X							X			X			2153	
5		2535			X						X			X			2154	
6		2536	X							X						X	2155	
7		2537		X						X						X	2156	
8		2538			X					X						X	2157	
9		2539	X								X					X	2158	
10		2540					X				X			X			2159	
11		2541					X				X					X	2160	
12		2542	X							X						X	2161	
13		2543	X							X						X	9884	
14		2544					X						SDB			X	9885	
15	V	2545	X										STB	X			9886	

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obsolete

PART 1 - INSPECTOR

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

SHIPPER'S AFFIDAVIT CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

Please type or print in ink

Applicable to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid 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

Tag Prefix	Tag No.	Color Description: Blue	Brown	Gray	Yellow	Green	Other	Tattoo	Ear	Eyes	Horns	Other	Male	Sex: Female	Castrated	Grades Tattoo No.	Remarks Include Quarantine
USGA	2546		X							X					X	9887	
USGA	2547	X										STB			X	9888	
USGA	2548	X							X						X	9889	
USGA	2549	X							X						X	9890	
	2550	X										STB			X	9891	
	2551					pal			X				X			9892	
	2552				X				X				X			9893	
	2553				Wh Blue	Pi Pona			X				X			9930	
	2554				X				X				X			9931	
	2555				X				X				X			9932	
	2556				X				X						X	9933	
	2557	X							X				X			9935	
	2558	X							X						X	9936	
	2559			X								mule			X	9937	
	2560																

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

NAME OF SHIPPER (Please type or print in ink) (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b) (6)
[redacted]

PAGE 2 OF 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

K12564

TIME HORSES LOADED ON CONVEYANCE: 2:00am RA9642K

DATE: Dec 9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Bainbridge, NY

(b) (6) [redacted]

NAME OF AUCTION/MARKET: Nickerson Livestock

Don Nickerson

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu

STREET ADDRESS: 105 Co Rte 27

STREET ADDRESS: 595 rue Royale

CITY, STATE, ZIP CODE: Bainbridge, NY

CITY, STATE, ZIP CODE: Massueville, Qc

AREA CODE & TELEPHONE NO.: 607-639-1093

AREA CODE & TELEPHONE NO.: 450-788-2667

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 unassisi

	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 Inc existing condit
1	USGA	2501						cream		X				X			9921	
2	USGA	2502	X							X				X			9926	
3	USGA	2503	X							X				X			9927	
4	USGA	2504	X						X							X	9928	
5		2505					X				X			X			9929	
6		2506	X							X					X		9443	
7		2507	X							X						X	9444	
8		2508	X							X						X	9445	
9		2509	X							X						X	9446	
10		2510	X							X				X			9447	
11		2511	X						X							X	9448	
12		2512	X							X				X			9449	
13		2513						sorel		X						X	9450	
14		2514		X						X				X			188	
15		2515	X					~~STB~~				STB				X	200	

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

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

CANADIAN FOOD INSPECTION AGENCY (CF

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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

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FORM APPROVED OMB NO. 0579-0160

Tag Prefix	Tag No.	Color Description: Grey	Brown	Blk.	Piebald	Other	Other	Ineligibility: TB	CT	Scab	Other	Other	Sex: Male	Fem.	Castr.	Brand Number	Remarks Include Specimen
USGA	2516					Liver clot						STB	X			707	
USGA	2517					X			X				X			708	
USGA	2518	X							X				X			709	
USGA	2519	X							X						X	710	
	2520						scrotal		X						X	711	
	2521		X						X						X	712	
	2522	X							X				X			713	
	2523	X							X						X	714	
	2524	X							X				X			715	
	2525							APP	X				X			716	
	2526							scrotal	X				X			9909	
	2527	X						X							X	9910	
	2528							scrotal		X					X	9911	
	2529	X								X			X			9912	
	2530	X							X						X	9913	

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